

**THE CONTRIBUTION OF CLINICAL PASTORAL
EDUCATION TO PASTORAL MINISTRY IN SOUTH AFRICA:
OVERVIEW AND CRITIQUE OF ITS METHOD AND DYNAMIC, IN
VIEW OF ADAPTATION AND IMPLEMENTATION IN A
CROSS CULTURAL CONTEXT.**

BY

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ABSTRACT

Training and pastoral supervision in Christian ministry has been in existence prominently since the 1920s, when the development of pastoral education as a distinct discipline and function of ministry arose out of Clinical Pastoral Education. Clinical Pastoral Education (CPE) has as its focus the professional education for ministry. This brings students of theology, ordained clergy, qualified laypersons and members of religious orders into supervised encounter with “living human documents” in order to develop their pastoral identity, interpersonal professional competence, and spirituality; including the skills of pastoral care and counselling, pastoral assessment, integration of theology and ministry, group leadership and pastoral theological reflection.

The founders of Clinical Pastoral Education, Anton Boisen, William Keller and Richard Cabot, all from the East coast of the United States of America, adapted the methods of professional education in psychiatry, medicine and social work respectively. Some years later Seward Hiltner established a primary identity with theological education and ecumenical Christianity. A survey of literature from the 1960s shows a vitality and variety among CPE supervisors along with research and publications of theologians of note. These influential theologians are Don Browning, John Patton, Charles Gerkin and Steven Pattison to name a few.

CPE originated in the USA and spread to Europe and Australia, but does not fit easily into the culture and methods of ministry training in South Africa. For CPE to be valid it must incorporate the cross-cultural customs and traditions in its context. The difficulties with CPE in South Africa centre on some components at the core of the process, and its paradoxical nature within the learning experience with regard to language, gender issues

and questions of length and context. These and other specified difficulties open the discussion on the need for adaptation if CPE is to be successfully implemented in the South African context. Important as CPE is in pastoral ministerial training, it is recognised that it is not the only method of training and education in a cross-cultural context.

This thesis explores and critiques the methods of CPE and argues that transplanting a process of education, albeit apparently successful, from overseas is not necessarily acceptable in a cross-cultural society. It is suggested that transformation along with a new model for the South African CPE process is necessary, taking into account the diversity of local African cultures. Existing theories, beliefs of CPE and current literature have been explored and applied to and tested in the South African situation. This thesis presents the results in the form of a design of a new model.

PREFACE

My interest in Clinical Pastoral Education arose out of the requirement for a Masters Degree from the Graduate Theological Union, in Berkeley, California.

Having attended a three month first basic unit of CPE in Toronto, it was obvious that CPE was not just a programme which had a beginning and a conclusion, but that it was a process, a journey, which was self revelatory, personally challenging and which offered training in the skills of pastoral care and counselling along with the development of a personal pastoral identity. The Masters thesis which emerged as a result of two units of CPE was entitled "Theological Dimensions of Pastoral Counselling in a Multiracial Society". At that time it became obvious that if CPE were to be "imported" to the South African culture some problems would emerge, namely;

- the question of CPE being viable in South Africa with no formal adaptation,
- the issue of the theology within CPE being acceptable in a cross-cultural society,
- the issues of pastoral supervision and pastoral identity formation between persons of different cultures,
- the role the chaplain or minister will be expected to play in the crisis of the AIDS pandemic and the readiness of ministers to cope with these crises.

The nature of CPE raises fundamental questions: Why do CPE at all, and secondly, does CPE offer effective training for ministry within South Africa?

Challenged by such questions I initiated research with authors such as Don Browning, Charles Gerkin, Steven Pattison and John Patton, four of the few researchers on the CPE process, I also became familiar with Journals

such as *Journal of Pastoral Care* and *Journal for Supervision and Training in Ministry* which arose as a direct need for publication from researchers belonging to the Association of Clinical Pastoral Education.

This started a serious study of CPE over the next seven years. Following this, the next eight years were spent in attending further advanced units in CPE until I reached the level of supervisor. After returning to South Africa when studies were completed, I was able to initiate short CPE modules which were offered to Roman Catholic Seminarians. From these modules emerged the content for the study of the present thesis.

Extensive use has been made of books and journals, inter-library loans, magazines, video recordings, plus internet, email conferences and interviews where a tape recorder was used with permission, along with a short questionnaire.

In all full quotations the original authors' spelling is used whether it be British or American. Biblical quotations are from the New Jerusalem Bible (1985) and the New Revised Standard Version (1989). I have tried to be inclusive with gender references and have preserved the anonymity of all persons interviewed or who were participants of various CPE units.

I am aware of the limitations brought about by being a participant observer and have gratefully taken cognisance of present researchers who acknowledge that "qualitative studies that rely on questionnaires or interviews geared specifically have gained in credibility" (Durrheim, 1999 :25). It must be argued, though, that within recognised theological discourse the contextual narrative form of research is a valid epistemological approach in its own right. It is itself a scientific venture (Rahner 1975:1687-1688) This thesis follows the narrative form of research and by virtue of the process itself will use anecdotes and narrative style to illustrate what lies behind the dynamic and outcomes of CPE. It is in the African context in which this thesis is being

written and therefore explicitly acknowledges the important contribution of Africa to theology. One element is narrative theology where people write or tell stories through their own life experience. "God is present, active and alive in the midst of human beings" (Healey and Sybertz 1996:51). This is not an idle exercise, but it is living *praxis* (which is itself another living element).

An African narrative theology of inculturation is not just a theoretical or intellectual exercise. It is *praxis*. It is practical theology and pastoral theology, often being "written" by people and communities in and through their everyday experience. This practical inculturation forms an important part of both pastoral and missionary ministry. This *praxis* is a significant dimension of applied inculturation and a functional African Christianity (1996:52).

The thesis offers a critical overview of the method and dynamics of Clinical Pastoral Education. The features and the focus are that it adopts a cross-cultural approach to this field of pastoral ministry. The thesis aims at providing a resource for those involved in CPE in the growing global climate. There is relatively little written on CPE in the African context and even less written in the South African cross-cultural context. This focus is therefore the foundation of this thesis and offers original written material in the critique of its method and dynamics with a view to implementation within South Africa.

The term "cross-cultural" is used to attempt to capture the complex nature of the interaction between people who are influenced by different social contexts and origins and by different cultures. The term "pastoral" is not taken to simply mean a reference to the ordained Christian, but to what it might mean in a post-modern context. The image of pastor as "shepherd" is valid yet with the new associations of leading, healing and nurturing. The concept of Jesus as the Good Shepherd offers a unifying theme, but the image of the shepherd is accepted as Jesus the servant, as brother and as companion in the present context (Hunter 1990:828). A definition of cross-cultural counselling would include an understanding of counselling as a

relationship in which “two or more of the participants differ in cultural background, values and lifestyle” (Sue 1981:8-16).

This thesis broadens the scope of CPE and its value in a cross-cultural society to include a new visioning of CPE within this context. It offers a re-conceptualisation of the CPE process itself. For this thesis to face the reality of the lived experience of South Africans today we must attempt to include the voices of as many South Africans as possible. It is to be noted that black African writers and theologians such as, Msomi, Mbiti, Mugambe, Moila, Masango and Oduyoye suggest that pastoral counselling models for Africa do not share all of the assumptions of Western culture, rather they advocate the more directive approaches, such as the cognitive behaviouralistic therapies (Lartey 1997:ix). Therefore we must make a serious effort to be as inclusive as possible and at the same time recognise limitations of a developing process in a new situation and locale.

ACKNOWLEDGEMENTS

I would like to offer sincere thanks to my friend and companion, Anneliese Schaepers and to the memory of my dear parents, Joan and Geoff Ward. This thesis is dedicated to them. Anneliese has endured the process of writing along with other friends who have extended so much support and encouragement.

- For guidance, advice, corrections, critical insight and pastoral care, my thanks go to my supervisor Professor Neville Richardson of the University of Natal (Pietermaritzburg).
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- Dr. Mark Hay who assisted with editing and content organisation and encouraged me when perseverance was necessary.
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- St. Joseph's Theological Institute who nurtured me in the process of achieving CPE supervisory experience.
- To the Institute for Catholic Education and the Little Company of Mary Sisters who assisted in financing me throughout the CPE trainings in Ireland.
- In the final stages of writing this thesis I want to acknowledge how much the prayers, encouragement to persevere and support from my closest friends meant to me. Heartfelt thanks to you all.

ABBREVIATIONS

AAPC	American Association for Pastoral Care
ACPESA	Association for Clinical Pastoral Education of Southern Africa
CPE	Clinical Pastoral Education
CPS	Clinical Pastoral Supervision
GS	Gaudium et spes - Documents of Vatican II
ICE	Institute for Catholic Education
INATE	International Network in Advanced Theological Education
JPC	Journal of Pastoral Care
JSTM	Journal of Supervision and Training in Ministry
LCM	Little Company of Mary
LG	Lumen Gentium - Documents of Vatican II
NJB	New Jerusalem Bible
NRSV	New Revised Standard Version
SAAP	South African Association of Pastoral Workers
SPE	Supervised Pastoral Education

DEDICATION

To

Joan and Geoff, my parents,
always so proud of me.

To Anneliese,
my companion and friend.

DECLARATION

I hereby declare that this thesis is the product of my own original work, unless otherwise stated. Furthermore, the vision and the conclusion reached are my own and may not be attributed to any other individual or association.

Signed: *E. Ward*.....

Date: *17th December 2001*.....

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issues and suffering.

Since 1925, educators in theology considered the need for students to work in placements and in the field to gain practical hands-on experience. One of these methods was the 'clinical' or individual 'case study' approach, and it became an integral part of professional education for ministry (Powell 1975:2). This shift in approach, away from a purely theoretical and 'manualist' education, brings into theological conversation the experiential and practical dimensions of ministry. It is theological reflection done in the context of real life experience, and not in the abstraction of a lecture room.

THE EMMANUEL MOVEMENT

Three authors are renowned for their research and documented history of CPE. They are Zijlstra (1969), Thornton (1970), and Powell (1975). All three mention an even earlier beginning of a similar method to CPE in operation already in 1905. At that time there was a focus on the role of the minister with the sick and suffering person. Functioning in those years in Boston, Massachusetts, was the Emmanuel Movement for medically supervised religious psychotherapy and a medical social service at the Massachusetts General Hospital. The fact that both of these institutions were considered a failure was, ironically, the reason for the development of CPE.

Dr. Elwood Worcester, founder of the Emmanuel Movement noted that ". . .the peculiar art of ministering to the sick cannot be acquired by reading or by listening to didactic lectures. . .," nor ". . .can it be learned, except in an empirical hit-or-miss fashion, from mere contact with the sick." Instead, he held that what was needed was systematic, scientific instruction (Powell 1975:2). What Worcester actually suggested was that the clergy be instructed in their use of prayer and religious ministries, and that the counselling they used, be both scientific in character and a means of

INTRODUCTION

The Framework of the Thesis

The introduction, made up of two sections:

a) A vignette from the writer's experiences of CPE which serves to introduce Clinical Pastoral Education from a personal aspect. This vignette allows the writer to express aspects of the dynamic of CPE and the experiential impact the process has on an individual's personal growth and pastoral identity. The learning process described in the vignette underlines the basis that CPE is not concerned primarily in academic logic but the continuation of emotional integration within the whole human person.

b) Secondly, the thesis endeavours to explain the nature of CPE within the framework of Western society. Following this, we explore the process of what it takes to make the necessary adaptations so as to transplant and not merely transport CPE from the United States of America into South Africa.

A brief outline of the nine chapters of the thesis follows:

After the Vignette is a survey of the historical background to CPE. This background information is necessary for the reader to grasp the slow development of CPE and the reasons that CPE did not at first succeed as a process in South Africa. Chapter two looks at the components of the existing model of a three month CPE unit and the overall goals and objectives of CPE. Chapter three raises the issue of paradoxes and tensions within CPE. These paradoxes serve to illustrate six areas where the CPE participant is required to grow and make changes in order to come to an understanding of pastoral identity and the dichotomy in ministry between being present in ministry and doing ministry. Chapter four moves into clinical pastoral supervision, the skills necessary for supervision and various models of

training and methods of supervision. Ministerial identity is discussed in chapter five with reference made to the importance of theological reflection. Central to this thesis is chapter six which covers the area of cross-cultural dimensions and their limitations within South Africa. The focus of this chapter lies in the challenge and the gift of supervision which includes the goals, relationships, and the underlying conflicts of power and authority. Chapter seven explores the evolving adaptations necessary for CPE to be effective in South Africa along with a study of CPE within the South African context. An evaluation of advantages and disadvantages of the specific format of CPE for South Africa follows in chapter eight, which allows for a study of a new model for the South African CPE process. This model is in the embryo stage and will prove its value in the CPE modules of the future. The final chapter offers a vision of CPE as it is transformed and not merely transported into a new South African model which is adapted and implemented within this cross-cultural society. The Appendix offer insights into the written requirements and the evaluation process of Clinical Pastoral Education along with the questionnaire used in the study of CPE within South Africa.

PERSONAL VIGNETTE

An option in the academic programme at the Graduate Theological Union in Berkeley, California, was a three month Clinical Pastoral Education (CPE) unit in Toronto in the Queen Street Mental Hospital. Having been encouraged to consider following CPE and as I have some knowledge of this field, I chose to do the programme in a mental institution. I was previously in medical research for nine years in KwaZulu-Natal. Some of the medications being studied were psychotropic drugs and were tested on patients at Fort Napier and Town Hill hospitals in Pietermaritzburg. The training in CPE at this particular hospital in Toronto allowed me to feel reasonably at ease and in control. Further, I also felt ready for CPE as I had passed all my theoretical classes in pastoral counselling and thought I could cope with most pastoral counselling crises to be encountered.

Acceptance into the CPE unit was rigorous and one condition was a brief but intense interview with a supervisor who brought to the fore a number of my vulnerable areas. I was accepted and duly travelled to Toronto. In retrospect, I should have read the warning signals and seen that CPE was not going to be plain sailing. I was much younger then and at the peak of my studies in the United States. It was a period of great confidence and willingness to learn as much as I could in a short time. At that stage, I did not know that once a person embarked on CPE, the personal growth and the process of change would never really come to an end. CPE has a reputation for being an intensive, action-reflection model and a challenge to all who register with the programme. It is a process which, when initiated in a person, continues as long as the individual is willing to be open and receptive to change and growth.

THE EXPERIENCE

The CPE programme had started three days previous to my arrival. As a result the allocation of wards to students was complete and I was placed in what was considered the most difficult ward in the hospital - those hospitalised with behaviour disorders.

Exactly nine days into the programme, and having begun visiting 'my' ward each day, the phone rang in the pastoral care department. Bryan¹ asked to see the chaplain who was responsible for his ward. He was in the isolation ward at the end of the corridor and was only allowed visitors with permission from the nurse in charge. I had previously seen Bryan from the doorway two or three times and always offered him a smile and a wave, but I never felt brave enough to visit him. Now he called for the chaplain and I was in for my first pastoral visit to a patient whom I discovered had AIDS.

At that time the only knowledge I had about AIDS was that it was an incurable disease, which affected mainly homosexual men, intravenous drug users, haemophiliacs and the children born of mothers who were infected with the HI Virus. Bryan was placed in isolation by the hospital staff as so little was known about whether AIDS was infectious and how it was transmitted. I was warned not to touch him, not to sit on his bed, not to be near him if he should sneeze or cough and not to eat anything he might offer me by way of chocolates or fruit. I wore a gown, mask and gloves for protection and was fearful and anxious about the visit. The nurse in charge told me that Bryan was twenty-four years old. He was rapidly losing weight and was bedridden for a month. He had been an up and coming accountant,

¹ All names of CPE participants mentioned in this thesis have been changed to protect their identities.

having recently completed his studies at the university and had been working in a reputable firm in the city. Up to this moment he refused all contact with the pastoral care department saying that he did not want to talk to any strangers or people from the church.

After an initial greeting and introduction, Bryan and I chatted about mundane things for a short time. He found it interesting that I was a 'foreigner' and that as a South African I was white. After this, Bryan launched into his reason for requesting a visit from me. He began by thanking me for the times I had waved and smiled at him. He shared his feelings of alienation, isolation, fear and vulnerability. He was alone with this terrifying disease and was facing his own death. The hopelessness and deep despair weighed heavily on Bryan. He felt that God was punishing him for his life style. During that first visit which lasted half an hour I could only listen to him and offer him my company and non-judgmental acceptance. The visit, being faced with such despair in another person, left me drained and profoundly conscious of my poorly developed pastoral counselling skills.

Every day for the next few weeks I dropped by to visit Bryan. He died in the early hours of the morning on the twenty-first day after my first visit. Bryan's human story, and the tragedy surrounding it, was a privilege that I treasure. It is out of this relationship that I came to appreciate my pastoral identity as a lay pastoral carer. This encounter with Bryan ended with his funeral which I conducted at the cost of many personal tears and in the presence of some of the patients and the staff who had nursed Bryan. Compounding this tragedy, I had to inform Bryan's mother of his death and invited her to attend his funeral. She was the only relative present.

Yet, the narrative does not end there. My personal journey within CPE had just begun. In that month of accompanying Bryan and the sharing of the encounter with my supervisor and peer group, much learning happened. Three verbatim reports on Bryan were presented, and one critical incident

report focussed on his death and my subsequent feelings and questions raised by our relationship; they included issues around death, resurrection, suffering, my own fear of dying, my anger about the isolation experienced by Bryan. Besides the challenge, criticism, and critical analysis of my pastoral counselling skills, the greatest gift of CPE was the support, caring and compassion which I experienced from the group, and my supervisor. CPE taught me further about human relationship, trust and truth, and through the friendship of others I was able to further identify that in this human pilgrimage God first loved me!

This first of many CPE three month units was full of surprises and personal discoveries. I experienced an attempted rape, I was scratched and hit by a 'sweet little old lady' and one patient committed suicide on my ward. It was an initiation by fire, but also a purifying by that same fire. Other CPE programmes have challenged me equally but not so dramatically. In one programme in Ireland I was assigned to an oncology ward only a short while after my dear mother had died of cancer. I had nursed her for thirty-three months, done much grieving for her and then gone off for a stint of CPE in Ireland. During those three months I was chaplain, companion and friend to twenty-two people who died while in that oncology ward. CPE asks of me to extend my human resources to their full capacity and then admit my limitations and then in an act of faith completely rely on God who offers all the strength and love needed to continue in this ministry of clinical pastoral supervision.

This vignette serves to introduce the reader to the focus of this thesis: that of the richness, value and contribution of Clinical Pastoral Education and reflection on its specific contribution to South Africa. This includes proposals for the use of the programme in South Africa which takes cognisance of the background of historical, political, cultural, anthropological, economic and

pastoral counselling realities. To appreciate and understand the spread of CPE around the world it is necessary to map out the background and history of its development. This is further developed by the following chapter on the historical development of clinical pastoral education, in Europe and in South Africa.

CHAPTER ONE

HISTORICAL OVERVIEW TO CLINICAL PASTORAL EDUCATION

“Then, as now, the heart of CPE is supervised
encounter with living human documents”
(Hunter 1990:178)

INTRODUCTION

Clinical Pastoral Education is increasingly being recognised as an important element in pastoral counselling and pastoral care. In the last century, it can be argued, there was little, if any, structured training and serious reflection on the place and role of hospital chaplains within the faith communities and within the formal medical environment. This was an international phenomenon. In order to understand the emerging prominence of CPE it is necessary to return to the past and trace the development of CPE if it is to offer any impetus, encouragement and possibilities for the future (Boisen 1920:235). This chapter will explore in some detail the historical emergence of CPE as a formal and respectable training programme for pastoral ministers.

We begin with the first two decades of the twentieth century, in order to understand Clinical Pastoral Education (CPE): its aims and focus. This is a necessary return to the past in order to understand the development of CPE if it is to offer any impetus, encouragement and possibilities for the future (Boisen 1920:235).

Historically the church has the responsibility to provide education and

formation for her ministers. How this training takes place has been the responsibility of the structures and creative efforts, both in the particular tradition and in the educational system within the church. Clinical Pastoral Education is one of the methods used for education by the church as stated in the Constitution and By-Laws, of *The Association for Clinical Pastoral Education, Inc.* (ACPE).

It has its roots in the efforts of pioneers who sought to bring the theological student into supervised encounter with man in crisis in order that 'living human documents' might be studied, that the shepherding task of the ministry might be experienced, and that scientific knowledge of human relationships correlated with theological insights might be brought to bear on the pastoral task (Preamble, 1967).

To be noted at the outset is the uniqueness of CPE which emerges from the study of 'living human documents' and not through the study of books and traditions which was the usual theoretical approach to theological problems. This term 'living human documents' was coined by Anton Boisen (1920:235-239). Further consideration of this concept is necessary to appreciate its impact on CPE.

LIVING HUMAN DOCUMENTS

By the 1930s the phrase 'living human documents' was associated with Boisen's work and with CPE. From the above quotation it should also be noted that 'supervised encounter' forms the core of CPE, whether this encounter is with a fellow seminarian, a supervisor, peers or with himself². It is through the supervised encounter that there is the possibility of personal growth along with processing the personal struggle with human

² Throughout this thesis the use of the masculine gender or indeed, the feminine gender is to be read and understood to be inclusive. This is to allow for fluent reading.

issues and suffering.

Since 1925, educators in theology considered the need for students to work in placements and in the field to gain practical hands-on experience. One of these methods was the 'clinical' or individual 'case study' approach, and it became an integral part of professional education for ministry (Powell 1975:2). This shift in approach, away from a purely theoretical and 'manualist' education, brings into theological conversation the experiential and practical dimensions of ministry. It is theological reflection done in the context of real life experience, and not in the abstraction of a lecture room.

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Three authors are renowned for their research and documented history of CPE. They are Zijlstra (1969), Thornton (1970), and Powell (1975). All three mention an even earlier beginning of a similar method to CPE in operation already in 1905. At that time there was a focus on the role of the minister with the sick and suffering person. Functioning in those years in Boston, Massachusetts, was the Emmanuel Movement for medically supervised religious psychotherapy and a medical social service at the Massachusetts General Hospital. The fact that both of these institutions were considered a failure was, ironically, the reason for the development of CPE.

Dr. Elwood Worcester, founder of the Emmanuel Movement noted that “. . .the peculiar art of ministering to the sick cannot be acquired by reading or by listening to didactic lectures. . .,” nor “. . .can it be learned, except in an empirical hit-or-miss fashion, from mere contact with the sick.” Instead, he held that what was needed was systematic, scientific instruction (Powell 1975:2). What Worcester actually suggested was that the clergy be instructed in their use of prayer and religious ministries, and that the counselling they used, be both scientific in character and a means of

deepening the pastoral relationship (Worcester 1909:35). By means of this ethos the minister was to become more effective in his dealing with those who were sick, not leaving ministry to be a mission of chance and vague prayer, but to encourage and foster ministry to be more precise and active. In other words, prayer was the hinge on which students of theology, medicine and sociology might collaborate, as Worcester believed that prayer was an especially potent type of psychotherapy. Although this concept is taken up again in a number of future contexts, in this early stage it appeared that the Emmanuel Movement was a failure although its original focus was to become a central aim of CPE, namely, that the skills and techniques of the parish priest could become more effectively and scientifically executed in the realm of pastoral work.

CABOT, KELLER AND BOISEN

In the two following decades a Boston physician, Dr. Richard C. Cabot, set out to re-organise medical social service, to offer something to the patient's spiritual welfare at the same time as strengthening the use of the dispensaries with more effective treatments. It was Cabot who hoped that the spiritual social worker would develop sufficiently to be recognised as the spiritual helper of the sick as he thought that the social workers were often more spiritual and prayerful than the clergy. He recognised the opportunities for social workers to become channels of understanding between persons and that through these channels God's power would be manifest in the sick person. He maintained that "[O]ne of the blunders of social work is that there is no religion in it" (1909:55-56). It was this failure on the part of medical and psychiatric social work to meet the spiritual needs of the sick and the troubled which contributed toward the founding during the 1920s of CPE (Cabot quoted in Powell 1975:3).

Another name linked to the early development of CPE is William

Sebald Keller. He focussed on the need for exposure of the theological student to the "man in crisis" (Powell 1975:4). Keller was a physician and a layman who was active in the Episcopal Church and was able to secure summer employment for seminarians from Bexley Hall (the diocesan seminary) with remuneration in the field of social work. This was to be a first of its kind and many felt that this training should be a regular part of the formation of the seminarians (Thornton 1970:50) (Powell 1975:13).

While on these summer placements, the seminarians were required to work in various social agencies, to attend weekly seminars with civic and welfare leaders, and to officiate and lead worship at one of the local parishes on Sundays. They were also seen to be attending a clinic in life problems (Powell 1975:4). Sadly at this stage there was no specific theological supervision and the essence of CPE as it later came to be expressed, is a "...supervised encounter. . .in order that the shepherding task of ministry might be experienced and that scientific knowledge of human relationships might be brought to bear on the pastoral task." (Preamble, Constitution and By-Laws, ACPE,1967). Another aspect of Keller's summer school was the use of clinical case studies which were written up by the students and open to didactic criticism by peers and the programme leader. The emphasis placed on these case studies was to make the world a better place through establishing a good relationship with God, fellow human beings and with the world in which we live. The supervised case work was a first-hand way of working with women and men who were actually in personal difficulty over against studying examples and statements from textbooks. Students also learned for themselves the art of observing others and interacting in acute human relationships.

As the early history of the movement unfolded, it was Cabot who developed the 'case method' of teaching. In the training of medical students, Cabot would select some pastorally significant hospital cases and

have printed copies of the records given out for the students to study and analyse. The students would attend a special case conference and there have the opportunity to follow, to reason, to challenge and to learn from their senior clinicians (Cannon 1945:85). It was Cabot's reasoning that this method would help his students to think constructively and experiment, and learn from the encounters between their peers and teachers. Most important was that this form of education emphasised that students both medical and theological should learn from watching their teachers doing the work that they needed to learn: conversation with patients, tackling difficult personal problems and often failing (Cabot 1926:9-11).

ANTON BOISEN

One of Cabot's students, Rev. Anton T. Boisen, was to become well known for his work stressing the diagnostic emphasis. He argued that a person experiencing an emotional collapse is separated from any encounter with God and this would mean the person could either fall into total inner disarray or finally experience some new integration of the personality (Hunter 1990:105). If the chaplain was unable to be sensitive to the medical and spiritual condition of a person, the diagnosis would be incomplete.

In 1921 Boisen suffered an acute psychotic episode and was hospitalised at the Worcester State Hospital in Massachusetts. He was deeply distressed in that he never received a visit from any member of the clergy and that to all intents and purposes he was just another patient. During his psychotic break he experienced a vivid delusional episode in which he believed he had ". . .broken an opening in the wall which separated religion and medicine". (Powell 1975:4). After he recovered, and later became a student of Cabot, his notion of integrating religion and medicine provided a starting point for the first years of the CPE movement. Boisen himself studied social ethics and abnormal psychology and hoped

for the day when the church would develop physicians of the soul.

Boisen became chaplain at the Worcester State Hospital in July of 1924. During this time he also worked with the Social Service Department and used this opportunity to further study those cases in which the outstanding need of the patient was a religious problem. Cabot had sent some theological students to work with Boisen in the hopes that they would learn something about mental illness. Cabot, in fact, was promoting his belief that students not only learn in the lecture room, but by gaining clinical experience and putting their theology into practice with people who were in trouble. This personal contact with suffering people meant that theology students were encouraged to move into what has become known today as the "action-reflection" model of CPE. Simply explained, this requires that the student undergo a specific guided process of reflection after they have been active in pastoral ministry.³

As a result of Boisen's strong convictions emerging in his prolific writing of the 1920s, he was able to spell out his dismay that theology students could complete their studies ". . .without ever having studied a human personality in either health or disease", even though". . .the human personality was that with which it was... [the pastor's] task to work". He went on to note, ". . .the physician. . .", on the other hand, ". . .as a result of his ...careful, systematic study of living men and women, has become. . .in very truth. . .a physician of souls, while the traditional 'physician of souls,' clinging to his traditional methods, has become merely the custodian of faith." (Boisen quoted in Powell 1975:9).

³ This differs slightly from the theory-praxis model of the theology of providence in relation to crisis experience. In recent developments of practical theology both Hiltner and Gerkin (1979 and 1984) focussed on the recovery of religious meanings as the central concern of pastoral care along with the developing theological insights from pastoral practice (in Hunter 1990:870).

THE INCREASE IN NUMBERS

The initial training of the seminarians was not too successful. Only one theology student completed the summer course. For the three months on the course he met every new male patient who was admitted into the hospital. The student also attended discussions with Boisen and the staff and was able to gain a mature insight into the problems of mental health care.

The next year there were four students who extensively used the case history method which differed from the format of Keller and Cabot. In this method the students interviewed patients selected by Boisen and wrote reports on the interviews for Boisen to comment on. The underlying idea was for the student to learn to understand the patient's inner struggles, and their spiritual problems (Powell 1975:6).

It is significant that the number of students steadily increased from 1927 to 1930 although the students had to support themselves from their own earnings as ward attendants. It was a turn of fortune that one of Boisen's students was chosen for the 1928 course. Austin P. Guiles, later to become a professor and a CPE leader, approached Dr. Cabot to assist in looking for funds. In 1929, when Guiles made the decision to put his life into clinical training he approached the Earhart Foundation and he was ". . . advised to incorporate the idea and organization under the laws of the State" (Guiles 1947:3). Following this, on January 21, 1930, Boisen's programme was incorporated and recognised as the *Council for the Clinical Training of Theological Students*. Cabot was appointed as the president, Boisen as secretary and Guiles as field secretary. Later that year ". . . Dr. Helen Flanders Dunbar was chosen as Medical Director of the Staff." (Powell 1975:29). By 1932 there were forty students in the programme.

THE NEED FOR SUPERVISION AND STANDARDS

There was to be a difficult period ahead for the CPE movement and it centred on the conflict between the content of the programme as either a practical supervision of clergy or a theoretical emphasis on psychology taught to them. The Council for the Clinical Training of Theological Students called a special meeting and came to a general agreement that they could not afford to emphasise psychoanalysis. This arose because one of the supervisors was placing great emphasis on certain psychoanalytic theories as well as promoting the possibility of a church clinic. In May 1933 the council resolved that “. . .we are opposed to any attempt to introduce the teaching of psychoanalysis into the training of clergymen, and we are opposed, further to the establishment of non-medical church clinics” (Powell 1975:12). This meant that the two disciplines of theology and psychology were separated in the training of the theologians and clergy. From this controversial situation the council was forced to make definite rules about the standards of supervision and training. In 1934 the Council ruled that a training centre must have specific qualified members on the staff. There was to be a theological supervisor, a chaplain and a residential expert from the particular centre. A second project, the Andover Newton Project affiliated with theological schools and focussed on the development of the pastor's pastoral techniques. Guiles was part of this faculty as he was the director of clinical training and he asserted that clinical training at Boston, now the third group established for training was a separate venture from the work of the Council. Cabot had also joined the Andover Newton Project as the professor in sociology and applied Christianity. By 1936 there were three major groups offering CPE (Powell 1975:13).

DICKS, WISE AND HILTNER

Besides those mentioned above, there are other significant persons who shaped and influenced the emergence of the CPE movement. The first is the Rev. Russell L. Dicks, who trained under Boisen and Dunbar, and succeeded Guiles at the Massachusetts General Hospital. His chief concern was how he should face the situations he had to deal with in the sickroom. His approach was decidedly practical and in many ways different from the style of Boisen and Keller. Dicks found that the method of case study previously used by those in mental hospitals or by social workers just did not fit the minister's work in a general hospital. He found that in keeping records of his visits with dying patients, he needed also to record all that he could remember of their conversation and even the prayers they used to pray together. Dicks explains,

I was seeing so many patients...that I found it necessary to keep some kind of record. But what kind of records could I keep? ...I asked myself, what happens when I see a patient? The answer was: We talk. Then, what do we say? I began to write down all I could remember of the conversations I had with patients ... Then one day a theological student asked me, "What do you pray when you pray in the sickroom?" So I began writing down my prayers (1939:7).

This was to become the format for the most valuable tool of CPE, known as the verbatim. Over the years the verbatim has developed and is modified to suit the centres and the requirements of each association of Clinical Pastoral Education in different parts of the world. The verbatim is used as a tool for pastoral conversation analysis. It will be discussed further in a later chapter.

The second person worthy of mention is the Rev. Carroll Wise who was the theological supervisor at Worcester in that same period. The students were expected to spend an hour a day with each individual patient in order to understand him/her as thoroughly as possible. Wise thought that

the greatest need was for the individual to be understood and for the chaplain to come to understand the basic drives within the personality. This deep understanding of human nature would allow the minister to evaluate any difficult situations in his future parish through his understanding of human nature and the trust and confidence which had built up between the minister and the persons to whom he ministers (ACPE files 1934, file c, drawer 1). Of course, there were times when the debate centred around method versus understanding. There was an attempt to look at what the minister ought or ought not do in the case studies and, although this method was used on occasion, the emphasis was for the minister to understand the basic drives within the personality with its conflicts, abnormalities and various tendencies. What was hoped for was that the minister/student would assimilate a basic knowledge of human behaviour.

Another highly influential personality was that of Rev. Seward Hiltner who considered that the final focus relate theory and practice and “. . .what makes people tick. . .” and at the same time to observe what happens in the relationship between counsellor and the person (1959:244). This interrelatedness was the central focus of the book written by Hiltner in 1958, in which he defined pastoral theology as “an operational centred discipline” and gave the following definition:

...[pastoral theology is]...that branch of theological knowledge and inquiry that brings the shepherding perspective to bear upon all operations and functions of the Church and the minister, and then draws conclusions of a theological order from reflections on these observations (1958:20).

This definition brings with it the message of the importance of care and acceptance of the person. The acceptance of the individual, unconditionally and non-judgementally, is a central part of pastoral care and a core concept on which practical theology has to be formed. Hiltner's method was similar to the client-centered methods of psychotherapy offered by Carl Rogers. But Hiltner advocated

a sensitivity to the need for pastoral identity and ethical values on the part of the pastoral counsellor. These statutes were fully adopted by CPE. He insisted that the pastoral theologian was to find within the pillars of healing, sustaining and guiding a comprehensive method of pastoral counselling within the ecclesial setting. Several studies were made by Hiltner on the power of social and cultural pressures which shape human perceptions (1949). This insight into the effects of cultural pressures enables this writer to explore the dynamics of culture in a South African society which is in crisis due to the many cultures and many races of peoples in this country.

At this stage it can be noted that there were some variant views about the CPE process and the training of ministers in a clinical setting.

The American Association of Theological Schools established an investigating committee to investigate the two main programmes of the Council and the Andover Newton Project. The committee reported on the two main differences between the programmes which emphasised on the one hand, standards and supervision, and on the other hand, the techniques of training.

To the committee, "the most important of the Council's distinctive principles" seemed to be:

- (a) Its insistence upon exacting scientific standards, upon adequate and thoroughly trained supervision of students, and upon the discouragement of students from undertaking work properly carried on only by the medical profession; and
- (b) Its conception of a comprehensive course of clinical training. Increasingly, the Council has tended to limit its work to two types of institution which are regarded as furnishing the most fruitful experience; the general hospital and the mental hospital. Its ideal for its students is that each should receive

some training in each type of institution (Powell 1975:15).

The committee found that the Andover Newton Project's most important distinctive features were:

- (1) The direct responsibility of the seminaries in its direction and administration; and
- (2) The determination to keep the clinical training related as closely as possible to the actual work of the pastor so that it will provide direct preparation for the duties of the ministry. (Powell 1975:8)

As a result of these findings the students were to spend a summer training in a mental hospital and then complete their training in a general hospital in an extended weekly training process.

DISSATISFACTION

Dissatisfaction and rivalry for recognition grew between the council and the Andover Newton Project as neither could agree on their focus, whether it be on standards and supervision, or techniques of training. The council and the Andover Newton Project finally changed name early in 1938 and adopted all aspects of their criterion in the new association. This new association reflected an increase in the participation of other seminaries in CPE, whose focus it was to offer CPE ". . .not alone nor even primarily for work with the sick" (Hunter in Hiltner 1947: 5-8), but rather to show that CPE (in all its aspects) is applicable to all areas of pastoral functioning. Later in the year of 1938 the 'Cabot Club' was organised to allow for those wanting a more psychodynamic approach to counselling. This demonstrates the overall

• Broaden
to . . .
(fieldwork)

underlying dissatisfaction with the position of CPE in theological education and the growing realisation that clergy needed some psychological training with their theological education. The person in ministry would be dealing with humanity in crisis and so there was a need for a greater understanding of personality and behavioural characteristics.

This seeming failure of CPE within the seminaries was of great concern to Boisen. He maintained that “. . .we were not trying to introduce anything new into the already crowded curriculum...we were seeking to make empirical studies of living human documents, ...in doing so, we were proposing to alter the basic structure of theological education.” (Boisen 1960:187). To realise this aim the seminaries would have to work on transformation internally.

AIMS AND GOALS OF CPE

In 1944 the First National Conference of Clinical Pastoral Training was held in Pittsburgh. The supervisors from the major training groups would attempt to reach an agreement on the aims and standards of CPE. They were forced to recognise each other and begin to discover themselves as 'living human documents'. The definitions of CPE and of the supervisor emerged from the Pittsburgh Conference:

Clinical training is the performance of pastoral work under committed competent supervision, such work being researched and submitted for evaluation and criticism (Fairbanks in Hiltner 1947:38).

Fundamental to the foundation and verification of CPE, this meeting defined the aims and goals of CPE.

Aims:

- (1) to enable the student to gain a profound understanding of people, their deeper motivations, their problems, their emotional and spiritual conflicts, their infirmities and their strengths;
- (2) to enable the students develop adequate methods of working with people, and an adequate working conception of his role, his responsibility, and his limitations as a clergyman with regard to all conditions of men; and
- (3) to help the student learn how to work cooperatively with representatives of other professional groups and community agencies toward the prevention and alleviation of the infirmities of mankind, and toward the solution of individual and social problems (Brinkman in Hiltner 1947:23).

Goals:

- (1) to develop “specifically pastoral skills by testing them with real people and submitting the results for evaluation”;
- (2) to provide “. . .actual experience in working on a so-called “medical team” - i.e., a group composed of the social worker, ward supervisor, occupational therapist, clergyman, and the physician who directs the total treatment program”;
- (3) to encourage “such insight as may result from clinical seminars and personal conferences with the director of clinical training”;
and

- (4) to emphasize “that the clergyman should concentrate on the skills and techniques that belong to his pastoral role, rather than be tempted to wander into other areas of professional service.” (Fairbanks in Hiltner 1947 :37).

From the above we can see that there are four necessary requirements for a CPE programme.

- (1) The work performed by the students should be pastoral in nature.
- (2) The work should be done under supervision.
- (3) All work should be recorded.
- (4) The notes should be submitted for criticism (Fairbanks in Hiltner 1947 :38).

The final statement from the conference provided a preliminary definition of the role of the supervisor, as recorded by Brinkman:

The supervisor must demonstrate not only “. . .some teaching ability, but primarily the ability to enable others to observe for themselves, to evolve their own conclusions and applications, and above all to grow.” (Brinkman in Hiltner 1947:24).

As a result, this first national conference established greater clarity on the role of the supervisor and the primary aims of CPE, among these that the chaplain was an integral part of the medical team with a specific role and tasks. This conference was the catalyst to new approaches and methods.

NEW METHODS

The review of the aims and goals of CPE led to the development of a new method of teaching. Where learning had previously been directed towards

the understanding the patients, it was now directed towards the students. In this new approach, on occasion both the student and the chaplain would call on the patient for a pastoral interview. The student would conduct the interview, therefore allowing the chaplain the opportunity to observe the student in action, his approach, resources and ability to make a pastoral conversation. This approach was referred to as "dual-calling". (Powell 1975:10).

Another method was also developed at this time. It was a form of role-playing and was adapted to CPE. The supervisor adopted the role of the patient and the student became the pastor. This interview was role-played before the group, with members of the group participating silently and considering what they would do in a similar situation (Powell 1975:10).

Hiltner took the verbatim a step further in requiring his seminary students to submit reports of their pastoral contacts, not in view of commenting on the specific responses as done in the classic verbatim, but to offer a brief explanation of these responses in a short essay written at the end of the notes. This method offered both student and content-centred instruction and avoided the temptation of psychotherapeutic analysis by the student (Hiltner1958:283). The rationale for this approach was Hiltner's concern that CPE be essentially an instructional programme and not a therapeutic one.

STUDENT-CENTERED TRAINING

During, and right after, World War II, clinical training became increasingly student-centered (Nouwen,1972:117). Because the supervisors focussed on a supervised encounter with humanity in crisis, some found their "living human documents" in the students themselves and in the 1950s CPE gave greater attention to pastoral counselling (Powell 1975:19). It was Boisen himself who had initiated the focus of CPE to be more on persons than on

the problems, more on emotional attitudes than on intellectual information, more on immediate situations than on those of the past, and that one should recognise relationships themselves as opportunities for growth (Johnson 1947:27-32).

Time and again, the process of CPE was challenged, criticised and realigned by those who were the initial leadership of the movement. In almost every new regime of CPE the founders, the supervisors, the council and the associations were at loggerheads about some aspect of the CPE process (Thornton 1970:34). In retrospect, this is how CPE developed and how the educational models have changed in the process. It is important to note that in contemporary times, CPE is developing not only in its methods, but also adapting to the cultures, nations and races where it is being introduced (Lee 2000:120).

FOCUS OF MINISTRY

The emphasis in ministry from 1925 to 1935 was on the question “what must I do?” From 1935 to 1945 the question shifted to “what must I know?” And from 1945 to 1955 the issue of concern was “what must I say to be of help to the patient?” In the years from 1955 to 1965 the emphasis turned to “what must I be?” (Clark 1963:19).

The change within CPE toward concern about the interaction between two persons manifests not in what the counsellor does for people, but what s/he is to them. “It is not what the counsellor does for the counselee that is important. . .,” but “. . .what happens between them.” (Wise 1951:11,63) There was a growing conviction that the theory, methods and knowledge learned from books is not as important as the chaplain’s relationship with people. It is self-knowledge which is necessary if a chaplain is to become a mediator of God’s love.

ASSOCIATION FOR CLINICAL PASTORAL EDUCATION (ACPE)

The national organisation for ACPE was formed in 1963 as increasing numbers of theological students were seeking CPE and theological educators, seminaries and universities realised that what students have learned and experienced through CPE needs to be recognised and integrated into their ministerial training.

It was the Lutheran Advisory Council which in 1951 decided that national standards for CPE were to be formulated and recognised. In 1953 a set of "National Standards for Clinical Pastoral Education" was adopted (Thornton1970:137-138). In the Lutheran view, the purpose of CPE was "[T]o give the student and/or pastor an opportunity to deal directly with people and their problems. . .,"and to learn many aspects of the ministry through "...actual clinical experience." (Thornton1970:138). In 1957 the Southern Baptist Association for Clinical Pastoral Education took the matter a step further and stated that ". . .a minister, in whose hands the care and nurture of souls is committed, should have more than a theoretical, 'bookish' education concerning the task of the pastor." (Oates 1972:4-6).

CPE AND PASTORAL THEOLOGY

A new concern emerged for pastoral theology and CPE in the 1960s. It was highlighted when students were encouraged not only to attend to the shepherding perspective but also make theological conclusions from reflection on these observations. In the tradition of Boisen, there would be the study of actual and concrete forms of human experiences, especially where ultimate issues are at stake. "What pastoral theology insists on is that the knowledge gained from observation and reflection be placed in theological context." Hiltner further notes that "the acts of shepherding,

though they may be many and mighty, will not illumine our understanding of the faith." (Hiltner 1958: 20,23,26, 51). This would need to be expanded to include clinical pastoral education as theological education at an experiential level. The study of theological problems are to be observed in people who are in crisis and in the experience of the student who confronts him/herself in the role of being pastor and minister to the people.

It is the conviction of many of present day supervisors within CPE that theology can best be learned in the arena of the central crises of our times. This concern is reflected by Charles V. Gerkin in the ACPE News.

Indeed, during the last ten years, the "model of pastor to person relationship" has been "tested and harshly questioned by something called ministry to structures," and "action-reflection," within the context of a more socially involved ministry, has been "pressing to replace analysis of the verbatim report." (3.2: 1, Feb. 1970).

This indicates the view that analysis of one-to-one reports is limiting, as in the South African context, ministry is offered to the extended family and the community in times of social crisis. Seldom does a loss or a bereavement involve only one person, but affects the whole family or clan with the ancestors. A South African theologian, M P Moila explains the role of the pastoral counsellor to traditional Africans:

The concern of counsellors, ... should be to awaken people in crisis situations to a rediscovery of meaning in life. Traditional Africans believe that afflictions of people are and can be helped by freeing the person from the evil force through sacrificial rites and other rituals...(1989:206).

This would imply that healing would necessarily take place within the family or the clan, where together they could make a sacrifice and together the community could be healed in their time of grief. This solidarity within the African context offers support, reconciliation, and healing in times of crisis. (Masango, Telephone conversation 04-12-2001).

CPE IN A VARIETY OF SETTINGS

The beginnings of CPE were found in mental hospitals and shifted to include general hospitals and social agencies. Now CPE has expanded its purview to include prisons, universities, medical schools, and even into military institutions and some church parish communities.

It is possible that in the future CPE could be taken into the parishes where the pastor could offer the programme. In this context the experience of CPE would be radically different from CPE in the clinical or institutional setting. CPE has been challenged to become more community oriented and so CPE programmes are now seen to be useful in some parishes (Hunter 1989:180). Behind this statement is the obvious difference between programmes, where the object or persons being ministered to will differ. The “living human document” within the parish setting would be the normal, ordinary parishioner and not the person in ‘crisis’. One of the first parish CPE programmes was set up by Robert Nace in 1965. Nace was pastor in Zion’s Reformed United Church of Christ in Pennsylvania (Hunter 1990:180).

THE SPREAD OF CPE

CPE spread to the Netherlands in the 1960s where it became popular and soon five centres were established to run three month and six week courses. In all these centres the verbatim analysis was the prime focus while the group work and the one-to-one supervision was given less importance (Zijlstra 1969:65-66).

The impact of CPE at the beginning of the twenty first century reaches internationally to Canada, Northern Europe, England, Ireland,

Southeast Asia, New Zealand, Australia, South America and some parts of Central Africa.

Today, the vision of CPE appears to be able to embrace each and every country with its own needs and diversity. CPE in South Africa has its own history and development. Serious consideration must be given to reconciliation, to the needs of the society at large and to the requirements of those in ministry in the future.

CPE IN SOUTH AFRICA

In South Africa the beginnings of CPE can be traced back to 1970. The Lutheran College at Umpumulo in Natal received a visit from Arthur Becker, from Columbus, Ohio. He was a member of the American ACPE. (Becker and Hestenes 1971:1). Becker tried to implement a three month CPE unit but there were problems and only six weeks were completed. The two course leaders were Siegfried Abrahamse and Vivian Msomi. Both of these men enabled the initial establishment of CPE in South Africa. In the period 1970 and 1971, Becker led some shorter courses for Umpumulo, Marang and Ceza (Becker and Hestenes 1971:7). There were other courses given at Worcester and Alice.

In 1973, Clinical Pastoral Education was recognised by the Association of South African Theological Institutions (ASATI) and in 1975 a meeting at Koinonia Conference Centre in Natal was arranged for interested churches. Sadly, only the Lutheran Church seemed interested.

Shortly after this, the Association of Clinical Pastoral Education in Southern Africa (ACPESA) was established (Perry 1986:6). The purpose of this organisation was to co-ordinate CPE in South Africa. In the early 1970s there were two hospital chaplains sent for training for one year to the United States. They were HP Venter and JT de Jongh van Arkel, both members of the Nederduitse Gereformeerde Kerk. In 1977 Anthony Perry,

an Anglican priest, travelled from Australia, and together with Philip Jordaan and Siegfried Abrahamse slowly established and brought recognition to CPE. They started with two week courses and in 1980 extended these to one month. The major concern was the shortage of supervisors. All the supervisors available had been brought from America, Canada, the Netherlands and Australia. They had done the basic and advanced units of CPE. From 1981 to 1982 Abrahamse was seconded by the Lutheran Church to ACPESA as the supervisor, so he was able to give courses half of his time. At the end of 1982 he was recalled to do other ministry in the Lutheran Church. (Minutes of ACPESA, Sept.19, 1982)

Returning to 1977 it is recorded that theological seminaries trained students in hospital pastoral visitation using both Tygerberg and Stikland hospitals (Minutes of ACPESA 1978). The MTh in clinical pastoral ministry was also set up at Stellenbosch University in the Theology Faculty in the years 1990-1993. These programmes had no formal ties with ACPESA as they did not offer a CPE unit formally recognised by ACPE internationally. The University of Stellenbosch had established its own curriculum of theological studies which did not include a three month unit of CPE. These courses and programmes increased gradually from two week to one month courses and the course content changed accordingly.

COURSE CONTENT

ACPESA followed the international trend of focusing on verbatim analysis, case studies and group work. This group work dynamic was commonly known as Inter Personal Relations (IPR), where the students dealt with their emotions, their crisis work, death and dying and the use of the sacraments in ministry.

Each of the courses seemed to have a different focus and intensity, according to the centre, where some supervisors concentrated on

communication, others on pastoral identity and still others on self-growth.

At the University of Stellenbosch the final year students of the MTh in clinical pastoral ministry had their own emphasis. These were as follows:

1. Verbatim analysis
2. Personal history taking
3. Specialization in hospital ministry
4. Pastoral care
5. Writing up of pastoral ministry caring cases
6. The pastoral elements of preaching
7. Dogma, questions and answers
8. Medical ethics
9. Group work
10. One-to-one sessions done in the process of looking at the verbatims.

It is important to note that there is no definite one-to-one supervision in this programme nor is there a case study component. The concentration is on the pastoral therapeutic aspects. In recent years those who supervised the course at Stellenbosch were JAS Anthonissen, GF Bruwer, PM Goosen and JG van der Vyver (van der Vyver 1996:46).

TRAINING OF SUPERVISORS

The training of supervisors is the single greatest challenge in South Africa (Minutes of ACPESA, May 1999). The constraints lie firstly in the amount of time it takes to train a supervisor, being at least twenty one to twenty four months and secondly in the amount of money needed for the training and support of the trainee during the process. Selecting men and women who show the skills and express interest in supervision is also a difficulty, as many aspirant supervisors are destined to become priests and ministers. Once they are ordained they are placed in parishes in order to serve the local community. Without supervisors the future of CPE cannot be guaranteed. Many South Africans have gone to other countries to study

CPE and they seldom return to be supervisors for ACPESA, but prefer to move into other fields of education, principally for financial reasons. The problem is that they do not return to plough back into CPE the resources they have acquired.

The training of supervisors here in South Africa has been evaluated somewhat. In 1975 some rules for supervision were laid down and then revisited in 1986. This setting of standards continues to be an issue within ACPESA. At this time the minimum requirement for supervisory training was a basic course of three months plus a second basic course of three months. Then the candidate was asked to do a further three courses of one month each as supervisor-in-training. They were required to undergo evaluation and were to hand in a designated amount of written work on the theory and theology of supervision. After this, the accreditation board would consider each application. Those successful would be accredited as associate supervisors. Needless to say, this level is far below that of the international standards set by ACPE Inc., where a person wishing to become a supervisor, all in all must finally complete twenty four months of CPE, write many theory and theological papers, sit before at least four boards before being accepted to the level of associate supervisor.

There is a current proposal, as this thesis is being written, to set new standards for supervision and for accreditation of CPE centres. This would have implications for the accreditation board of ACPESA to find new standing and levels for its standards for supervision (ACPESA Executive Meeting 1999).

In summary, the South African situation presents a major concern in the area of supervision. Without supervisors there can be no CPE programme in South Africa. Without South African supervisors, who can contextualise and appropriately adjust CPE to the South African participants and without the process being adapted and reviewed in the light of the

components and needs of those who would want to participate in a CPE course, the future of a transformed CPE in South Africa is questionable.

CLINICAL PASTORAL SUPERVISION (CPS)

Before reviewing the accepted components of CPE internationally in the next chapter, there are five aspects of pastoral supervision which need to be identified to indicate clearly that clinical pastoral supervision is an aspect of CPE which underlies the whole process. CPE is supervised education within a clinical setting of ministry students in training for pastoral work. Supervision lies at the core of the CPE experience.

The following points identify the precise focus for which pastoral supervision should strive in order to train and educate the learners:

1. Pastoral theory is to be understood and internalised as the learners put the theory into practice.
2. The pastoral role is to be identified and for the learners to develop their pastoral identity.
3. Learners are to endeavour to understand their peers and patients and to further develop communication skills.
4. Supervisors are to further develop their theology so as to better be able to answer the many questions which arise from peers, patients and members of their own church groups.
5. To develop their own spirituality and belief systems within pastoral ministry as they will be challenged many times to offer counsel from within their value systems.

The aim of Clinical Pastoral Education is the development of the whole person of the minister, who is in the supervised encounter, whilst ministering and caring for those who are suffering and in crisis.

CONCLUSION

In this chapter on the background history of Clinical Pastoral Education, we traced the origins of CPE back to the early decades of the twentieth century. CPE is one of the means of the church for training and educating her pastoral care ministers within the Christian tradition. At the root of CPE is the ethos that theological students are brought into supervised encounter with 'living human documents', people in crisis who are in need of pastoral care.

The geographical movement of CPE which began in Boston, Massachusetts, United States of America, gradually spread to hospitals within the United States, Canada, on into the Netherlands, to Australia and to Ireland. Now CPE is active in South Africa, namely, Pietermaritzburg, Pretoria and Cape Town, after some initial false starts.

The vision of CPE has changed over the past eighty years since its inception, but still the process is one of education, self-development, spiritual growth and pastoral identity to all who partake in this now international process. Some of the critical issues out of the history of the CPE movement can be seen as follows:

1. The seminaries believe that training for ministry should focus almost entirely on liturgy, homiletics and theology, thus ignoring the need for training in pastoral counselling. The counselling would involve knowledge in psychological skills and communication with the whole human person.
2. As ministerial training has developed so these new methods of training for ministry require unique settings as well. The vision of only training ministers for parish work is limiting and in the current context students of ministry need to be trained to work in a variety of settings, such as hospitals, clinics, home-based counselling in the family setting, prisons etc. This is critical in

South Africa with the pandemic of HIV/AIDS, many jailed for rape and murder and many dying of AIDS related diseases.

3. Churches need to be 'jolted' into a new mode of thinking about church and ministry. Analysis of the needs of the South African society shows that in the last ten years our society has changed rapidly in age, economic status and cultural groupings. We are no longer 'closed' communities of middle class whites or marginalised urban blacks, but are increasingly sharing the same parishes and communities. At present the largest single crisis affecting the KwaZulu-Natal province is the pandemic of AIDS (Whiteside & Sunter 2000:49-53). The churches are struggling with meeting the demands of people living with HIV/AIDS, financially, physically and psychologically.⁴ Training of lay ministers to serve this community is essential and so CPE may well become the training ground for community pastoral carers.
4. No longer is the Christian community thinking in the same manner of God. There are new models of God and new language used to speak about God.
A challenge in this respect is to rethink how those involved in CPE can vision themselves from always 'doing theology' to 'being and becoming' faith-filled community.
5. More needs to be envisioned to articulate a spiritual anthropology that not only interrelates secular medical and psychological models, but also that integrates the theologies of denominations (Fuller 2000:33).

⁴ Current literature on HIV/AIDS is using this writing format when both acronyms are used in the text (Shorter 1998, Whiteside and Sunter 2000; *AIDS Analysis Africa*, Vol.10, No.6, March/April 2000, Miller 2000 and the daily newspapers).

This chapter has introduced the reader to the main characters of the CPE process. The early founders such as Elwood Worcester, Richard Cabot, Sebald Keller, Anton Boisen and Seward Hiltner are to this day acknowledged in the world of practical theology, also known as pastoral theology.

The gradual development of CPE was not without its difficulties and conflicts. These, in turn, it can be argued, only go to show that any process has to be re-defined and refined according to the needs and circumstances of the focus of ministry. Today CPE is found in a variety of settings and this in itself shows the future potential, scope and possibilities of the programme.

In the final section of this chapter we looked at the one major problem area yet to be tackled in South Africa; the need for training of supervisors and the setting up of standards to continue the CPE process in the international arena. The following chapter will describe in some detail all the components of CPE and evaluate how they may or may not be suitable within the South African setting.

CHAPTER TWO

COMPONENTS OF CLINICAL PASTORAL EDUCATION

“As the first unit of CPE progressed, I found myself beginning to trust the process. I felt empowered by my supervisor and gradually the scales began to fall from my eyes. My heart was open to the suffering around me as I visited the wards. The knowledge I gained gave me confidence in myself and my role as a chaplain. The new skills I learned from the verbatim report analysis were remarkable, as were the insights I gained through leading the worship. I was most uncomfortable during the IPR sessions but even came to appreciate them as I grew more comfortable with my own vulnerability”. (Interview with CR: April 1997)

INTRODUCTION

The previous chapter outlined the historical development of Clinical Pastoral Education since 1935. It mapped the spread of CPE to Canada and Europe, as well as its eventual spread to South Africa in the 1970s. This chapter will identify and describe the classical components of the programme. In those countries where CPE is established, the central components are generally similar. The exact time frame may differ and some components may have differing or greater emphases than others but CPE standards are to a large part unvarying and universal.

THE INTERNATIONAL STANDARD THREE MONTH UNIT

It seems necessary to spell out the overall schedule of Clinical Pastoral Education as the process is not well known in South Africa, nor is there much available reading for interested persons in Southern Africa.

The three month unit is actually eleven weeks plus a few days and offers 400 hours of credit. The curriculum has a basic format.⁵

The Components of the Three Month Unit

Each week follows the same basic schedule with a few changes to prevent stagnation and repetition, depending on the guest speakers' schedules. Assignments consist of weekly verbatim reports, reaction reports, two book reviews, mid-term evaluation, a peer case study and a paper on the students theology of ministry. There are personal goals for the programme and a final evaluation which is written by the student and another written by the supervisor. These are discussed and signed by both student and supervisor.

Time commitment and weekly schedule

The regular schedule is Monday until Friday from 8.30 until 16.30. There are twelve group meetings weekly: worship (3), didactic seminars (2), theological

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- 8.30 Worship and prayer
 - 9.05 Wards
 - 11.15 Coffee break
 - 11.30 Case Conference (verbatim analysis, or reports on book reviews, or peer case studies or critical and pastoral incident
 - 13.00 Lunch
 - 13.45 Wards
 - 15.00 -Lecture on Thursday
 - Inter Personal Group Relations (IPR) on Monday, Wednesday, Friday
 - Case Study in department of psychology on Tuesday which is a Demonstration by a counselling psychologist in a counselling situation
 - 16.30 Day ends
 - 17.00 - 21.00 Evening duty twice a week in rotation

reflection (1), verbatim seminars (3), interpersonal group sessions (2) and one case study session. Individual one-to-one supervision is scheduled for one hour each week and this leaves twenty two hours for patient visitation in the wards. Students also rotate on an overnight on-call responsibility.

Individual learning covenant (setting of goals)

This is a written document compiled by the student and negotiated with the peer group and the supervisor during the first two weeks of the CPE process. Subsequently it is reviewed as needed, as well as a formal review mid-course. Students are encouraged to focus on one professional goal and one goal related to skill development. Further, they are also set one goal in the area of the development of their pastoral identity.

Ward placement where practical pastoral care is practised

Each student is assigned to specific hospital wards or areas of activity. The student is asked to make an initial visit to newly admitted patients and then to develop an ongoing ministry to patients, families and hospital nursing staff. In fact, anyone visiting that ward is part of their 'parish' and they are free to engage them in a pastoral conversation.

Hospital responsibilities

The students are responsible for overnight on-call duty in rotation with the chaplain who is also responsible and on duty daily. This includes day and night, as well as weekend coverage for the duration the CPE unit. During the weekend on-call duty, the chaplain is also responsible for the Sunday worship service for the community. This service may be recorded and used for further group and individual supervision.

Individual supervision

There are often two or even three supervisors in the CPE programme. The pastoral supervisors will meet with each student they are supervising for approximately one hour each week. Additional sessions may be arranged, as needed.

Written assignments

Each student is to submit a weekly reflection. It is expected that this report will also briefly refer to the daily visits to patients, the learning process, the learning covenant. In addition, a total of seven verbatim reports are submitted, plus a critical or pastoral incident, a case study, a book review and a personal theology of pastoral care paper. A mid-term evaluation and a final evaluation are completed and together with the supervisor are read and discussed. This means that each participant submits a substantial amount of written work which is evaluated alongside their practical pastoral visitation and their interaction in the group sessions.

Peer Group

There is always a minimum of four students in a group. The maximum number in the group is seven. The supervisors attempt to select students for a group which will be as diverse as possible in terms of religious, racial and ethnic backgrounds, as well as age diversity and gender. This diversity offers greater scope for the learning experience and enables students in South Africa to be exposed to, learn about and come to understand the richness of shared human experience, as well as diversity and difference.

Theological reflection group

The group gathers for a one hour session approximately once a week, where the focus is on a book read by one of the students, or a theological

concept, or a topic of mutual struggle encountered by the students. Very often the focus is around 'suffering and its meaning'. This setting may also serve for the critical review of a student's worship and preaching leadership.

Didactic seminars

These sessions are held twice a week for approximately 90 minutes. One seminar each week deals with topics related to pastoral care. The other seminar focuses on topics related to clinical issues and subjects encountered by the students in the medical setting. Often hospital nursing staff are invited to and attend these seminars.

Orientation and termination

The first five days of the programme are an orientation to CPE, to the hospital setting, to some of the medical terminology and to the peer group. Responsibilities, assignments and expectations are reviewed. The aim of final week is the final evaluations, the process of leaving, debriefing and the closing celebration.

Written evaluations

The supervisor provides each student with a written final evaluation as likewise the student prepares such a written report. These are discussed together and accepted or sometimes adjusted by each party. The goal is to reach a final evaluation which should be mutually acceptable by both supervisor and student.

Interpersonal Relations group (IPR)

These sessions in group dynamics last ninety minutes with the supervisor as facilitator and the group of students sitting in a circle with the mandate to discuss only what is happening in the group, here and now. They may not bring in stories or experiences from outside and must speak and share what is happening within the group in the present moment. The facilitator does not enter into the dialogue nor does she or he offer any starting points or guidelines. IPR is the discovery of what goes on in a group, the group's identity and the seasons of a group's life. It is a difficult experience because each person is looking out for him/herself. In many of the early group sessions the participants may remain silent for anything up to 70 or 80 minutes of the session. If this happens the facilitator asks the students what was going on in each student for that time, so requesting of them to evaluate the feelings and thoughts they were experiencing. There may not have been any words spoken but a lot of communication was happening non-verbally. Experience of IPR seems to evoke a release of much anger, insecurity, impatience, irritation, aggression, fear and accusation among the participants. In reading the works of Yalom (1975) and Bion (1961) we can see that the group takes on a life of its own. These two psychologists studied the theory and practice of group psychotherapy which had significant impact on research of the many types of group therapies. It is not the intent of this thesis to reflect in any detail on this area of psychotherapy, but to note that CPE IPR groups are closest in formulation to personal growth groups. Again it is worth noting that in the training of CPE supervisors there is quite an emphasis on the process of group therapy but that not all supervisors are able to facilitate group work adequately as the techniques required to lead such a group are complex. With regard to the use of IPR in the South African CPE programme it

must be noted that this form of group work is totally foreign to the participants of African origin. When an African clan or family or group of elders meet for an *indaba*, or a palaver, the common intention is to work as a community to solve a problem from outside affecting the whole community. The concern may involve one member of the clan or family, but the problem comes from without.

In this process, the group of elders meet to discuss the way forward through discussing the problem at hand. They speak collectively and for the good of the whole. Even the terminology used is in the plural and the elders do not offer personal individualised opinions as one is identified as part of the whole community. (Msomi 1991:68-71)

The major difference between the two is that IPR is a grouping of people who are becoming aware of and analysing their own feelings, behaviours and interactions for the sake of personal growth. It is an introspective process with a view to identifying interactional attitudes and behaviours. To begin to make IPR be effective, a six month unit is the most viable and certainly not a shorter module where relationships do not have the opportunity to consolidate the whole experience.

BACKGROUND AND UNDERSTANDING OF VERBATIM REPORTS AS THE PRINCIPAL MEANS OF LEARNING

“The verbatim is a document, written from memory, recording a pastoral conversation in approximately the dialogical form in which it occurred.” (Hunter 1990:1300).

In the 1930s the method of record keeping in the medical profession was highlighted by a chaplain named Russell L. Dicks, one of the founders of the CPE movement. The clinical setting of the general hospital furnished the training ground for the theological student to learn pastoral care of the physically ill. Russell Dicks became chaplain to the Massachusetts General

Hospital and he saw fit to keep confidential, but detailed, written reports of conversations he had with his patients in the hospital.

Doctor Dicks strongly emphasised the importance of note-writing for the pastor. It has been reported that one of Dicks' practices that impressed the noted physician Richard Cabot, was the records Dicks kept of conversations and prayers with patients. Cabot stated, ". . .this is the craziest thing I ever saw. Here's a man who writes down the prayers and conversations he has with a man who is dying. It's crazy enough that we'd better ask Mr. Dicks to stay on here for a while. We might learn something." (Thornton 1970:53) It was also noted that ". . .instead of autopsy, clinical pastoral educators substituted the verbatim transcripts of pastoral conversations. . . .It was designed for those whose primary method of treatment is conversation." (Thornton 1970:47).

The medical profession recognised long ago the value of keeping a record of what takes place in the treatment of a patient. Dr. Dicks insisted that notes on patient care were as important for the minister as for the physician.

In 1936 Cabot and Dicks published *The Art of Ministering to the Sick* in which they included an extra chapter on note-writing. The authors emphasised the value to be derived from the process of note-writing as affording the minister an opportunity to submit his work for examination and evaluation, aiding him in gaining a sense of objectivity, clarifying his purpose in future conversations and providing a written record of his ministry to individuals. In his work *Pastoral Work and Personal Counselling*, Dicks again pointed out the value of the verbatim report.

Our progress and structures in the field of pastoral care will be based upon this type of record, through the use of such records we will carry on the task that is legitimately ours (1949:78).

Two of the most common complaints of students writing verbatim

reports to this present day are, "I cannot remember the conversation" and "it takes too long". Henry Nouwen stressed the importance of note-taking:

Writing about one's work can become a powerful tool for self-supervision. Through writing, one takes distance and gives self the opportunity to re-examine and start asking questions. Why did I say this? What else could I have said? How could I have responded? Did I hear what she was saying? These questions can be painful and disturbing (National Catholic Reporter 1979).

Nouwen continues in the same article that he believes, ". . .one carefully contemplated verbatim can teach us more than hundreds of visits, discussions and meetings".

The real weakness of the written report as a teaching instrument for the pastoral supervisor is that its value depends completely upon the memory of the student. Students sometimes facetiously refer to verbatim report writing as "creative writing". However, the experienced supervisor can usually spot the "creative" or phony sections of the interview. It has been found that one can improve memory and ability to listen when confronted and practised with the discipline of verbatim writing. Today, it is thought that the use of "creative" writing of selective memory is a deficiency, rather in itself a means of growth to be explored.

Verbatim writing is time consuming. Students report that a single verbatim report takes anything from two to three hours to write up. Nevertheless, the values which come from this task far outweigh the student's complaint regarding the time involved. The CPE movement and the South African supervisors struggle to find a better instrument than the verbatim report. In the more affluent centres use is made of the video recorder which gives both an audio and visual account of the pastoral conversation. A difficulty encountered is that both the CPE student and patient have to give permission for the video to be used. There is also the chance that artificiality becomes part of the conversation. The use of the

verbatim as being a totally successful tool for the South African situation will be addressed later. This may well be one of the more serious limitations presented in this thesis, the causes of which ricochet into many aspects of CPE training in a multicultural society.

Content of the Verbatim Report

The report begins with certain information, such as name of the chaplain, the report number and the length of the visit. All verbatim reports are confidential and the actual name of the patient is disguised and changed. The introductory section includes previous information about the patient, the purpose of the visit, observations upon entering the ward and any other pertinent facts. The student is also reminded to take note of his/her feelings and goals for the visit. The heading for this introduction is: "known facts, preparation and observation".

This is followed by an exact account of the student (chaplain) - client (patient) conversation, word for word, with sentences in the order they were spoken - as near as humanly possible. This includes prayers, scripture verses, silences, non-verbal expressions and other significant emotional responses. The report is written in a precise format. The verbatim should conclude with the student's evaluation of his/her relationship with the patient, self-criticism of the pastoral conversation and opportunity for future ministry. These conclusions are noted as "evaluation and criticism". The verbatim is normally about four A4 single spacing and typed pages in length.

The Problem of Memory

As a result of anxiety and the desire to write up a good verbatim many students experience themselves as having poor memories. The anxiety level is also exacerbated by the hospital context, the age and gender of the

patient, the language each has had to use to carry on a conversation, and the knowledge that their supervisors will critique the verbatim along with the peer group. It is stressed by the supervisors that it is not advisable to take notes or to use a tape recorder during a pastoral visit. The beginner in a CPE basic module or unit is instructed to write very brief notes after a visit and afterwards write brief verbatims in the initial days of CPE training. The pastoral diary is where the first notes can be made and so in itself is a useful tool to have alongside the full verbatim report.

As the student progresses in the ability of recording brief interviews much of the situational anxiety diminishes and soon memory retention will improve through better listening skills. Students can learn from what they imperfectly remember. Zijlstra holds the opinion that verbatims are like expressionistic paintings, which reveal how painters have experienced themselves in their world (1971:40).

There are some interesting arguments made by Russell Burck demonstrating that some of the inaccuracies of verbatims can serve as learning experiences for the student. He argues that:

[T]here are also some practical and spiritual advantages of inaccuracy. Students learn that they can learn from what they remember and do not require a perfect reproduction. They can learn from incomplete and hazy reconstructions and from reflecting on the fact of incompleteness and haziness. They can learn that the process of reflection and recall aid each other. Most important, since the objective of pastoral education is competent pastoral care by persons who can reflect on their own work, they learn that they can provide a useful service, even if it is incomplete and imperfect, or if they cannot altogether remember what they did that helped. Verbatims help them acknowledge their finitude (1980:49).

It is acknowledged by many who have completed the programme that had they known beforehand the extent to which CPE would engage and reveal their personalities they might never have begun the process

(Interviews of participants in Dublin, Ireland 1994 and 1997).

EMOTIONAL INVOLVEMENT OF THE STUDENT (CHAPLAIN)

The verbatim report is actually a mirror of the student's emotional involvement with the patient. While using the report as an instrument to understand the patient and improve pastoral conversation technique, the student reveals his/her own attitudes, emotions, philosophies, theology and pastoral counselling skills. This revelation is at the very heart of the training in the "how to", the praxis of the pastoral ministry. This is the core of the CPE "action-reflection" model mentioned in chapter one.

In this activity the student learns to maintain some measure of balance between subjectivity and objectivity. Too much reassurance and over-identification is often referred to figuratively as "getting into bed with the patient". The identification is inevitable but should remain on a healthy level so that the identity of the chaplain remains separate from the pain and suffering of the patient.

The main thrust of learning to observe, reflect and evaluate will offer students an insight into their pastoral style and pastoral identity. This awareness of self-understanding and self-growth will be achieved as students together with supervisor and peer group review in depth their various responses. As the students are able to stand back from the conversation they will gain insight and a clearer awareness of identity as a minister. This is recognised as the "growing edge" (Ward 1995:1).

The theological student/seminarian, may have a tendency to become engrossed with the psychological or medical facts of the patient. If they have slipped outside the role of pastoral visitor/chaplain they have the opportunity to reflect on why this happened. Often the students are tempted to become a quasi-medic or a psychologist and offer answers where they really have no professional training. This is done all in an effort to comfort the patient,

or to give the appearance of competence in the medical field. In turn, we find that often students are afraid of offering any theological insights, of praying or of reading scripture for fear of rejection from the patient. Theological reflection on pastoral acts is difficult for some of the students because patients bring them into encounter with theological questions for the first time in their education for ministry. "Many have already done some theology on an empirical basis, but traditional theology properly emphasises other norms, uses other sources, and asks what makes some empirical events theologically useful and others not" (Burck 1980:52). Many students will spend the first week just having conversations with patients about sports, the weather, the surgery, the political factors of the country. Students are warned not to "play doctor" or to "play psychologist" by offering their own opinions medically or psychologically and also warned to keep their identity as a pastoral visitor and chaplain, to use the tools at their disposal such as prayer, care, counselling and scripture.

THE PASTORAL CONVERSATION TECHNIQUE

Learning the discipline of writing a verbatim forces the student to relive the visit, which makes it possible to study the finer aspects of the conversation and pastoral counselling technique.

When students hear often enough that they are making a certain mistake, asking too many closed questions, or not keeping with the patient, eventually with practice and role play opportunities, some of the better skills and techniques will become part of their repertoire. To make changes on the spur of the moment in a pastoral conversation is not easy and many a time a prolonged silence ensues. The use of the verbatim sharpens the students ability to think in the actual situation. Ordinarily in social conversation when one party finishes speaking the other continues with the topic or continues with a new topic. This is not necessarily true in the

chaplain-patient relationship. If the student is able to offer a statement like "I think I know what you mean", then the conversation may continue to flow on from the patient's position. The questioning of patients is a problem with many new students. By the time they leave, the patient feels bombarded with a barrage of questions which actually served no purpose in continuing the conversation at a deeper feeling level on the part of the patient. Supervisors often have to stop the verbatim report and enquire about the purpose of all this information gathering. So much of it has nothing to do with where the patient is in the "here and now". Learning the art of an unhurried conversation with a few genuine pauses, will improve the chaplain's ability to listen and to show empathy. Students are tempted to offer too much advice or to argue with the patient, they are inclined to be too directive or to offer too many unprofessional opinions. For those students who have been trained in the "parroting" form learned in the early Rogerian style, there can be quite some irritation experienced on the part of the patient. One patient is reported to have asked the student if she was hard of hearing, because every statement was met with the response, "are you saying....or are you feeling...?"

THE RELATIONSHIP OF THE STUDENT (CHAPLAIN) AND THE CLIENT (PATIENT)

A student following the basic course will stay on the level of social conversation more than the student on an advanced level, or a student who is a more experienced chaplain. With experience and with skills in pastoral conversation technique the visits will take on the dimensions of the pastoral visit. This is not to minimise the social visit, because it is through the social visits that the client/patient makes up her/his mind as to whether this chaplain/minister is someone s/he can easily talk to and trust. It is helpful to distinguish between a social visit and a pastoral visit. It is with friends

that a social visit is made where the conversation consists of talking about people, places and events and mutual stories are shared. The conversation is light, friendly and sometimes there is a conscious avoiding of painful topics. We all need social visits when we are ill and we all enjoy the distraction from our pain. So it is that social visits refresh us, relieve us and renew us (Glen 1997:14). The pastoral visits are when the chaplain and the patient allow themselves to go deeper into their fears, anxieties and hopes. The pastoral visit consists of helping the sick person to share himself or herself by focussing on the sick person's thoughts, feelings, experiences and reflections and, in accepting the situation as it now exists. The chaplain in CPE is also expected to nourish the sick person's relationship with God (Glen 1997:14). C.S. Lewis once wrote, "The only way out is through." Pastoral visits show us the way through the loneliness and confusion.

If, after a week, it becomes obvious to the supervisor that the student is unable to move into a pastoral conversation and can only remain at the social level, the verbatim report can be used to demonstrate other ways of moving into a deeper level of communication. Often the verbatim report shows that the student will change the subject at the very time that the patient is trying to communicate real feelings and fears. The students may be moving away from the patient because they suspect that the depth of the conversation will be over their head. Most students fear getting into a conversation where they have no helpful theological answers or when they are called upon to face a terminal stage of illness. This is a natural human reaction and one of the painful experiences of working with people who are suffering, in pain and dying. The challenge is how to remain present to the patient, to be present and not to run away. This is central to the pastoral visit. This is the ministry of presence.(Hauerwas 1986 :65) Many a time students are unable to converse with patients because of a language barrier and yet they report that by just being there they knew that they offered

solace and comfort to the patient (Avery 1986:343). It is a difficult experience for theology students and seminarians who are all training for ministry to accept that at every hospital visit they may not be able to offer comfort, practical advice, may be rejected and may just not have any answers. They are so used to being looked up to and expected to have answers to the causes of the suffering of humanity.

Finally, when one uses a structured verbatim, the structure and the discipline itself teaches a way of doing pastoral ministry. It trains students what to look for and what to be sensitive towards in pastoral encounters. It teaches supervisor and student, that the uniqueness of each individual is a mystery of God's perfect creation.

During the CPE programme there is usually a long weekend given for the whole group. This is positioned after the mid-term evaluations are over. It is a time for rest and relaxation which is necessary after the initial intensity of the CPE process.

Grading the CPE Units

CPE is structured around various graduating stages. Most students complete a first three month basic CPE unit. Some continue to a second basic CPE unit. For the few who wish to train further, two advanced CPE units are offered. The advanced level programmes offer a shift of emphasis which will develop the student's competence in a pastoral care speciality. This may pertain to the theories and methods employed in pastoral counselling in a specialised ministry, or a method to be used with HIV/AIDS and terminal patients or an ability to articulate the meaning of a special ministry. Demonstration of pastoral competence may culminate in the students moving into chaplaincy or choosing the supervisor-in-training track. From here they become an assistant supervisor and finally may reach the

top level of accredited supervisor. To reach this final stage will take an individual a minimum of twenty one to twenty four months or seven to eight units of three months each, over a period of three years or longer. The ACPE standards are stringent and not many achieve supervisor status. At present there are many more men than women accredited supervisors of whom most are pastors/ministers or priests within their own denomination. The reason for this distinction is necessary as it points to the fact that the role of minister/pastor has been recognised in most denominations as the domain of the masculine gender. Within most Christian communities until recently, men have been recognised as the only leaders within the church. This pattern has been followed in the case of CPE supervisors.

OVERALL GOALS AND OBJECTIVES FOR A BASIC UNIT

The overall goal of a basic CPE unit focuses upon self-awareness, understanding of one's relation to others and God, and correlation of this understanding to one's competence and functioning in a role of religious leadership. The curriculum addresses foundational dynamics in faith and ministry, methods that promote responsibility, continual learning and experience which foster self-understanding. The ongoing search for the student is for a pastoral identity and to alleviate suffering by offering pastoral care and counselling. (St. Luke's Hospital 1984).

The objectives for a basic CPE unit are as follows:

- (1) To become aware of oneself as a minister and of the ways one's ministry affects persons.
- (2) To understand and utilise the clinical method of learning.
- (3) To learn to utilise the support, confrontation and clarification of the peer group for the integration of personal attributes and pastoral functioning.
- (4) To utilise individual and group supervision for personal and

professional growth and for developing the capacity to evaluate one's ministry.

- (5) To understand the theological issues arising from experience and enhance the interface between theology and the behavioural sciences in understanding the human condition.
- (6) To become aware of how one's attitudes, values and assumptions affect one's ministry.
- (7) To become aware of the pastoral role in interdisciplinary relationships which exist within the hospital setting.⁶

Besides the three month unit of most CPE processes, there are some eighteen-week extended programmes offered within the United Kingdom.. The curriculum features and design are essentially a 'stretched out' version of a full-time basic unit. There are also requests for this format of a CPE module to be set up at the University of Natal in Pietermaritzburg.

CONCLUSION

This chapter has examined the components required within CPE and which are internationally recognised. Extensive description is needed as CPE has never been written up as a thesis in a cross-cultural context and this is the aim of this research. The verbatim received fairly extended discussion as a critical component in the learning process, as pastoral conversation in the dialogical form. Further study of these components in their adapted and revised form will be discussed in chapter seven. In spite of its richness and having been proven as a powerful means to effective ministry, it must be

⁶The hospital setting is primarily a medical environment with a few other adjunct disciplines such as physiotherapy and social work which work alongside the medical professionals. CPE chaplains are incorporated into the 'team' and learn to collaborate with these professionals on an equal footing.

noted that any new model for South Africa will require cultural adaptation for successful implementation. One means of facilitating such adaptation is the identification of the inherent paradoxes and tensions within the process. This is the topic of the next chapter.

CHAPTER THREE

CLINICAL PASTORAL EDUCATION AND ITS PARADOXES

“Facing them (paradoxes) and being transformed by them is at the heart of the educational process in a Basic unit of CPE” (Fitchett 1980:58).

INTRODUCTION

In the previous chapter, the components of CPE were explained to provide a comprehensive understanding of the process of CPE and what is required of students during training for ministry. The student is thrown in at the deep end, and is expected to learn through the paradoxes and tensions of the CPE design.

The paradoxes within the process are not entirely to be perceived as contradictory. Yet, a student just entering the process is often bewildered by what is expected from the supervisor and the CPE process. The risks undertaken by students are numerous, and sometimes frightening, and yet they all seem to “pay off” in retrospect. Certainly this is the concrete observation and reflection of many students who have followed a unit, or even a shorter module. The process of equipping people for leadership in the church is one of the goals of CPE, as mentioned earlier. This is why many seminarians and ministers in training are required by those responsible for their training to complete a unit of CPE before ordination.

Today, with churches emphasising greater involvement of the laity, it is even more essential that they are trained and educated in leadership roles. The ACPE standards both in the USA and Ireland have as the central goal, the facilitation of the “process and development of personal and professional identity and assisting the growth of professional competence as a minister” (Standards and Procedures 1994).

CPE trains people for a professional ministry based on a mature personal identity, which requires professional skills, knowledge and values. The method of CPE offers the process of supervised reflection on pastoral practice (Hunter 1990:60). In the one programme methods are linked, methods which are clinical, pastoral and educational. This is a complex process and is experienced as paradoxical.

SIX COMMON PARADOXES IN CPE

To reflect upon and to learn from these tensions is central to the educational process in a basic module or unit. Each area demands critical reflection, struggle and creative curiosity. The only way to do this is for the student to take the time to step out of the paradox, to view it objectively and find a solution. Students of CPE must accept at the outset of the process that there are no clear answers. S/he will never know for certain what is wanted within a neat set of boundaries. Rather, each student must find a set of assumptions which apply to them and to their experience. The paradoxical nature of CPE teaches a student about the dynamic of truth. Not all truth in ministry is the same for each individual.

This chapter will discuss in detail six paradoxes which the student and supervisor encounter together. How they find their truth and make sense of the learning process is a further element at the core of CPE. It is an ongoing ‘process’, changing according to the needs of personnel and to the times. Once a person has experienced CPE the ‘process’ is just begun and this

same process overlaps and is absorbed in many other spheres of ministerial life.

The six paradoxes are

- (a) the paradox of being a student and a professional;
- (b) the paradox of learning and growth;
- (c) the paradox of independent and dependent learning;
- (d) the paradox of relationships and techniques;
- (e) the paradox of individuality and community;
- (f) the paradox of being available and present, while being active and doing.

While noting each of these, it must be pointed out that a complicating factor underlying these tensions and paradoxes in South Africa is the cultural heritage of students which will play a significant role as they struggle with the learning process.

(a) Student or professional “Who Am I”?

The student is immersed into the process on the second or third day. S/he is taken to the hospital wards, introduced to the nurse in charge as the chaplain for that particular ward. Immediately after the introduction, the student is left alone on the ward to find the way, and to begin pastoral visits to the patients. Each chaplain is told that everyone in the ward, nursing staff, doctors, cleaners, patients and visitors make up part of the “parish”.

Any calls referring to that ward are passed on to the relevant chaplain, where s/he is expected to provide a service in whatever ministerial area is requested. If students make mistakes or becomes part of certain conflicts, they are reminded that they are professionally accountable for their behaviour.

Not only do the students meet the nursing staff and patients, but they

also meet their peer group in the first group session. In the group they set their learning goals, discuss the purpose of the verbatim, and the pastoral and critical incident, and complete some exercises in responding skills. Times are also set for their individual supervision, and the schedule for worship and didactic seminars. As a result, the students are in many ways “professionals” and yet remain students in an educational programme.

How does one learn to be a professional without also being a student? The structure of CPE is in itself a paradox and can cause stress for participants at times. In the early stages of CPE, many students will complain that they do not know who they are. They might say, “I am confused. When I’m in the wards no one seems to know that I am not already a minister or ordained priest and they tell me intimate details and ask for advice that I am unable to give. When I am with this group or with you as my supervisor, I feel as if I’m back in the seminary or classroom again. It’s all very confusing.” Students are reminded that Jesus too called to himself untrained companions, and as they learned they were also at the same time collaborators in the ministry of Jesus. To have a healthy sense of one’s ignorance, the humility to recognise it and the open mind and creative curiosity to reflect on situations brings about the values of clinical, pastoral, education, not as separate entities to analyse, but as a whole to experience.

(b) Learn and grow “How Do I”?

The conflict in learning and growing lies in the dichotomy of competence and caring. (Fitchett 1980:64) The question asked is how a skilled professional, who is intelligent and specialised, remains caring and compassionate as well? So often the chaplains reporting to their supervisors, express surprise at the manner of the doctors while on their

ward rounds. If the chaplain is fortunate to be part of the morning ward round team s/he is privy to the diagnosis of the patient and to the proposed methods of medical treatment. When the doctors and nurses are in the company of the patient, very often the patient is treated impersonally as the object of the discussion. No recognition of their humanity appears to take place. An example will serve to illustrate this point:

In one case, in an oncology ward, a very ill woman was visited by the professor of medicine. Also present was the ward sister, nurses and interns, plus the chaplain. The curtains were pulled round the patient and everyone present squeezed behind the curtain around the bedside. The professor pompously inquired of the patient, "And how are we today?" He then proceeded to lift up the lady's night-dress, baring her breasts and stomach for all to see. He seemed to vaguely look at her chest and lung area, then whipped out her X-ray and for a good ten to fifteen minutes talked *about* her through the X-ray to the medical students. On completion, he curtly nodded towards the patient and with exaggerated finality, told the patient, in complicated medical terms that he was going to remove her lung. After this news, he turned on his heel to see the next patient, with the whole group following him. The woman was left 'naked', vulnerable, scared and not knowing what was going to happen to her or when. She suffered the great indignity of being treated as an object, her humanity ignored. It was fortunate that the chaplain, the writer of this thesis, remained behind and was able to comfort her, try to calm her and most of all to pull down her night-dress and acknowledge her dignity as a woman. The chaplain also assured her that she would ask the ward sister to come and inform her what was to happen to her and explain the extent of her illness.

This is just one of many cases which chaplains encounter every day. The medical profession of today has lost its 'bedside' manner and fails to offer competence together with empathy and caring. On the other hand,

there is the other extreme when a doctor or nurse is unable to tell the patient the truth of his/her diagnosis and, with human tender hearted concern, beats around the bush and offers false hope to the patient. An even worse scenario is when the patient is not told the truth of the diagnosis, but members of the family are. This leads to a smoke-screen game and to secrets being kept from loved ones (Berne 1964: 82-85).

Ekstein and Wallerstein point out that historically it has been difficult for psychotherapy to balance these values of truth after diagnosis(1972:3-5). The CPE student and supervisor are challenged to find a balance of values which allows for self-ministry alongside ministry to others who are in distress. To come to terms with death and dying, a competent minister would have come to terms with his or her own fear of death, this being achieved through reflection on searching questions, role play and extensive reading and dialogue with those who are dying. To have the skills to offer this ministry may not be enough. So often a student who is desperately afraid of death is unable and unwilling to sit alongside a patient who is obviously dying. It is an added difficulty for students in some African cultures to work in this ministry as they have been taught that to talk about dying and to be with the dying is to bring down disaster on oneself, or to invite the prospect of dying. It is seen as a kind of "tempting fate".

In dealing with angry patients, chaplains may have to resolve feelings in themselves about experiences with an angry parent or authority figure before they can master the skills involved (Ekstein and Wallerstein 1972:13). There have been times when students are frustrated and bitterly disappointed when a patient does not change or appear to experience any relief after they have offered them prayers, concern and kindness. The student feels manipulated and let down in their ministry. A sense of helplessness is bewildering and leads to despondency. Clinical experience teaches that effective ministry requires both learning and growing

simultaneously.

The pastoral supervisor is also involved in this paradox. If the relationship between supervisor and troubled student becomes one of therapy, with the supervisor assuming the role of caring pastor, the model of supervisor becomes one of confused pastoral identity. On the other hand, if the supervisor focuses on teaching technical skills, the student is deprived of the opportunity to develop a professional identity which accompanies such skills.

According to Ekstein and Wallerstein the tri-partite model of psychoanalytic education which includes personal analysis (i), instruction (ii) and supervised practice (iii), has been judged as the ideal solution to this paradox (1972:260). In this case, the candidate completes personal analysis and considerable didactic instruction before beginning supervised practice. In other words, the three components are kept distinct. As a result, the supervisor focuses strictly on teaching clinical skills and modelling professional practice, referring personal issues back to therapy and educational issues back to the classroom (Fitchett 1980:65). This is where some tension arises in CPE. The writer finds that she as supervisor must be available for issues of personal growth as well as didactic seminar instruction, keeping in mind that supervision in CPE is not therapy in the psychoanalytic tradition. Both of these extremes must be held in tension within the paradox. The pastoral visits within the clinical setting will also confirm for the student chaplain that some skills and growth have already taken place. This provides a boost of confidence as the student senses his or her maturity as a professional in ministry.

Transformation within growth: a response to the paradox of learning and growing

How are ministers transformed within their ministry? This is an issue of growing, and whether it be through righteous efforts at growth meaning that a person becomes aware of areas in themselves where they need to make definitive changes in attitude and practise these changes or self-transformation where the person is open to the power of God in their lives and they acknowledge that they are 'good' as God made them, both have their limits. Students have to come to terms with a more self-accepting attitude. Gracious self-acceptance which comes from experiencing the acceptance of God gives one the freedom to be transformed. A person can only experience grace when they see the need for self-transformation. When a person has confronted issues inside him/herself and been honest about reactions, then the space created can be offered to others. For many people, it is difficult to come to terms with personal failures and overbearing attitudes. For those in ministry it seems to be even more of a sense of failure. To own that manipulation of transformation and growth is to the detriment of ministry is really difficult. A good way of coming to terms with this attitude, before and after any specific episode, is to receive ongoing support and supervision. Among other benefits, this kind of support will reassure students that they have good points as well as bad, strengths as well as weaknesses, and that they are capable of success as well as failure. This is the paradox of faith, the belief that God loves us in all states and that our growth and transformation takes place despite our own efforts.

This paradox of learning and growing indicates that people are created with a heart, mind and spirit. We are whole persons who are endeavouring to minister to other persons who are broken in one aspect of their wholeness.

(c) Dependent or independent “What Am I”?

In the first few days of CPE the students are asked to write down their goals for the process and share them with their peers and supervisor. This implies that they decide in which areas they want to grow and be challenged.

Yet, at the same time they are advised of the schedule for each day and where and how they will spend their time. They are expected to be both independent and submissive students. Students cope with this paradox in any number of different ways. They can become super-independent and for a while not share much of what is happening in their CPE training. Conversely they may become very dependent on the supervisor in wanting detailed guidance on both what they should be doing and the method to be followed. In the experience of the writer black students and particularly students from other African countries follow the above options. Their insecurity, the language barriers and their need for approval, and possibly their cultural norms and practices, may cause them to look to the supervisor for every move they make. There are students who offer the supervisor their pastoral diary to look over before they re-write it for handing in at the end of the week. Many a time the supervisor is given a verbatim report to proof read before it is due in. Of course, this means that the supervisor is doing double the amount of reading and spending too much time in individual supervision discussing the analysis of the verbatim even before the assignment is completed. To tell students to plan their own visiting schedule is to recognise the maturity and abilities they have gained. To say that there are some areas that need special attention is to inform them that there are some limits to their knowledge. For the students to accept the authority of the supervisor is to learn to be humble enough to acknowledge that they are dependent on the wisdom and experience of the supervisor.

Students appreciate a clear model of authority, and when the contract and the goals of the student are clear they can be discussed without fear of undue criticism. The behaviour of the supervisor offers the students a model they can discern and choose for themselves. Again, it is Ekstein and Wallerstein who clarify some of the problems which arise out of this paradoxical dynamic. "A vast amount of technical experience has accumulated which has to be transmitted to the student, and naturally must keep him dependent upon his teachers for a long time." (1972:53)

A discussion of dependence must acknowledge the inherent dangers of transference. Freud describes the typical transference of a male patient, explaining that as the patient remembers certain emotions in his past, he reproduces them as a form of opposition against treatment. For example;

If the patient is a man, he usually takes this material from his relationship with his father, in whose place he now puts the physician (supervisor); and in so doing, he erects resistances out of his struggles to attain personal independence and independence of judgement, out of his ambition, the earliest aim of which was to equal or excel the father, out of his disinclination to take the burden of gratitude upon himself for the second time in his life (1952:301).

In terms of self-esteem, in the first few days of the second week, most students are in a state of anxiety. They present work in an area they think they "should" be competent, as many of the students have almost completed their theological studies. Yet their status as professionals is reduced to student learners who are dependent on their supervisors for approval. The relationship is complex and often emotion-filled. The paradoxes encountered on the levels of student/professional and dependent/independent learner are complex for both student and supervisor.

This returns the discussion again to the aspect of role models. The supervisor is a professional role model and a resource for the student's

developing professional identity. The pastoral identity of the student is formed around the person of the supervisor, the peer group, the clinical experience and the whole of the CPE process. As the student progresses through the CPE levels, moving from basic to advanced programmes, she or he is given more freedom. As Oates observes:

In the advanced stages of supervision, a supervisee is given increasing autonomy. The initiative of the supervisee is placed on the alert and the supervisor develops a pattern of expecting the supervisee to consult with him as needed (1972:27).

Once again, one of the basic goals of CPE is to assist the student in gaining his or her pastoral identity, as noted above. In professional training the acquisition of the knowledge and skills alone is not enough. Of prime importance is the quality of the person, that is, pastoral identity which is to be developed. This quality is referred to by Ekstein and Wallerstein as "professional identity". (1972:65,ff) There is a tension in establishing the setting in which the student will grow, learn and develop professional identity. This is a delicate and complex process.

It is the supervisor who introduces the student to the nuances, symbols and pastoral identity of the pastoral carer and counsellor who is also given the title of chaplain within the clinical setting. The supervisor assists students in gaining self-insight and enables them to own their pastoral identity. The fact that ministerial students acknowledge their limits is also understood as a gift from God who sustains in weakness and guides along the path discerned towards service of humanity.

(d) Relationships and Techniques *"When Am I"?*

Are people healed by technical processes or is there a deeper meaning realised through the interpersonal relationship provided in the pastoral

caring offered by the chaplain? This is the theoretical question behind the paradox of growing and learning. It is the case that many students are unable to communicate with patients due to language barriers. Many patients cannot speak in English, and many students cannot speak the local African languages (of which there are nine out of the eleven official languages in South Africa). It could be that perhaps just through the students' presence with the patient, through their touch and through their prayers some healing occurs. CPE students are surrounded by highly trained and professional people who use technology and techniques of high standards. It can be cogently argued that in the past the relationship of trust between the patient and the physician has been at the heart of effective treatment. In the pastoral caring profession it is held that relationship remains the central factor in healing, yet not denying that modern techniques and protocols do a great deal to alleviate the suffering of the patient.⁷ Within the medical profession today it is becoming increasingly accepted that the relationship of patient to nursing staff or to significant others is as much a cause for healing as the medical and surgical techniques used in the healing process. The chaplains are aware that their relationship with the patients may be as effective in bringing about healing in conjunction with the technical skills of the doctors and surgeons (MacNutt 2001:104-105).

In the work of Tillich, *Theology of Culture*, written in 1959, we see a verification of the above thinking.

Medicine has helped us rediscover the meaning of grace in our theology. This is perhaps its most important contribution. You cannot

⁷ In the medical journal *Southern Medical Journal* December 2000 quoted in *Priests and People*, 2000:104-105 there is an article written by a group of doctors demonstrates that patients who receive spiritual counsel and support before surgery were discharged from hospital on average five days earlier than those who did not receive spiritual counsel.

help people who are in psychosomatic distress by telling them what to do. You can help them only by giving them something.... By accepting them.... This, of course, includes the reformation point of view, a view which has also been rediscovered by medicine, namely you must feel that you have been accepted. Only then can you accept yourself, and that means, you can be healed (:211).

This accepting relationship is an aspect of CPE we attempt to uncover and emphasise to each student, stressing that it is God who accepts us, before we are able to accept ourselves and others. The most successful way to teach this is to establish such an accepting relationship ourselves. We must accept their need to grow as well as to learn and provide them with an accepting, empathetic and supportive environment. If the supervisor has come to accept her/himself, this self acceptance will be passed on.

This technique and relationship do live in paradoxical tension. The supervisor must learn the technical dimensions of pastoral theology and education within the clinical environment, if s/he is to enable students to become professional pastoral carers.

(e) Individual or member of the community “Where Am I”?

During the process of CPE the students are engaged in one-to-one supervision and within the peer group. This means that at times they are supervised as individuals and at other times as part of the peer group, in other words, within a community. There is a form of questioning in clinical pastoral supervision which seeks to enquire about the student’s feelings. A supervisor may ask a number of times within a verbatim presentation, “What were you feeling when you said. . .”, or “How are you feeling now?” If the student is one of the few who are more verbal, then s/he will make an effort to express those feelings to the supervisor, but in most cases when the student is a black male he finds it very difficult to describe and verbalise his

feelings. Many a time the reply would be something like, "I was thinking that I was alone and did not know the answers", or "Right now I am confused". Notice that the student speaks in terms of 'thinking' and not 'feeling' and hints that by being alone he has no support system. If the matter is pushed further it becomes evident that the ability to identify and speak about individual feelings is difficult. Should the supervisor ask the group what the general feeling is in a particular situation, the response is open and spontaneous towards one another. Msomi corroborates this in describing how it is an experience of shame for a student to be confronted as an individual within the peer group. He asserts that the dichotomy lies in the fact that the student may feel accepted by his or her supervisor on a personal level, while to be confronted within the group is very confusing and shaming. He points out that one is not accepted as an individual and later be singled out and put at a distance. One is accepted in belonging to that group under the mentorship of that supervisor. "Therefore belonging to a learning, covenanting community is very important. This belonging must be assured at all times." (1991:69)

Taking this further, an observation was made that many of the students prefer to go to the wards in the afternoons to do their patient visiting. On questioning the reason for this preference it was found that it was the time for family visiting. The student becomes part of the community during his visit and is welcomed as a member of that family. When decisions are made he is not totally responsible although his opinion counts a great deal. When praying with the patient and the family, there is a community identity and neither student chaplain, nor patient feels alone. This shows that within African culture, the community plays a leading role, with various points of reference such as blood and marital kinship, tribal and clan roots, and also common experiences in suffering through domination, oppression and other catastrophes (Moila 1998:207).

The sum of African communal culture is expressed in the formulation: *Umuntu ngumuntu ngabantu*, which translated means, “a person is a person through others” and in interpretation means “I am, because we are; and since we are, therefore I am.” (Mbiti 1994:36). It is argued that for Africans, humanity is first and foremost found in the community. Individuals acquire their basic identity through their relationships and they enjoy a feeling of security as long as their relationships are in harmony.⁸ The values of interdependence through relationships rates higher than individualism and personal independence (Kalilombe 1994:122).

In terms of individuality, in the first week many of the students will ask another student to accompany them on a visit saying that they need the support of another chaplain because the patient is difficult. If they are challenged on this they reply that it is better for a young man or woman to visit a sick person if they are two because this is part of the community support needed. This sense of being ‘together’ gives credibility to the identity and role of the student chaplain. The role of the chaplain is accepted by the sick person as that of a healer and as such the chaplain stands in a central position as mediator between the sick person and their family, themselves as individuals, the community and with God (Mwaura 2000:88). Identity and sense of belonging are really two sides of one coin. Identity is the personal side within the community and sense of belonging, touches the collective side. The tension between ministering as an individual and within a community demonstrates that the strength of black families and extended families and community is seen as a source of healing as against the ministry of an individual. As the student establishes

⁸ In a recent telephone conversation with Prof. Maake Masango, such an intuition was confirmed. Professor Masango is of the opinion that the call to the African person created in the image and likeness of God, embracing theology, culture and *ubuntu*. With the contemporary experience of the impoverishment of human life and dignity, Masango argues for a recovery of individual identity within a communal framework.

his or her identity as a chaplain who is in charge of a certain ward there is less need for support during visitation but the appreciation of the collective identity for the patient and the family will be upheld, as will the students need to be supported by his or her peer group.

(f) Being present or doing ministry “*When Do I*”?

When the students report on their ministry within the hospital some feel the tension between what they are doing and how they are being with the patients. The paradox lies between quiet presence and active ministry (Avery 1986:345).

At the outset of the programme the student chaplains are issued with a badge which identifies them as “chaplain” and belonging to the “pastoral department”. As they enter the ward to which they are assigned they are identified in the role of minister. They do not have to speak a word for the message to be given. They are the representative of the church and of God. What images come to the patient as she or he sees the visitor is a chaplain? What is the patient’s previous experience with ministers or priests? The process of becoming present and available to the patient is built on this initial non-verbal message.

There is widespread confusion in the difference between actively doing ministry and being present to the patients. Student after student discusses with the supervisor the discovery that one part of ministry was simply being with the patients. So they discover that the “ministry of presence” is a real and meaningful aspect of ministry which is far removed from the active being busy about ministry and doing good works. After a few days when the students have spent a good deal of time on the wards and are seeing patients for the third and fourth visit they seem to realise that words are often inadequate and that their “presence” is more important than

the words. It was Martin Buber who suggested that “presence” occurs between people and that ministry is relational in character (1965:59-60).

This aspect of “presence” in ministry requires more than a brief mention. The following description of one student offers an insight as to the struggle she had in accepting that actions do not always speak louder than silent presence.

As I began CPE, I was determined to make my hospital ministry effective which meant that I was going to do all I could for the patients. I needed to say something meaningful and to do something that would relieve the patient of his or her suffering. I arrived at each bedside with a scripture verse in my mind and waited intently to see if there was any way I could do something for the patient. My ministerial agenda was to be of service.

What I began to find after the second week was that I did not always have the words ready to comfort the patient and as I let go of that helplessness, I started listening to my patients and attempted to move with them; I was less concerned with doing than with being present. I was able to sit and to hear their pain and to communicate with them that I heard their pain and suffering and was willing to share that pain with them. The Gospel was communicated by my presence and not by my actions or my words. So often when I leave the bedside the patient will say “Thank you for being here”. I have only been present to them through sitting quietly and praying silently for them (CPE-Pietermaritzburg 1999 July, Pastoral Incident).

Another student, an Ethiopian, wrote in his critical incident report that “being” with someone was enough when there was nothing else that could be said or done, and he described his realisation of the importance of presence as one of his main insights in CPE:

My major learning during the CPE experience, with reference to ministry, was the discovery that there was such a thing as a ministry of presence. In the past I was convinced that in order to minister effectively, one was compelled to speak or act in some concrete way. I am a good preacher and so it is difficult not to offer some wise words to the patients. But not speaking any Zulu or Afrikaans I was unable to communicate with many of the patients. I did not feel that simply being with someone was enough.

As time went on I discovered that there were situations and

times when the most and the best that could be done was to sit quietly with a patient or family and perhaps hold a hand or put a comforting hand on someone's shoulder (CPE-Pietermaritzburg 2000, July, Critical Incident).

While students show confusion in the face of this paradox and different understandings of the "ministry of presence" they do describe some common characteristics of the experience. "Ministry of presence" arises most often in helpless situations. [Hauerwas] Either they cannot communicate or do anything practical or they feel helpless in the case of a patient's deep fear of abandonment. Their presence is characterised by silence, caring, touching, empathetic listening and silent praying. This is what Henri Nouwen describes as "hospitality" in his small but meaningful book *Reaching Out*.

Hospitality, therefore, means primarily the creation of a free space where the stranger can enter and become a friend instead of an enemy. Hospitality is not to change people, but to offer them space where change can take place. . . .Is not a method of making our God and our way into a criteria of happiness, but the opening of an opportunity to others to find their God and their way (1975:51).

Thus the "ministry of presence" shows a little of what Nouwen explains as hospitality.

Both Buber and Nouwen have pinpointed the same essence in the "ministry of presence" from different standpoints. Buber points out the validity of entering a relationship and how we make this relationship. He considers the aspect of "imagining" and observes that human talk is often speechifying-where people talk past one another and neither makes the one really present to the other. In contrast, Buber calls "making present" something based on the capacity of "imagining", and this means,

. . .that I imagine to myself what another man is at this very moment wishing, feeling, perceiving, thinking and not as a detached content but in his very reality; that is, as a living process in this man (1965:60).

This 'presence' means, through the act of imagining, one joins oneself to the plight of the other. As in empathy, one feels the pain of the other at that present moment.

Because God enters into relationship with humanity, ministry is relational in character. "Nothing can separate us from the love of God, not even death itself" (NJB Romans 8:37-39). Genuine presence is needed in the silence, the lack of words, the touch of a hand and in the silent communion through the Holy Spirit in prayer.

When a supervisor is aware of a student who seeks to circumvent any of these paradoxes, then the supervisor is required to confront the student. Adequate growth and change will not occur if one side of the paradox is avoided or over-emphasised. The supervisor also has to be aware of the tension between being a therapist, teacher or pastor. Thus the pastoral identity of the supervisor also has a role to play in the creative and stimulating challenge of pastoral identity which in turn is one of the goals of CPE.

CONCLUSION

A comprehensive understanding of the paradoxes which are constitutive of the CPE process is necessary in order to offer the participants an opportunity to experience the tensions between 'being' in ministry and 'doing' in ministry. The paradoxes in themselves form the core dynamic within which pastoral identity is formed. This relationship is a key concern for the supervisor who accompanies the participants in the emergence of their pastoral identity, seen in enrichment of personhood and supervision in performance of ministerial tasks. This is explored further in the next chapter.

CHAPTER FOUR

CLINICAL PASTORAL SUPERVISION IN CPE

“Supervision is about making connections.” (Coll1992:19).

INTRODUCTION

As seen in previous chapters, Clinical Pastoral Education was first proposed for the training of clergy in 1913. This was when CPE became part of the requirements for ordination to the priesthood, in Roman Catholic terms, or to the ministry for Protestant ministers and pastors. Since Vatican II, ministerial preparation is no longer restricted or synonymous with training for ordination. Today, clerical students study alongside religious sisters, brothers and laity. A more inclusive view of theological training is becoming normative, however slowly. The divisions of gender, denomination and clericalism matter less than ever before.

CPE takes its place within the curriculum to facilitate learning in ministry, and to gain knowledge within the praxis of ministry. CPE offers help to ministers that they function appropriately in ministry. The churches ask the universities and the seminaries to train their students for ministry, that they are certain of the vocation, the methods, the core curriculum and the readiness for practical ministry by the time the students have attained their theological degree. Consequently, their training must partly involve the context of hospitals, parishes, prisons and caring institutions if it is to be experiential learning. Students are expected to be thoroughly aware of their

own times and context, and to be competent to translate their classroom learning into the practice of ministry within the community. In the past, practical or pastoral theology has been pushed aside and a lesser value was placed on practical or operational learning. Practical ministry skills were perceived to be God-given gifts, and as such unable to be learned, or they were so easy to learn that they were taken for granted. The greater value was given to cognitive or theoretical learning, but at the beginning of the nineteenth century, Friederich Schleiermacher identified the importance of pastoral theology (UNISA notes in Practical Theology 1994). As a consequence ministerial training since the 1920s has seen that more emphasis is placed on experiential learning. A common aim in ministerial training, whether for the ordained or for the non-ordained, is the necessity for students to engage in clinical pastoral supervision which is an essential sub-discipline of CPE.

CLINICAL PASTORAL SUPERVISION

The praxis of clinical pastoral supervision (CPS) is a division of practical theology. CPS developed as a branch of the pastoral care and counselling movement begun by CPE (O'Connor 1998:2). As previously recorded, clinical training in ministry focussed on the lives of the patients in developing psycho-spiritual health. As has been noted, in the terminology of Anton Boisen, the life of the patient becomes "the living human document." In the early days of CPE many new methods of education started to appear. One of these methods, as already mentioned, was the case study method. The case study method used actual historical events of hospitalised patients as a means of teaching decision-making processes and of assisting students in applying general principles to specific issues. (1995:5) "Clinical pastoral supervision is part of the CPE movement in the training of supervisees (ministerial students) in the clinical method in theology." (O'Connor 1998:2)

An essential part of the ministry of the Christian church is pastoral supervision. It is the one of the ways through which the church hands down the traditions of the faith community and guides those who are actually engaged in ministry. We know that disciplines other than theology engage in a similar praxis to CPE; these are psychiatry, psychology, medicine and social work to name a few. Such disciplines recognise that supervision is one of the ways in which a student is socialised and trained into the profession. Supervision is a constant in all these fields.

A Definition of Clinical Pastoral Supervision (CPS)

There are a number of definitions of supervision, some more specific than others. Doran McCarty offers this definition of clinical pastoral supervision: it is “. . .providing a support system for the enrichment of personhood and to assist in the performance of tasks.” (1978:9). McCarty considers the supervisor as the major person in the supervisory support system and that through the personal investment of the supervisor into the life of the student there will be confrontation, disagreements and even conflict, yet this will lead into and contribute to the learning process.

Another significant definition of supervision is offered by Tom Klink and is based on his experience in clinical pastoral education.

Supervision is a unique and identifiable educational procedure; it requires as supervisor one who is both engaged in the practice of his profession and duly qualified to supervise; it assumes a student is a candidate seeking fuller qualification in the practice of his (intended) profession; it requires for its setting an institution within whose activities there are functional roles in which student and supervisor can negotiate a ‘contract for learning’; the roles of both supervisor and student must be appropriate to their particular professional identity (in this case the Christian ministry); lastly, supervision requires for its environment a wider community of professional peers associated in a common task (in Feilding 1966:176-177).

The main purpose of clinical pastoral supervision is to develop skills for the task of ministry within a pastoral identity. This educational process involves a pastoral relationship between a qualified supervisor and a group of students. The goal is to empower students to be more effective ministers within their denominational tradition. This pastoral supervision involves exploration of personal dynamics, self-knowledge and self-awareness. The primary emphases of CPE are to be found in the two goals as follows:

- (1) The growth and development of the candidate minister's personal and pastoral identity and function, and
- (2) The minister's relationship with and to suffering patients in the presence of God.

As has been pointed out in chapter three, supervision is education and learning, and not therapy, as has been pointed out in chapter three. CPE involves directed conversation between a supervisor and a student. In this dialogue there is both individual and peer group supervision in which the student presents the manner in which they practise their ministry as well as revealing their values, ethics and assumptions. They are also required to accept feedback on their understanding of their pastoral experiences as they 'do' theology. This critical reflection places demands on the development of their skills in ministry.

The Setting

Clinical pastoral supervision can take place either in a parish setting, an institutional setting or in the context of a pastoral counselling centre. Within the context of South Africa, the term "clinical" is unfortunately understood as only meaning "hospital". This is one area of weakness within South Africa as there are three centres registered for CPE and all are large teaching hospitals: Groote Schuur in Cape Town, Grey's in

Pietermaritzburg, and Pretoria Academic in Pretoria. This shows that CPE has not yet branched out into the other settings necessary for training in ministry, such as prisons, hospices, and parishes. The word “clinical” is derived from the Greek word *kline*, which means to be ‘at the bedside’ within the medical context.

The clinical method in pastoral supervision means dealing with the pastoral needs of specific patients/clients/parishioners and specific supervisees that the supervisor encounters in the practice of ministry. Such an approach examines the “living human document,” the person in need, from the stand-point of practical theology. (O’Connor 1998:8)

As noted earlier, the development of pastoral identity in the student is part of the goal of CPS. This is enabled by the integration of pastoral skills and the student’s self-understanding. The professional and the personal self-concept of the supervisee is addressed in clinical pastoral supervision. The two questions asked are, (1) Who am I as a minister?; and (2) What do I do as a minister? To develop an awareness of one’s personal identity and of one’s professional identity will also include a knowledge of how one relates to others. Besides an understanding and interiorisation of one’s values, beliefs, ethical behaviours and personality make up, Gerkin also stresses a need for one to have a stated theology (1991:401). His work on incarnational theology has been summarised and critiqued in *Clinical Pastoral Supervision and the Theology of Charles Gerkin* by Thomas St. James O’Connor.

Central to the understanding of who one is and what is to be done, is a focus on knowing the needs of the parishioner/patient/client. CPS is, in a word, the theological task and a ministry of the Church where ministers, pastors and pastoral carers serve the people of God (Hommes 1971:164-171).

A person seeking training and education in the art and skills of

service to those who are sick, house-bound, in prison, in hospital or in an institution will benefit from practical experience through CPS. A further context in some dioceses is where pastoral counsellors are employed. Such a person can learn and grow from the experience of clinical pastoral education and supervision within the community context of the parish.

It would be necessary to point out that not all CPS takes place within the hospital or caring institution setting. Pastoral supervision within church communities is not a new dimension of parish ministry, and yet, church leadership is not seen as taking advantage of the CPE process at present. As mentioned, this lack of diversity of pastoral settings is a problem confronting ministerial training today.

MODELS OF TRAINING

Don Browning, who lives in the United States, opens the way to further discussion on models of training for those in ministry who are called to pastoral counselling and care. He poses the question about what kind of counselling is appropriate for ministry and what kind of training is necessary to equip people for this ministry?

Browning looks at the present day needs of the modern church and the necessary incorporation in the ministry of the social sciences, psychology and psychotherapy. He argues that the way this knowledge is used and combined with traditional religious sources varies considerably and is influenced by a variety of factors. This warning is appropriate for the South African context, as Browning emphasises that some of these factors are in turn influenced by the social context of the different types of pastoral counsellors. He stresses that the socio-structural influences are the most important. This leads to the need for different types of training for the different types of pastoral counsellors. He considers that some important elements have been neglected such as training in practical moral rationality

and value clarification (1979:99).

The different contexts for ministry demand different types of counselling. These may be broken down into three areas. Firstly, there is the parish where there is a community or local congregation. Secondly, there are the institution-based ministries or chaplaincies which are related to specialised institutions such as hospitals, hospice, prisons and social agencies. Thirdly, there are specialised centres for time-limited pastoral psychotherapy with individuals or small groups, for example, alcohol addiction, psychiatric wards in various hospitals or places such as "Lulama" (a treatment centre for substance abuse in Durban) where many of the addictions are managed. Most of these centres are autonomous from the church and yet the patients/parishioners/clients would be drawn to such facilities from the local parishes in the area.

Many ministers have had little or no training in pastoral counselling and so are not equipped to cope with the ever growing numbers of parishioners who ask for help. The pastor is usually only able to offer short-term or situational counselling and much of the time feels inadequate in his/her role as pastoral counsellor. Most training for pastoral counselling in the parish is ad hoc. Theoretically-oriented courses are held within the seminaries and universities. In Canada, the United States, Ireland, Australia, New Zealand, Belgium and Holland, clinical pastoral education is widely practised and, in some cases, is a necessary prerequisite for ordination to ministry.

There is a weakness noted that CPE in the institutional setting does not give the student experience in classically structured counselling supervision nor in the great variety of situational counselling that a local pastor confronts (Nace 1988:192). This weakness in training leaves far too many pastors in a state of confusion and feeling inadequate in their ministry (Nace 1988:190). It is necessary for a formal theoretical education in

theology and psychology to be provided in the institutions of learning, complemented by practical field placements or practicums. This means that theory and praxis are integrated and proper theological reflection becomes the learning tool for ministry.

The Association of Clinical Pastoral Education (ACPE), in responding to the needs of parish ministers, presently offers congregationally based ministers a recognised introductory training in clinical experience and methodology. The American Association of Pastoral Counselors (AAPC) specialises in training the pastoral psychotherapist who is generally part of a local congregation. The training goals of the two associations are fundamentally different and possibly lacking in both is the aspect of pastoral counselling as a religio-moral inquiry and discipline. (Browning 1979:102)

Theological Considerations

Browning contends that “most training models have not recognised methods of equipping ministries in pastoral care and counselling with advanced abilities in practical moral reflection and counselling” (1979:103). He further argues strongly that:

The concentration in almost all models of training has been on deepening skills in understanding and manipulating emotional dynamic conflicts and processes. . . . The analogies between psychotherapeutic images of health and Christian images of salvation, have led pastoral care specialists to see their training in psychological and psychotherapeutic skills primarily as ways of enhancing their capacities as vehicles of grace (1979:103).

It appears that Browning spent a good deal of time in the past twenty years expounding on what he sees as new directions for training in the counselling and caring ministry. He insists that students should be exposed to more moral reflection as a background to counselling. There may well be a difficulty here in that it is recognised that each denomination will have its own stance on certain moral problems. The teachings of the Roman

Catholic Church, for example, leave no room for dialogue in the moral area of abortion, euthanasia or the use of condoms. Yes, the seminarians are able to discuss these matters in theory, but in practice there is only one teaching which is acceptable. Browning links this process of moral reflection and the results thereof with the Christian rubric of grace and forgiveness.

He considers that the congregational minister must be an expert in value inquiry,⁹ where the minister is a facilitator and counsellor to small groups and individuals who are engaging in value ministry. This would mean ministry with the youth, engaged couples or those living with HIV/AIDS.

The essence of what Browning suggests is the interplay between theory, practice, reflection and then new practice. This is the ideal and CPE tries to strengthen its model of action-reflection. That the basic unit or module would be strengthened by more disciplined ethical and theological reflection is of no doubt. There is a tendency in CPE to cut short the attention to ethical and theological questions and to concentrate on the psycho-social and clinical questions. What is needed are training models for pastoral counsellors which enable the parish minister to function creatively and effectively as a clinician and as a minister of the Gospel (Hunter 1979:107).

A critical question to be put to Browning, besides finding the time within a CPE programme to complete this reflection, is whether he thinks the seminaries would acknowledge that their training is not sufficiently theological or ethical. The seminaries would argue that pastoral counselling is a broader concept than psychotherapy. The seminarians are offered preparation for guidance, support, life situation analysis and other methods of pastoral care. In particular the underlying assumption is the theological

⁹ Browning (1983) views value inquiry as a part of ethics (Hunter 1990:867).

norm grounded in God's humanness for humanity in Jesus Christ (Patton 1969:4).

Another view could be explored in contrast to Browning's cries for the inclusion for moral reflection and value inquiry in a CPE programme. Such view is that training in pastoral care and pastoral counselling in the health care institutions has provided enough freedom from the institutional structure of the church to allow a creative development of pastoral methods for men and women as they prepare for the transition into ministry. The three month unit of advanced CPE does provide for a study of the stages of emotional development as described by Freud (1952), Sullivan (1953), Piaget (1970), and Erikson (1980). The question to be asked over and again is how one actually conducts practical moral reflection in the process of CPE? In his book *The Moral Context of Pastoral Care*, Browning endeavours to indicate how this process proceeds but does not tell us how it is done in practical application. What is useful about Don Browning's call for re-looking at moral reflection and theological reflection is that CPE in South Africa is new and is able to explore the inclusion of many models which might be best suited in this multicultural society.

Theological understanding of "supervision"

Pastoral supervision means 'overseeing' of ministry but not in the form of constantly looking over the shoulder of the student. The notion of pastoral supervision can be found in the Old Testament. In Exodus 18:17-26 Moses oversees the elders so that they could deal with issues of fairness in the community of Israel. Thus this form of supervision required the overseeing of the life of the community. So it is with the supervisor's role in CPE, to oversee the life of the community, in this case the students as they minister to the patients in hospital. In this privileged relationship of supervision the role of the supervisor is critical as mentor to the student. This type of

relationship is found on a number of occasions in the scriptures. The moving story of Samuel who was mentored by Eli is a rich account of the dimensions and quality of such a relationship (1 Sam 3:1-21). A further example is the close bond and relationship that developed between Naomi and Ruth (Ruth 1:10-18).

Pastoring and supervision belong to the whole church. We read of this intention in the New Testament letter to Titus. There is a firm understanding of the role of the leaders who are to supervise the community of faith (Titus 1:5-9). In the feeding of the five thousand (Mark 8:1-10) there is the injunction from Jesus that the disciples should distribute the food and see that everyone had sufficient to eat. It was the Mentor and Pastor *par excellence*, Jesus himself who is the model of all mentors. It was Jesus who mentored Peter, in particular after the resurrection, where Jesus entrusted Peter with the responsibility to continue his mission on earth. (John 21:15-17) Peter was to become the pastor of the Church in the name of Jesus, and was to share the responsibility of evangelising with the apostles. Another example is found in I Corinthians 12 where it is the members of the whole body of Christ who participate in differing ministries. Paul was to mentor and instruct Timothy in his task of leading the community of faith (1 Tim 1:1-2, 18).

The Meaning of the Word “Pastoral”

The meaning of the word “pastoral” is not limited to that of shepherd or overseer, but it also implies the expression of the unity of persons and work in Christ (Hunter 1990:827-829). By this it is meant that the supervisor is aware of the students’ search for meaning between action and being, what the student does and is in ministry. Yet another aspect to the meaning of the word “pastoral” is to be found in the process of the telling of parables (Luke 5:17-26; 7:36-50; 10:29-37; John 8:3-11). All of Jesus’ parables

challenged the assumptions, and the normal interpretation of everyday happenings. The parables uncover aspects of ministry that Jesus' listeners did not at first comprehend and, when they did, they were able to make appropriate changes, and expand and transform their horizons and meaning, in their lives. This very experience is what is handed on over the millennia as a gift to future generations.

The variety of field placements in clinical pastoral supervision

The focus of pastoral education or of the "field placement" is to offer the student the experience and opportunity to learn the personal and theological skills of ministry by working collaboratively with another experienced minister. The process is guided by theological reflection on a practical ministerial experience and shared with the supervisor and the peer group. They therefore do theology together and not only study theology. Most of the students studying for ministry, however, will finally exercise their pastoral duties in a parish, and this is a compelling argument that CPE should happen in a parish setting. There are nowadays many seminaries and universities which require that a student for ministry experience a variety of ministerial settings. Particular skills are learned in that context, for example, skills learned in a hospital do differ from those needed in a parish, although there may be an overlap. Another advantage for learning in a variety of contexts is that students come into contact with many professional disciplines and so learn other necessary skills. Parish ministers and pastoral carers have to learn to attend to the sick, visit the house-bound, comfort the dying, lead in prayer services, preach during worship or during funerals, counsel the terminally ill and their families and offer crisis intervention.

The students of ministry need to learn the necessary skills, bring their

theoretical knowledge into dialogue with the lived experience of the community and develop a ministerial pastoral identity. The ideal context is in placements where they can receive pastoral supervision. This is a place different from where they are taught formal theology. It is the context where formal theology and experiential theology enter into dialogue.

Theology in clinical pastoral supervision

It may appear that theology is one of the central issues in CPS and yet there is a great hesitancy on the part of supervisors to encourage students to make use of their theological studies or even to use the scriptures. In fact, only one small section of the verbatim analysis involves "theological evaluation". Many students ignore this section and presume that supervisor, peers and patients all know what they believe and there is no need for discussion. Even in the reporting of a critical or pastoral incident, there is only one of the six questions which requires of the student to recognise if God is present in the situation. (See the example provided in Appendix 3). It would seem that theology is an afterthought in CPS. Supervisors underestimate the profound ways the student's future ministry will benefit from learning about the ways that the student relates to him or herself, to others and to God. Conversation about the student's effectiveness in relationships, especially theological and biblical, will help the student learn and grow. If one of the goals of pastoral supervision is to help students integrate educational and experiential fragments into a holistic and comprehensive understanding of the Christian faith then the author realises that more emphasis should be placed on the spirituality of each student. We will return to this dilemma as the lack of theological content in supervision leads to an evasion by the supervisor and the students of the real pastoral issues at hand. The section on the process of theological reflection requires further discussion.

DIFFERENCES BETWEEN CLINICAL PASTORAL SUPERVISION AND PASTORAL SUPERVISION

A further distinction of terms needs to be clarified. Is clinical pastoral supervision different from pastoral supervision? What immediately springs to mind is that CPE is a process which includes a group of students with a certified supervisor. Whenever the group meets, the student, who may be presenting his or her verbatim for analysis, will receive feedback from both the supervisor and peers. In addition, clinical pastoral supervision encourages interdisciplinary relationships, as in a hospital setting.

Pastoral supervision does not necessarily need a group for it to happen. Most often the student works under supervision in a one-to-one relationship with the supervisor, for example, when a student is placed in a parish for his/her field placement. Lastly, clinical pastoral supervision requires an officially certified supervisor, with theoretical competence and training in supervision, whereas pastoral supervisors in parishes are not officially certified, but are appointed by the church without any formal supervisory training.

As seen above, there is a distinctive component in CPS although it exists on the border between pastoral supervision and clinical supervision. CPS draws from both areas and has a foot on both sides of the fence. For the student of CPE there are some immediate differences noted in their role within the hospital. Firstly they are addressed as "chaplain." Secondly, the chaplain is often requested to pray with the patients and this requires of him/her to be able to use theological language in a simple, understandable and meaningful way. Thirdly, with every visit to the patient chaplains are reminded of the necessity to verbalise their theological beliefs. These include a belief in incarnational theology and salvation theology. A critique to be made is that theological reflection methods have not yet been sufficiently emphasised in clinical pastoral supervision within CPE

(O'Connor 1998:30-32).

A later section will discuss some of the theological reflection methods in some detail with particular reference to O'Connor's writing(1998:28-37).

The person of the clinical pastoral supervisor

Two qualities of the clinical pastoral supervisor need emphasising, the first is the skills needed, and the second, the pastoral identity of such a person. Pastoral supervision is provided in a context of active ministry under the supervision and guidance of an experienced minister or supervisor. Ministerial education at its best is personal, developmental, cumulative, empathetic, reflective and integrative (Pyle and Seals 1995:11).

Prerequisites of the supervisor include preparation in personal and professional awareness, and in the art and skills of reflecting on ministry. The competence to do problem-solving and the ability to nurture the same competence in students is also important. The supervisor's most important skills are the willingness and ability to nurture, and challenge the student's personal progress toward deeper spirituality and biblical and theological reflection on the reported ministry events. (1995:11-12)

If the pastoral supervisor is to achieve these standards, then availability is an important criterion. Availability means taking the time to be present to the student; physically, emotionally and spiritually. Availability also means offering on the spot observations in order to gain insight into how the student functions in a particular situation in ministry, whether it be stressful or successful. The pastoral supervisor should be available in the context of the CPE process. That means s/he should be 'resident' in the hospital, or institution. In some cases this may not be possible. For instance, if CPE were to take place in a parish it may not be possible to have a qualified ACPE pastoral supervisor continually present with the parish priest/minister. Another arrangement would have to be made where the student meets with

the supervisor and the peer group regularly in the parish offices.[Nace] In some cases a video recorder has been used to give the supervisor a better understanding of the local context and to observe the student at work.¹⁰

Skills required

To teach another person requires that the teacher or the supervisor in this case should have certain skills and that these skills be more than theoretical. One can endeavour to teach someone to drive a car by giving him/her a book on how to drive, but until the individual actually gets behind the steering wheel and get the feel of using the accelerator, clutch and brake it remains theory. In fact, after one has passed the driver's test, only then does the real learning ensue. This is not to underestimate the importance of theory, but is the real acknowledgment of the importance of practise. This is the basis of CPE. It is clearly stated in the application for a CPE programme that the module or unit has emphasis on the praxis of pastoral visitation, pastoral conversations and pastoral caring and counselling. In the practical theology and ministerial studies programme of the University of Natal, academic staff endeavour to see that each course offers a balance of theory and praxis. Students may read all they want about counselling, caring, confronting, and listening with empathy, but until they can practise their skills in the community, it is all just theory. When the student is placed in a parish or an institution for practical experience the underlying goal is that s/he is primarily a learner even as she or he ministers

¹⁰ This has not been the case in Pietermaritzburg or even in South Africa. Such equipment is expensive and as yet the supervisors are not sure whether this method would be successful with the students. There is the further matter of invasion of privacy in a pastoral situation to consider.

to parishioners/patients/clients.¹¹

It is necessary to note that these three terms used for “the other” in the caring relationship are used according to the context in which CPE takes place. The different contexts will offer different situations and therefore require of the student different skills. This is also true for the supervisor. Essentially the goals of supervision are the same, but the context will demand different skills and knowledge from the supervisor.

Good pastoral supervision involves elements both of relationship and skill. Effective clinical pastoral supervisors are trained in formal supervision. They know how to ask questions which encourage reflection on the ministry, they know how to confront certain issues and they are able to perceive the issues that lie beneath the surface. Some of these dynamics of the pastoral supervisor will assist the student to discover and own his/her fears, anxieties, insecurities and pastoral identity. In the hospital, hospice or home-care environment, students will find that some of their own skills in caring will be demonstrated through sitting quietly at the bedside, wiping a sick person's forehead, holding someone's hand and just being 'present' with no word being spoken. This is often very difficult for young men and women and does not come easily for them. These skills learned in a hospital context will benefit others in different settings. More and more of people living with AIDS are to be found living at home with their family making every effort to care for them. The skills learned by the student of ministry within the hospital will stand them in good stead as they are called on to minister to AIDS sufferers and their families.

Many of the qualities listed above relate primarily to ministry and supervisory skills, yet other skills are more attitudinal in nature. These qualities are often assumed, for example, it is expected that both supervisor

¹¹ These three terms are inter changeable according to the situation and the setting where the pastoral visiting takes place.

and student should have a deep personal faith and commitment to Christian ministry. They need also to endeavour to be open and vulnerable and ready to identify their faults, failings and frailties as a fellow pilgrim (Pyle and Seals 1995:29).

When CPE students set their goals in the beginning of the module, we suggest that they set immediate goals for the duration of CPE, followed by their short-term goals in the light of their intended ministry, whether it is going to be parish work, hospital ministry, ministry to AIDS sufferers, street children or even as teachers of theology and ministry. After this, the students are asked to set long-term goals such as updating their education and keeping abreast of the needs of the times. They invariably express the need to learn the counselling skills needed for ministry to the sick and infirm. Seldom do they equate their counselling, caring, or listening skills with their need for theological skills. They are often dumbfounded when a supervisor asks why counselling skills are theologically significant. As noted in the previous section, skills need to be learned alongside theological reflection. Often the different components to be learned are categorised with the result of the failure to see their interconnectedness. The supervisor's job is to make those connections explicitly clear, hence the sub-title of this chapter.

Knowledge: the integration of learning

Pastoral supervision provides one of the links between practical theology and academic theology. The connection between theory and praxis is a key component of CPS. There must be links between the study of scripture and visiting the sick, between ethics and pastoral counselling, and between what we say we believe and what our actions demonstrate about our beliefs. These connections begin to show themselves while working with "living human documents", people who challenge our very

beliefs, our theology, our moral values and our self-identity. To the seminarians who are students of theology, we might ask how their AIDS ministry relates to their perception of the church. When working with a very ill child, does anything happen that reminds the student of a narrative from scripture? When the student sees a dying young man reconciling with a parent is he reminded of any biblical story or parable? Can God be seen in one's own critical or pastoral incident? Did any of the four pillars of pastoral counselling (guiding, sustaining, healing and reconciling) surface in the student's pastoral conversations of that day? (Clebsch and Jaekle 1964 and 1967).

These pillars of pastoral counselling have long been the classic functions that pastoral care has been seen as serving. It was Clinebell who added a fifth function, namely nurturing (Clinebell 1979:18-19). Almost twenty years later, Lartey suggested two other functions which intercultural pastoral care and counselling clearly serves. These are empowering and liberating(1997:37). Each of these seven functions offers a particular resource for pastoral care in a cross-cultural environment and will be explored in the following section.

Healing

The human person is sometimes broken and bruised in so many ways needing restoration in physical, emotional, psychological and spiritual aspects of our lives. Healing is often thought about in terms of 'miracles' in the religious sense. Some may describe this as a supernatural event. While not denying that such events could possibly take place it would be necessary to examine what is a 'natural' event and what is 'supernatural'. When working in a Christian environment one is expected to see the force or power of God as present in the world and so to see God at work in and through the 'natural' processes in the world. In African primal thought as

well as in Christian thought, God is both transcendent and immanent (Lartey 1997:38). So it is believed that the task of healing is possible by this God who heals and who is not far away. God is present all the time and bears all the pain and anxiety of the sufferer and God is willing to help. God hears the cries of the distressed and offers love, support and help.

Sustaining

Healing, seen as returning to normal and full health is seldom experienced. There are times when a sick person is in remission for a while, only to come to the realisation that the situation or the illness is not going to get any better. The ministry of the pastoral carer and counsellor is to offer strength and support, from within and without, to assist the sufferer in coping with what cannot be changed. This sustaining help means that the sufferer is supported and not left alone, and is able to express his or her deepest emotions and in so doing may experience a change of attitude towards the final stages of life (Glen 1997:60-73).

Guiding

The word 'guiding' may have an archaic sound to it, but in essence it is about enabling people to bring out the best in themselves. We need to be drawn to the limits of our inner capacity and to full human realisation if we are to experience Jesus' words, "they may have life and have it to the full" (John 10:10). The position of 'guide' differs from culture to culture, some naming such a person as a guru, others as a mentor, yet others as a teacher. In the case of CPE the guide may be seen as the supervisor, or the pastor, the doctor and for many the guide is God.

Reconciling

Reconciling means to restore harmonious relations between people, to restore relations between those who are alienated or estranged. The pastoral function lies in the creative search for a way to bring people together, ever respectful of their differences. In African culture much emphasis is placed on this focus when a person is dying. In rural areas, seldom is a will or last testament written necessitating the coming together of significant persons to the dying person. At this time reconciliation restores harmony amongst the immediate family and friends and the dying person. This unity enables the person to move into the world of his or her ancestors knowing of sure acceptance into the esteemed ranks of ancestorhood.

Nurturing

It is the function of the pastoral carer to facilitate growth. Clinebell describes this 'Growth counselling' as:

a human-potentials approach to the helping process that defines the goal as that of facilitating the maximum development of a person's potentialities, at each life stage, in ways that contribute to the growth of others as well and to development of a society in which all persons will have an opportunity to use their full potentialities (1979:17-18).

To be a facilitator of growth the pastoral carer has to offer nurturing through caring with confrontation. Nurturing is an ongoing process which is sensitive to the life stages of a person (Lartey 1997:40). These stages include times of crisis, times of new possibilities and times of threat to our welfare.

Empowering

When faced with options and decisions, many people are confronted with what psychologist Ernest Seligman calls 'learned helplessness' (In Lartey 1997:41). Such groups are often marginalised and have been brought up in a society of domination by another racial group, such as is the case in South Africa. What is to be confronted in this case is the reality of power and who controls the power. The term 'empowerment' is used in this situation to point to the process of re-valuing self and personal characteristics, together with availing oneself of new ways of motivation and changes in attitude. 'Empowering' takes on various forms and can be seen most often as a communal affair. This is to be observed in some African communities when attempts are made to restore community spirit or when the families gather to support and empower one another in times of crisis or a particular disaster which affects one group. Today in KwaZulu-Natal there is evidence of this mutual empowerment as many more families are devastated by the AIDS pandemic.

Liberating

In South Africa many people within the variety of cultures experience bondage. On a social level there is bondage found in the dependence of people having to work for poor salaries and wages, on a political level many are in bondage as they are oppressed by those in power and on an emotional level, many are in bondage as they are abused and tormented by partners who hold power over them. "Liberating involves the complex processes of raising awareness about the sources and causes of oppression and domination in society" (Lartey 1997:41). Those involved in pastoral caring are called not only to awareness-raising but to make available to others the opportunity to consider options available for social change. Following this is the need for choice and action (Lartey 1997:41).

Such practical implementation will be expanded in chapter nine.

The need for connections

Helping students see the connections within their own theology is a challenging part of the process. The supervisor must be aware of the student's relational patterns, personal goals for learning and individual needs for ministerial skills. Students can then be encouraged and challenged to pay attention to all their pastoral experiences and to reflect on them. These experiences may reflect a person's ideas, feelings, meanings, deep longings and values within the process of pastoral caring and counselling.

A Roman Catholic student, who was in a conversation with a patient about his relationship with God and his views on God and prayer, realised that there was a connection in his relationship to God by going regularly to Mass and receiving the sacrament of the eucharist. The student and his supervisor were able to connect this conversation to the five models of the church as described by Avery Dulles, *Models of the Church*. Together they saw how the Church as institution, as sacrament, as servant, as mystical communion or as herald of the word would demand different forms of prayer and even different relationships with God. The student then spent time reflecting on his understanding of God and his style of prayer, and acknowledged with Dulles that the *sacramental* model best related to his pastoral identity. This delving into his pastoral identity went as far as to challenge him to reread Dulles and demonstrate to his supervisor why he thought the sacramental model was the most significant for him of all models. This is what he offered as his point of reference, and this is what makes the connection between theory, beliefs, practice and personal pastoral identity all part of supervision. The student referred to this

paragraph from Dulles;

For blending the values in the various models, the sacramental type of ecclesiology in my opinion has special merit. It preserves the value of the institutional elements because the official structures of the Church give it clear and visible outlines, so that it can be a vivid sign. It preserves the community value, for if the Church were not a communion of love it could not be an authentic sign of Christ. It preserves the dimension of proclamation because only by reliance on Christ and by bearing witness to him whether the message is welcomed or rejected, can the Church effectively point to Christ as the bearer of God's redemptive grace. This model, finally, preserves the dimension of worldly service, because without this the Church would not be a sign of Christ the servant (1976:186).

The student's academic knowledge became part of his ministerial skills which in turn was identified as an element of his ministerial identity (CPE-Pretoria, January, 1998).

This student demonstrated how his practical experience was part of his contextual learning. There is a circular process whereby the student experiences ministry, reports the ministry event, reflects on the issues, speaks about the insights s/he has gained and works out a plan on the new insights gained.

Pastoral identity and clinical pastoral supervision

It is said that by the age of three an individual's identity is formed (Piaget 1969:28-29). Psychologists have explained that part of our identity is formed by what others see in us, how they treat us, and we either accept or reject that perception. The way we are dressed, challenged, what we are told about ourselves and how to behave, all in some way form us even in our sexual identity (Erikson 1963:263 and 1968:160). As a consequence, we gain our identity in part through the society and the community around us.

We also have some part in self-acceptance and gaining a sense of self-esteem as we can rely on what others tell us or we can choose to develop certain behaviours to suit our needs. It is within the interaction with others that our identity is formed.

Ministerial identity is therefore not just dependent on the skills or knowledge that a person has, but it becomes part of who she is and not only of what she does. Through ministry people allow the minister to care for them, to counsel them and to serve them. He offers them guidance and support in times of trouble, and preaches and teaches, and organises the community. The minister is accepted by his peer group. As a result, pastoral identity is developed. Within clinical pastoral supervision the supervisor enables the student to stretch their abilities and, through success and growth, a pastoral identity is gradually consolidated.

On many a course students have arrived at the conclusion, often in the second or third week that they “experience” being the chaplain, and consequently that they really are ministering to the sick as pastors and ministers. In pastoral incidents this experience of accepting themselves as a chaplain is often recounted. They know they are seen as the chaplain on the ward but until they see themselves as the chaplain they do not accept this new identity. This pastoral identity depends ultimately in the student’s own recognition of him/herself as minister within the community who also accepts him or her as minister. The issue of pastoral identity will be further expanded in the next chapter.

MODELS OF PASTORAL SUPERVISION

There are many models of supervision and theological reflection which have been written. Some of those regularly mentioned are Thomas Groome’s model(1985), Holland and Henriot’s model(1980), the

Whitehead's model (1980 and 1983), which is useful in supervision across cultures and Donald Beisswenger's model (1977). There are elements of all the models in clinical pastoral education and not all supervisors use the same model. For the purposes of this chapter on clinical pastoral supervision, it is this last model that will be explored in more detail, as it is most relevant for the cross-cultural situation of South African society. This model will be explored more fully as Beisswenger suggests seven modes that have become classic ways of speaking of supervision in theological field education (1977:29-37).

These seven modes are the (1) work-evaluation model; (2) instructor model; (3) apprentice model; (4) training model; (5) resource model; (6) consultative model; and (7) spiritual-guide model. Each model has its place and value, but for CPE the last three are more suited to the advanced units of CPE as will be explained.

In the first four models the responsibility for the outcome relies on the supervisor who usually expects only a conservative commitment and effort from the student. In critique, the first four models require that the student be dependent on the supervisor and remain in an inferior position throughout the learning process.

What follows is a brief description of each of the seven models for the sake of clarity and full comprehension of the supervisory process.

(1) The **work evaluation model** is based on the accomplishment of the tasks assigned. The supervisor plans the work schedule and the content and then evaluates the student's performance. The setting of certain tasks is necessary if the student is to function as a hospital chaplain, but to evaluate a person on only the achievement of a task is one-sided and incomplete.

(2) The **instructor model** is that of teacher-student model. Emphasis is on the cognitive level and whether the student is learning what the supervisor thinks s/he should learn. In CPE the supervisors and specialists do offer didactic seminars but the learning is the responsibility of the student. When students attend CPE they are usually in their final seminary year or are post graduate students at university. It is not expected that they become dependent on their supervisor as fruitful ministry is impeded by dependent personalities.

(3) In the **apprentice model** the student observes the supervisor and how s/he works, ministers, makes decisions, counsels and hence becomes the role model. This model depends more on the supervisor than on the student. CPE supervisors fear this model as they don't wish the students to become clones of the supervisor with no pastoral identity of their own. They are at CPE to learn ministry and to develop their own pastoral identity and style. The supervisor never enacts the role of chaplain with the students observing from a distance. In one situation only does the student see a professional psychologist at work and this is in what we call the "case conference" and it takes place once a week in the psychiatric department.

(4) The **training model** is where supervisor and student together define the goals of growth, acquisition of knowledge and skills to be learned during CPE. With the guidance of the supervisor and the hospital authorities, the student is made aware of the professional expectations in that particular context. There are certain rules and regulations to be observed in a hospital, or prison or caring institutional setting. It is necessary to brief the students on these guidelines if their hospital chaplaincy is to be effective. Certain protocols are expected and must be adhered to within a hospital, in

South African governmental hospitals as in hospitals throughout the world.

The next two models are of greater value to the students at their particular mature or final stage of training for ministry.

(5) In the **resource model**, the supervisor enables the student to reflect on ministry and to explore what further resources are available if the student is to become a responsible minister. This is a form of collaborative ministry and the primary responsibility falls onto the student. When a situation of conflict arises or a pastoral visit is seen to be incomplete, the supervisor and student look together for further resources. A situation may develop on the ward where the chaplain is invited to be part of the ward rounds in the morning and she feels that this would be a vital opportunity to become part of the interdisciplinary team, yet the rounds clash with one of the didactic seminars. Together the supervisor and student look at the needs of the student in the whole learning process along with the need for the developing of a pastoral identity. Perhaps they decide that it is more important to be part of the hospital team and that notes would suffice in place of the lecture. Whatever the decision, it is made in collaboration with the supervisor and perhaps even with the whole CPE group. The resource model gives the student the opportunity to make suitable choices.

(6) The **consultative model** is collaborative in nature, where the supervisor uses his/her ability to guide, and yet the student takes the initiative. All concerns and issues are raised in supervision, with the student already having arrived at a solution. The supervisor's role is to help the student to develop the capacity to act maturely in the solving of future problems. The supervisor is called on to be alert, to offer guidance and to support the student in his/her decision. Consultation requires a perceptive supervisor

who is able to offer alternatives, point out the consequences of the decision made and to gently and firmly challenge the student. This is the essence of allowing a person to make a choice after weighing up the pros and cons, and then living with the results. Throughout, the student is learning and developing a pastoral identity through experience and acceptance by the community.

(7) Finally, the last is the **spiritual guide model**. We have noted that theological reflection is at the heart of pastoral supervision. The supervisor and student together seek to find God's presence in the ministry at hand. As supervision is not therapy, so is the spiritual guide model not spiritual direction. The purpose is the ministry of the student and not his or her spiritual life (Coll 1992:21-22). There is a difficult line to draw between these disciplines of spiritual direction, pastoral counselling and psychological counselling as it is difficult to delineate clearly the aforementioned three disciplines from the spiritual guide model.

A brief explanation would offer clearer understanding not only for those who partake in CPE but for those who receive the caring and counselling from the CPE chaplains.

The helping relationships

The Christian tradition offers two helping relationships for those in ministry. These are pastoral counselling and spiritual direction. Clergy persons need, however to be aware of more critical conditions within the human person which might deserve referral for psychotherapy. This is because within the helping relationships there is at the one end of the spectrum, depth psychology which aims at deep structural changes in the personality and focusses its attention on clients who are deeply stressed and

distressed (Rossi 1978:550). Rossi describes some of the signs that indicate referral to psychotherapy as; morbid anxiety, intolerable sadness, depression, loss of normal adaptation and psychosomatic disturbances which may lead to suicide (1978:569-570). Most clergy people and lay ministers who are trained in pastoral counselling are not fully trained in this field and need to recognise that aspect. The people who seek help from pastoral counsellors will tend to be "normal and maturing" in their personal development. It is difficult to distinguish clearly between pastoral counselling and spiritual direction but a short discussion will suffice.

Hiltner suggests that counselling is very close to pastoral counselling and in fact becomes pastoral when it incorporates the use of religious resources (in Leech 1977:84). Pastoral counselling does have some characteristics in common with counselling in that it tends to be short term and to focus on stress states arising from situational or developmental crises. Pastoral counselling helps a person to cope with a single crisis and to recover ways of coping and solving the problem. This form of counselling also enables a person to integrate and make adjustments as they recover a homeostasis in their lives.

Spiritual direction differs in that the aims are at the discovery and unfolding of one's life direction in Christ as revealed by the Spirit (van Kaam 1966:367). Secondly, those who seek spiritual direction may be living satisfactory lives and be in touch with themselves or significant others and who are searching for spiritual meaning in life experiences. Thirdly, and most simply, spiritual direction is the cultivation of a life of faith and operates beyond 'strategic problem-solving' in faith (Gratton 1980:148-149).

The spirit guide model challenges the student of CPE to assess his or her pastoral ministry in the light of awareness of God's presence within the ministry of pastoral care and counselling. This touches on the process of

learning certain reflective skills. The skills here help a person look at experience in the context of his or her relationship with and call from God. This kind of reflection means attentiveness to know that God is revealed in and through one's life experiences. William Barry and William Connolly speak of the "contemplative attitude" and "noticing and sharing with the Lord key interior facts"(1982:51).

At no time does CPS make exclusive use of any one model. This is due to the fact that each CPE participant is at a different stage in his or her ministerial development. During the basic one month module most students would respond to supervision out of the 'instructor model' or the 'training model'. These two models do not allow for the student to emulate the supervisor and yet do guide the student in the necessary skills and knowledge needed to learn from the CPE process. If a student is able to attend a three month unit, s/he would be expected to move through stages of ministerial identity making use of the resource model and the consultative model. Both these models require that a person is able to reflect on ministry, take charge of personal conflicts which may arise and accept guidance which will draw them beyond their limitations enabling them to live life to the full. The final model is more difficult to follow as the supervisor and student can only collaborate to the extent that both are willing to journey in their respective spiritual paths. Theological reflection is the art of 'seeing God in all things' and being able to listen in the innermost heart and to respond to the call of a loving and merciful God. If a person is ever able to complete a nine month internship as is possible in the USA or Canada, this spiritual guide model becomes uppermost as both supervisor and student journey in a common spiritual quest. This last model will usually move into a further model as discussed above, namely that of spiritual direction.

These seven models serve as guidelines for supervision in South

Africa as the issue of cross-cultural supervision requires of the supervisor to be aware of cultural practices, cultural identities and cultural developments. The student of CPE is in the ministry of healing, sometimes effective and sometimes ineffective. The functions of sustaining, guiding, empowering, nurturing and liberating will enable the supervisor to create a strong relationship with people from all situations of South African life (Hiltner 1958:127). As stated by Bate, "in our African context such a praxis of healing should include medical factors, psychological factors, cultural factors, counselling, socio-political responses, confession of sin and reparation together with communal prayer for deliverance from possession and obsession (1999:314-315). The concern of supervisors should be to awaken people in crisis situations to rediscover meaning in life whether they be the pastoral carers or the sufferers of the crisis. The ongoing difficulty in South Africa is the lack of supervisors who are black Africans. This would mean that for the present the relationship between supervisor and students will always be one of a cross-cultural dynamic which will have the potential of slowing down the integration and growing process of both parties. The lack of peer supervision is also problematic.

LACK OF ONGOING PEER SUPERVISION

The pressing problems facing ministry training today stems from students still trained exclusively in the first four models mentioned above. For the supervisor who is unable to cope with any other method than supervising from on high, there is a problem. There is abundant evidence that supervisors are not keen, nor do they make the time, to experience their own supervision by a peer group who would offer feedback, critique and updating. CPE which is such a new concept for training in ministry in South Africa has the same dangers. With only two certified supervisors and

perhaps three co-supervisors in the whole of South Africa, and with each person living in a different province, there is little ongoing peer evaluation. The process of CPE may become trapped into a stalemate and each supervisor may to all intents and purposes never be able to receive valuable ongoing formation.

The style and methods of supervision are very individualised. Generally at present, each CPE unit only offers the student a choice between two supervisors. A clash of personalities or a confrontation in supervision can occur early on in the process. A student and a supervisor need to be able to recognise their weakness and vulnerability, allow for the change of supervisor and hence make the most of the clinical pastoral supervision learning experience.

Methods of supervision

Along with the different models of supervision, there are differing methods of supervision requiring a variety of skills from the supervisor. There are three identifiable methods. Firstly, supervision by administration. This kind of supervision is carried on by administrative procedures such as setting personnel policy, creating a calendar or schedule as to when things are supposed to happen, seeing guidelines for behaviour and setting goals for action. Administrative supervision handles everything in an impersonal manner and creates a system in which the student/supervisee interacts with the mechanical aspects of the programme.

Secondly, there is reward supervision. This seems quite crude, but it works if the programme is successful each year, then funding is allocated and more students are able to receive bursaries to attend CPE. The reward is financial for some fortunate students and this reward depends on the success of the previous courses. This method seems very impersonal and

only a few are fortunate to benefit from it.

Thirdly, there is a method of supportiveness. The supervisor tries to build a support system around the students so they can function in real situations and still have a system which supports them when problems arise. It is a direct and personal approach to supervision which is able to employ the other two methods to offer support and stability.

There are times when a supervisor may feel it more prudent to use the Whitehead's model in theological reflection, especially in the case of cross-cultural supervision, where the supervisor is white and the student is black. In the South African context it is preferable to be flexible and eclectic in supervision models. Such is the diversity of the CPE students, and the patients/parishioners/clients to whom they minister.

Stages of supervision

During the supervisory process both supervisor and student need to check points or milestones as a frame of reference.

The initial stage

The initial stage of supervision is the first group of events in the supervisory process and is foundational for the continuation of the process. This initial stage is a period for orientation for students together with their supervisor. They need to learn about the context in which they will be learning and they need to know what is expected of them in the initial stage. It is a time of getting acquainted and is important in setting the tone for clinical pastoral supervision.

Before the start of the CPE programme, the supervisor is able to read the autobiography, curriculum vitae and an account of what the student considers an important helping event in his/her life. But this does not exclude the supervisor from sharing some of his/her journey. This mutual

sharing is part of getting to understand and trust one another and of letting the student know that the supervisor is human too. When each of the students retells her/his story to the peer group, much anxiety is dispelled through the questioning and clarification which invariably occurs. The initial stage is a time to develop openness, a kind of two way access street between two persons. As Henri Nouwen notes, "to build a friendly empty space between two persons where the space can be filled with trust" (Nouwen 1974:3). Students may find it difficult to make themselves vulnerable and so it may be important for the supervisor to model this vulnerability and trust to the students.

In this stage the supervisor outlines the expectations of the CPE programme and the expectations of the supervisor. At the same time it is only fair for the supervisor to listen to and understand the expectation of the student. The expectations are formalised in the goals set in the first few days of CPE. This is a crucial event as the setting of goals forms the basis of a covenant of learning.

The central stage

In this stage the structure of supervision is important. This is where the main areas of ministry are exposed. One important aspect of this period is the reports of the students. There is real learning value as they share their verbatim reports, critical and pastoral incidents, pastoral diary, their goals and their interactions within the peer group. This reporting is the key difference between learning and activity, observation and supervision.

This is the stage when the students learn skills, gain knowledge and develop self confidence. This stage is central to the process of ongoing evaluation. It is important enough to mention here that the supervisor must be aware of recognising the 'teachable moments'. They are not signposted and not always obvious, but if the student is willing to be challenged then

the result will offer change and learning.

The termination stage

This stage is often rushed and as a result is neglected. The process of summarising and evaluating can be painful and within this stage comes new responsibilities and new relationships. This is a difficult stage because all are caught up emotionally in the ending of relationship. If it was a good encounter they try to hold onto it and if it was negative they have often divorced themselves from it some time before.

The stage of major evaluation takes place between the supervisor and the student in one-to-one supervision and also in the peer group supervision. In the final day of the CPE process, the debriefing process and closing liturgy is emotional and poignant. In this stage the supervisor is there to help the student work through the feelings of having to leave certain patients within the hospital, some of the nursing staff and some of the auxiliary staff. In many cases a significant relationship is being broken. In many cases, especially with university students and seminarians, the student and supervisor will have to learn to accept the new roles in which they find themselves. Perhaps as student and lecturer, or as spiritual directee and spiritual director, or as student and thesis supervisor.

Related to this is the importance of student independence. Students will be aware that they must have this independence and their own ability to take initiative. The students need confidence as they move out of supervision into their own world of ministry.

This termination stage does not just happen, it must be marked and an appropriate ritual should take place. As mentioned before the final worship and prayer service is an appropriate place for this, and there is also closure within the immediate peer group.

The three stages of supervision, initial, central and termination are

precise in their function. Not every supervisor carries out these stages in precisely the same manner, but in CPE these stages are built into the process and it would be dangerous to ignore or minimise any of the three stages.

What supervision is not!

If supervision is about making connections with and for the student, there are other aspects which supervision is not. When ACPEA meet for their annual general meeting, one can be sure that the subject of training supervisors, accreditation of supervisors and the lack of certified supervisors are vigorously discussed topics. At times, it is evident that they are not clear about what is expected of supervisors and again even less clear about what is not expected of supervisors. If it is known what a supervisor is not, then by process of elimination we might find who a supervisor is meant to be!

A way of defining what supervision is not

A pastoral supervisor is not a therapist (see chapter three). Very often there is a temptation in one to one supervision to move into a therapeutic mode when the student asks for help or for advice. Supervisors, generally, have a good deal of knowledge and have acquired many of the skills of a psychological counsellor and they can easily fall into the trap of moving the supervision dialogue into a form of counselling therapy. Seldom in CPS would the supervisor have to make referrals to another professional, but in a well-meaning moment may easily be drawn into a therapeutic alliance. One-to-one supervision is not the place to deal with personality problems. One of the questions asked in the application for CPE is if the student has recently undergone any critical or traumatic experience in his/her life, such

as a failure or a death in the family. The reason for such a question is that CPE is such a demanding process involving the whole of the person, physically, mentally, emotionally and spiritually, that to arrive in the middle of a process of grieving which is not yet resolved would mean that CPE focus on the external crisis and not on the learning experience of the prescribed ministry. The core of the supervisory relationship is ministry and learning. Supervision may be therapeutic but is not formal therapy.

Supervision is not spiritual direction as mentioned above. The process is centred on the ministerial experience although supervision will involve the student's relationship with self, others and God. The shared theological reflection comprises the ministerial situation, and the student as the minister as s/he journeys with the patient. The inner spiritual life of the student is the domain of a trained spiritual director or companion.

These are the fine differences between therapist, spiritual director and pastoral counsellor and much has been written in this area (Rossi 1978 and Barry & Connolly 1982). In fact, such a course is taught at the universities and seminaries so that students have a clear understanding of the boundaries between each discipline.

Supervision is not a kind of "best friend" relationship. It is hoped that supervision is an amicable relationship, but to become too personally friendly and to cross the boundary between being a "buddy" and a supervisor can lead to many convolutions in the relationship. So often a student who is unsure of himself or who is a dependent personality will latch onto the supervisor for support. This makes the supervision relationship more difficult to cope with, and particularly when confrontation or challenge is needed. Very soon the student can feel let down, isolated, and betrayed. If a friendship does develop, it would be wise to try and leave the friendship outside the pastoral supervision experience. One can see the wisdom in

that a doctor does not treat his or her own family, for just the same reasons. Objectivity is lost as emotions come into play. This is not easily achieved, so it is better to pass a friend onto another supervisor for the duration of CPE, if at all possible. Once again, it must be recognised that the point of supervision is to focus on the student who is there to learn and to change and grow.

As most of the CPE students are at the end of their university or seminary education, the supervisor does not expect to be constantly checking up on the assignments or to see if students are doing their ward visitation. The supervisor is not there to be standing over the students to see if the work is done. It is expected that the work will be completed and that the student has reflected on it sufficiently to stand the analysis and critique of the peer group and the supervisor. Although the chaplains are learning how to do the expected work, they do not need a supervisor standing over them. This relates back to the consultative model. Students are expected to act maturely in solving problems and to consult the supervisor when decisions are in the making. To be able to trust the student to put his all into CPE and so to get the most out of it, is the challenge.

Students are encouraged to become independent and to develop their own pastoral identity which does not emerge as a result of being spoon-fed by the supervisor.

Supervision may appear to be an impossible task, and it is challenging and growth-provoking on the part of both supervisor and student. That is what makes clinical pastoral supervision a ministry and requires dedication, perseverance and an openness to share the joys and sadness together with a God who loves us. Supervision is a partnership not between two people, but between two changing persons and their God. "It is essentially a shared exploration in which the participants arrive at a place

which, individually, they would not find". (Estadt 1987:15)

CONCLUSION

Various models of pastoral supervision and training have been discussed in this chapter for the purpose of noting that models, which are extremely important in the training of competent ministers, are themselves under affirmation and critique. Such insights gained allow for implementation and adaptation within the South African cultural context.

CHAPTER FIVE

THE INVITATION TO WHOLENESS: MINISTERIAL IDENTITY LEARNED WITHIN CLINICAL PASTORAL SUPERVISION

“A student’s encounters with others can serve as a mirror and as a rich resource offering new possibilities for gaining pastoral skills and developing ministerial identity”.

(Lovelace 1991:79).

INTRODUCTION

This chapter explores the process of attaining a ministerial identity. It also gives attention to the process of theological reflection as a way to finding ministerial identity. In uncovering the meaning of ministerial identity and noting the importance of this dimension in the life and growth of a student of ministry, the stages in the development of a ministerial identity will be reviewed.

Ministerial identity is shaped in part by the use of models of theological reflection. Three models will be briefly explained, with the Whiteheads’ model being discussed in some detail. This latter model have shown to be useful in the South African context and assists, as will be shown below, in the formation of ministerial identity which is an integral part of CPE. Theological reflection as demonstrated by the Whiteheads brings together the tripolar understanding of Christian tradition, personal and community experience and cultural information.

SUPERVISION AS MINISTRY

The clinical pastoral education (CPE) movement has emphasised, as seen in previous chapters, the function of supervision in ministry more than in most other professions. Supervision is regarded as ministry itself and is therefore more than enabling persons to carry out a task efficiently and effectively. Pastoral care is the overall category, and pastoral supervision is a branch of that ministry which is carried out by a trained supervisor within the CPE movement. If one were to ask how one becomes a pastoral carer, the answer must lie with the pastoral supervisor who supervises a person in acts of ministry. The pastoral carer is trained and exposed to the praxis of pastoral skills, knowledge and techniques of a specialised form of ministry.

This pastoral technique which is labelled as ministry is more than the skill of preaching or teaching or parish visiting. This is supervision that is pastoral ministry in itself.

Peculiar to CPE is the process of pastoral supervision which takes place in a structure that is essentially concerned with service rather than education. Both the supervisor and the student are working in a learning situation, which in the case of a hospital, is service oriented. The student is not only learning to be a minister, but is experiencing the role and identity of the minister. The student who may be a theological student or a lay carer or an already ordained minister is placed in the position of being the chaplain, namely that of a representative of the caring community. S/he is learning to be and simultaneously functions in an authority role although this may not at first be realised. The way s/he functions is a central issue in pastoral supervision. The dialogue in supervision will focus much of the time on issues such as how it feels to "be" a minister when one is not fully

prepared, educationally or experientially, for it. How does it affect one's identity when treated like a chaplain? The pastoral supervisor helps the student explore these experiences and feelings, and learn from them what constitutes ministry and what it means for one to be accepted and treated as a minister. This experience takes place in the three primary relationships of CPE: those with the supervisor, with the peer group and those with the persons to whom the ministry of caring is being extended. The supervisor will explore all these relationships in depth in as far as the student is prepared to venture. A major part of the supervisor's role is to enable the student to make the connections between the experiences and the personal growth that is taking place within.

MINISTERIAL IDENTITY

Supervision takes place to ensure the development of a pastoral and ministerial identity. Erik Erikson offers a most useful definition of identity, "The sense of ego identity, then, is the accrued confidence that one's ability to maintain inner sameness and continuity (one's ego in the psychological sense) is matched by the sameness and continuity of one's meaning for others" (1980:94). This means that in adulthood, identity is to have a personally satisfying and publicly acceptable answer to the question, "Who are you?" (Fowler in Hunter 1990:565).

Ministerial identity would be part of the formation of the young adult who has entered ministry and is expecting to take on the role of pastor, priest, minister, or pastoral carer. He or she may be ordained or a lay person. This ministerial identity arises out of the person's induction into leadership within a specific faith community. This ministerial identity will focus generally around the tasks the minister is asked to undertake. In the past the *doing* of the task took precedence over the *being* (Gustafson,

Niebuhr, and Williams 1997).

Besides the question “Who am I?” another question is asked, “To whom do I belong?” This question is asked when the person concerned is required to identify with a certain community of faith and offer them full commitment.

In CPE there is still much discussion, and correctly so, about whether a student of CPE needs any form of professional certification. Will this certification validate their ministerial identity and professional competence? Naturally, this question returns to the question of whether a minister need be ordained to function as a pastoral carer or is it the presence of the spiritual gifts listed in 1 Corinthians 12-13 that suffices to provide credibility within the community? Questions concerning ministerial identity are still a concern for those responsible for CPE, as well as the churches who send their students for pastoral supervision training and education.

We certainly do not develop an identity in a vacuum, nor do we develop it within only one environment. It is the community which gives the individual a sense of self-identity. Each person perceives the community differently and therefore it is not suggested that personal identity is predetermined by others. It is the very interaction with others that enables people to develop their own identity. Ministerial identity is not a matter of learning and appropriating certain skills. Rather it is identifying oneself in a particular way as a minister as conferred by society. Others in the community are able to recognise the individual as the minister or the chaplain. They accept the services offered and allow the carer to minister to them in their times of distress. They listen to the words preached and taught, and they approach for counsel. The carer is asked to offer guidance, to support in a crisis, to bring to reconciliation and to pray with them for healing. This gift of ministry is both earned and offered as a calling.

The Whiteheads have written about Christian vocation and its application to ministerial identity. The two are firmly linked. They explain,

A Christian vocation is a gradual revelation - of me to myself by God....Thus God reveals us gradually to ourselves. In this vision, a vocation is not some external role visited upon us. It is our own religious identity; it is who we are trying to happen (1984:10).

PASTORAL CALLING

It can be observed from the above understanding of vocation or calling, that there are a number of aspects involved in the call. Vocation, as understood in the Roman Catholic community, is a giving of oneself to religious life and calling is to a specific ministry within the church or society. [LG 30-38, 43-47] But the first call is to be Christian. No pastor or priest has a call to ministry without a call first to be Christian. A second element is the inner call by God, that inner persuasion by which a person is impelled to respond to the call to ministry. Thirdly, the call to ministry requires that we come to know ourselves and to develop the gifts that equip a person for ministry. We gradually come to recognise who we are in that ministry. Lastly, because the person is a Christian, there is also necessarily the affirmation of that calling by some ecclesial community for the work of ministry. In this period of post modernity the calling has not changed but the sequence of events may have. Many people are entering the seminary or choosing theological education at later stages in their careers. Some are unsure of the form their ministry might take. This would be more obvious in the Protestant tradition than in the Roman Catholic tradition, for in the Catholic tradition a vocation has traditionally meant a call to the religious life or to the ordained priesthood. In the past forty years there is a far greater awareness by the laity of their vocation to marriage. Usually the Roman Catholic seminarian

is well aware of the final stage of his training for ordination to the priesthood. As a priest he will be able to offer the sacraments to the faithful. Only a small percentage of seminarians feel they are called to the brotherhood within an order or congregation. The religious world into which people are called to serve has changed. Pastoral ministry may mean work for a para-church organisation that does not identify with an ecclesiastical community, it may mean hospital chaplaincy under a particular church, it may mean pastoral visitation to the house-bound or to the prisons and it may mean service in a congregation that has no denominational identity. Ecclesiastical supervision in all these situations differs in our present context.

TENSION BETWEEN THEORY AND PRACTICE

Until recently, the majority of students studying for ministry have spent most of their study time learning various theories about ministry. The practice of ministry was left until the last part of their training for a short block of time or was offered to the students during their vacation periods during their studies (Curriculum for St. Joseph's Theological Institute 1998). These placements were usually within a hospital setting or within a parish for the short block of time. In the last five or six years ministry students have been sent on three or six month placements where they are under the supervision of the local parish priest. During this time they are expected to integrate their theoretical learning with the actual praxis of ministry as they are exposed to it "in the field" (Decock 1997). Whatever one's definition of pastoral work, it generally includes certain practices, including administration, leading, empowering, preaching, teaching and pastoral counselling. How can a student of ministry think clearly when theory is separated from practice and how can s/he act with insight when practice is separated from theory? Both thought and action are a daily part of pastoral

ministry and there is a need to rediscover the appropriate relationship between the two and that they be brought into a parallel process. A common theological education model - the one in which most pastors and priests have been trained - presumes that good education begins with theory and moves towards practice. One could ask if this method is necessarily the best one? Sometimes a person may fully understand the theory of preaching and communication but just cannot preach! Some people are ineffective counsellors yet they fully understand the theory of personality and of crisis intervention.

These elements of theory and practice also affect the patterns of ministerial identity. If one is a minister because of what one thinks and knows, then theory becomes dominant, and if one is a minister because of what one does, then practice is foremost. Neither should have pre-eminence over the other. They are mutually interactive with one another. Good pastoral ministry is an ongoing process of action-reflection-action-reflection, etc.

A minister does not act and then have theological reflection about that action, rather both the action and the reflection are theological. As Stewart states, "Pastoral identity is tied to the capacity to act and feel and think in such a way that together form a cohesive and artful theological unity" (1995:33).

THE HABIT OF THEOLOGICAL REFLECTION

Edward Farley argues that theological education over the past three hundred years has gradually led to a disjunctive understanding of theology. Until the Enlightenment, "theology" was an inclusive term and understood as relating to a knowledge of God that reflected both cognition and divine illumination as well as discerning and setting forth of truth (1983:34). Over

time the disciplines within theology have separated with practical (or pastoral theology) being associated with preaching, sociology, educational theory, psychology and management theory. The overall result of this separation and lack of unity in theological education is a lack of a centre in ministerial identity. Ministers understand themselves in the light of the skills they have developed. At one time a minister could be heard lamenting that he is a Jack of all trades, and today s/he would probably identify with one of the above aspects of ministry, saying, "I am a pastoral counsellor" or "I am a community minister". Farley proposes that the habit of theological reflection and understanding must be central to theological education and hence to a person's ministerial identity (Farley 1983:40). The minister lives and interprets life theologically and thus enables the faith community to live and interpret its life theologically. Within these deliberations one central thought is clear, and it is key; ministerial identity should have a theological centre as, in itself, ministry is not the same as other professions.

STAGES IN DISCOVERING MINISTERIAL IDENTITY

In CPE the students go through various stages in relationship to their supervisor and the peer group, and this interaction leads to the discovery of ministerial identity. It takes some time for a CPE student to see himself or herself in the role of chaplain and believe in it. Most will agree that their ministerial identity depended upon the recognition by themselves of themselves as minister but also on the acceptance of the community and the peer group. To accept oneself as minister or chaplain within CPE requires a certain amount of personal discernment. This ministerial identity is a central element in the clinical pastoral paradigm. Ministerial identity can be described as an inner awareness of being a duly authorised representative of a Christian community of faith (Patton 1993:75).

As noted, there seem to be stages through which a student will move in finding his or her ministerial identity. Initially, the student is dependent on the supervisor and looking to him or her for advice, direct information, and instructions on what to do next. The second stage results in the student moving to the other extreme and becoming totally independent of the supervisor, in fact there may be downright antagonism expressed towards the supervisor. In this situation the supervisor will find it difficult to know what the student is doing on the wards and how they are identifying with their role as chaplain. Most often the student is annoyed with the supervisor because he or she feels that the supervisor is not offering enough guidance or assistance in the early stages of CPE. The third stage is recognisable when the student looks to the peer group for guidance and advice and chooses not to consult with the supervisor about any problems or queries she or he may have. The supervisor is on the outside of the peer group, observing. This stage is one of searching for support and then retreating from it. The students demand peer support, and then seem uncomfortable when they have it. This observation has important theoretical and practical implications. Practically it will contribute to the way in which supervision is exercised. The supervisor assumes that the students are seeking out the support of peer-ship which will be necessary for support in the future and then the supervisor sees the student retreat into dependency and ineptitude when the anxiety of being in the role of chaplain increases. The following brief vignette shows part of the retreat from peership.

Student: I don't know what to say when someone is facing that kind of suffering. I felt empty and lost when I was with him.

Supervisor: What did your emptiness and lostness feel like, can you express it?

Student: Confused and alone. I wanted someone to take over the situation from me and let me get out of the room. I felt helpless.

Supervisor: It seems to me that your feelings might be telling you and the patient that he's been heard and understood. Have you thought how you might recognise your feelings and use them to get across to him?

Student: No, I hoped you would tell me how to cope and what to say.

Supervisor: What I will tell you is to recognise what you were feeling and then use it in the best way you can. Remember, to stay with the person, don't move ahead and don't move away. (Verbatim report 1998: July).

What is expressed here is the student's longing, not for peer support, but to be told by the supervisor exactly what to do. The student is exposed to the pain of the human experience, to the suffering of another and feels inadequate and quite dependent on the supervisor. It is consistent with the CPE method of supervision that the student doesn't receive an easy answer, but that the supervisor helps the student to make the connection between what he was feeling and what was going on within the patient, therefore searching for his own way forward in the pastoral relationship.

The final stage is characterised by a new sense of the student knowing his or her role, through being comfortable with the identity as chaplain and turning to the supervisor in a collaborative relationship. Now together they share the experiences of the student and together they are able to make connections theologically, spiritually, psychologically and ministerially. A new dynamic of collaboration is born. This happens when

the student and supervisor can discuss ways of coping with a pastoral situation, and seeking for alternatives in ministry which will offer the patient hope in suffering.

Elements of Ministerial Identity

The development of a pastoral or ministerial identity is an invitation to personal wholeness and there are some elements which need highlighting.

Firstly, the element of *attitude*. This is the way of looking at things and is usually interpreted through the image of the shepherd. As shepherd, s/he is the one who cares for all and is most concerned about the lost person; the one who is separated from the community. Hiltner spoke of the "shepherding perspective" which is an attitude essential to the carer. The shepherd takes care of others in a collegial relationship (1958:18-19).

Secondly, there is the element of *ability*. This will involve action as well as attitude. This is the "doing" element of ministry. It is associated with listening, responding with empathy to a person's story. This ability is not just a learned skill but involves a wisdom, an innate knowledge of the reasoning of humankind. This knowledge includes a sense of context, wholeness, culture and a sense of one being part of the larger whole. The minister is not above or below the community s/he is serving, but part of that community and its context. One can see that these elements of attitude and ability can be clearly related to the laity and so the last two elements are most often associated with ordained ministry. Presently, this concept is changing within some denominations and that is to be commended.

The third element is that of *authority*. One can be under authority, or be an authority or convey authority. (Patton 1993:78) To be under authority

means that the minister offering pastoral care belongs to a certain community and may only offer care within that community. There is no such thing as private or personal pastoral care. One is accountable to the authority of that community. In some way that community has authorised that carer to act on their behalf. To be an authority in pastoral care is difficult for a lay person, as it is likewise difficult for an ordained person. This requires a different level of training and education and moves into the realm of professionalisation of pastoral ministry. In ministry, pastoral care involves conveying authority to others. This role is reserved mostly for the ordained clergy but there are many lay people today who hold office as administrators and have supervisory responsibilities within the church. By conveying authority we mean, in this case, the delegation of tasks to uphold the ministry of pastoral caring.

The fourth element is that of *accountability*. This had been mentioned above, but is worth emphasising to clarify that in the context of Christian ministry the ordained person does have the greater responsibility to the community. The responsible lay person has inevitably been placed in position of trust by the community and is authorised by the minister. The accountability is far greater for the ordained minister. This is an historical fact and we cannot deny it however much it jars. This does not mean that the ordained clergy are above the laity, nor do they perform their ministry apart from them, nor has this to do with any form of 'religiousness'. What it does emphasise is that the clergy have had more education and training in their specialised field of ministry. Here we return to the notion of 'calling', or of vocation. The minister is accountable to the community who employs him or her and is accountable to the particular ecclesial community who have mandated him or her to serve them as their Christian leader.

The development of the ministerial identity is integral to the CPE

process. CPE creates space for a person to identify, examine, develop and celebrate his or her ministerial identity. The student is offered a context where his or her understandings of God can be examined and tested in praxis. The student can for the most part voice his or her beliefs and own his or her theological and theoretical stance. Through pastoral care to the patients, clinical rounds, the presentation of verbatims and worship services, a student can become increasingly aware of his or her ministerial identity. The peer group supervision and the one-to-one supervision offers the student a safe place to vocalise inner doubts, or dogmas, or church teachings and hear if others understand their beliefs to be acceptable in pastoral ministry. A supervisor will encourage students to use their own religious stories to both empower and inform ministry to others. Students are offered the opportunity to grapple with the contradictions between individual self-images and pastoral functioning. The insights gained, the discoveries made, the interdenominational awareness achieved, offer the student new possibilities for gaining pastoral skills and developing ministerial identity.

An example will serve to illustrate what is meant by the gradual realisation and acceptance of a person's ministerial identity: Vusi was a seminarian who was to be ordained six months hence. He was hesitant about taking this final step in his life as he expressed doubts as to whether he would ever really feel he was worthy of being a priest. His mentor had on many an occasion stressed to him that his need to "make things right" and to offer quick solutions would not earn him the acclaim he seemed to need. Vusi was a pleaser. He needed to be needed.

In the group verbatim presentation by one of the other students, Vusi expressed his concern about the pastoral care given to a thirty five year old woman suffering from terminal cancer. He was upset by the woman's tears

and her expression of grief. He wondered if the visit by his peer had not made matters worse and that the woman had been left in a deeper state of anguish than before. While the group raised concerns and questioned his unease, Vusi quickly backed away from their questioning as he realised that he was the only one who was thinking differently. He managed to say that he would not have upset the patient and would have just offered her a blessing before he rushed from the room.

A week later when Vusi presented one of his verbatims for analysis the peer group pointed out that for almost forty minutes of the pastoral visit, Vusi had said nothing to the patient. They wondered why. He described a situation where a family had to make a decision to turn off a life support system and Vusi did not want to contribute to their pain by helping them make a decision, so he kept silent. Vusi asked the peer group to help him with alternative ways of responding and so the group role-played the pastoral visit. Vusi was able to see that there were other ways to show pastoral care to the anguished family.

When Vusi arrived for personal supervision he was still quite upset that the group had not accepted his silent role as the pastoral carer. After some discussion it became apparent that all through his early seminary years Vusi had found that to assure people that he would pray for them and that God loved them was far easier than getting practically involved with their stories. He became too emotional and too involved and had soon found that he might not be strong enough to become a priest. He always opted for "a quick blessing and a run for it!" He could not hear the stories of people suffering.

Towards the middle of the programme, Vusi visited a female AIDS patient. For three days he had avoided her room because he did not know how to help her. When he eventually did visit her, he met a frightened but very

friendly and welcoming woman. Struggling with his need to comfort her with a quick prayer, Vusi chose to listen to her story and to explore together her fears about the future of her little family and her soon to be widowed husband. Several times during the visit she had cried and shown signs of profound despair. She was afraid of dying and did not really know if there was a God who would accept her, or whether she would ever be regarded as an ancestor in her family. As the visit came to a close, she thanked Vusi for listening to her and for just being available for her and then she asked him for a prayer and a blessing.

This experience allowed Vusi to explore this major aspect of his pastoral identity. He had been accepted as the minister, as a man of God and he came better to appreciate his own struggles and gifts and to integrate them into his pastoral and personal identity. Vusi was able to experience himself as a priest and so his own self-esteem was raised and his confidence to move towards priestly ordination returned.

This example demonstrates how the use of the peer group, supervision, the verbatim analysis and the actual visit to the patient all serve to provide the student-chaplain with opportunities to re-evaluate his or her calling to ministry and hence the ministerial identity.

Denominational Identity

A colleague was heard to say, "I'm a Methodist born, and I'm a Methodist bred. When I die, I'll be a Methodist dead". As much as this person expressed his denominational identity, so have other people expressed their racial or ethnic identity. Students studying theology can be fiercely loyal to their denomination and this is admirable so long as there is room for them to accept that the other students of different denominations around them can be equally loyal. Among church goers in today's world, there is not

always the same loyal affiliation to one's home church and birth denomination. We see more and more that if a church offers another form of worship or preaching or lively singing then individuals are quick to identify with that church. In our highly mobile society many people may join two or three churches in their lifetime.

This concept of "the-denomination-is-of-not-much-importance" has tended to form a global church which in turn emphasises the great variety of lay ministries. But this mega-church is threatening the existence and the mission of the mainline Catholic and Protestant denominations. The shape of their own ministerial identity is changing and an obvious threat which arises out of these shifts in loyalty is of concern to a large number of priests and clergy persons. Particular to this is the threat to the pastoral care ministries within the mainline denominations. Within the Roman Catholic Church the young men who are being ordained to the priesthood are seldom allowed to fulfill this vocation as a chaplain in a hospital, or hospice or among the street-children or those living with HIV/AIDS. The shortage of priests is so great that almost every young newly ordained priest is soon assigned to a parish (Archdiocesan Bulletin 2000). The job of pastoral carers is left as a sad second rate calling in many areas of this Church. A question for the immediate future is, "How will we regain young energetic men and women to serve in ordained and non-ordained ministry? Until the Church sees the need to train and educate lay people who can work alongside the priest in the area of pastoral caring, pastoral counselling, home visitation, caring for the HIV/AIDS sufferer, visiting the sick, running the parish finance committee, and so on, we will gradually see the loss of ministerial identity of the clergy as they struggle to run parishes which become too large and unwieldy because of the lack of priests. So too, the laity will not have had the opportunity to develop their ministerial skills

and respond to their calling to serve God's people in the community. This poor vision and lack of strategic thinking, of course, mainly arises out of firstly, the lack of money to train the laity and secondly, the fact that there is still such a lack of ministerial identity and fear of losing what identity there is amongst the ministers and priests. Sadly the laity are seen as a threat to the ordained clergy because they fear that the laity may take away their work! This returns to the whole concept of ministerial identity and for a new vision that all are called to serve in our faith communities with whichever gift we have been offered. For is ministerial identity not wholly linked with the passage from 1 Corinthians 12:4-31a, in which we read that there is a variety of gifts given to the community and we are each expected to work with the other to support the whole body of Christ?

THEOLOGICAL REFLECTION AS PART OF THE FORMATION OF MINISTERIAL IDENTITY

Pastoral supervision is based on practical experience where experiential learning is the focus. Students for ministry usually have some opportunity to involve themselves in a ministry placement. This means that they have the 'hands on' opportunity to function as vocational ministers. The process uses the action-reflection model: students reflect upon action in order to learn more about doing ministry and about being a minister. The reflection aspect of the model is to be viewed, especially the form of theological reflection. Theological reflection is "search for meaning, when done in the light of faith". (Coll 1992:91) Theological reflection happens when events in life are examined through the eyes of faith so as to integrate the experience with faith. This raises the question about the presence of God in the experience. What the student endeavours to do is to make sense of the experiences in people's lives, their own included. Theological reflection

makes use of all the data and looks at experience from all angles to make sense of the experiences of life, but particularly through the eyes of faith. Most Christians inherit formal theologies from their families, church and significant others in their lives. Most students arrive for theological study with unreflected or little thought out theology. It is just the product of what we believe and sometimes quite blindly. Most students appear not to have reflected critically on their theology. The process of finding new insights and examining assumptions can be very threatening, but is a necessary part of growth and pastoral identity. It is the ministerial experiences which provide concrete incidents through which what is believed can be accessed and reflected upon. So many students noted and said something like the following statement, "I did not know what I believed until I actually heard myself trying to put it into words". Looking seriously at one's own thought and personal behaviour can be disconcerting. Trying to make sense of one's world can be challenging. If the student is to be a person of integrity in ministry s/he must be willing to look his/her theology, actions and examine his/her beliefs. Dan Aleshire notes that, ". . .when life provides the agenda for theology, theology ceases to be mere formal propositional thought and becomes the individual's attempt to interpret the rhythms of life in the presence of God" (1988:163). The question the student asks at that moment is contained in the reflection on what experience in ministry is teaching him/her about God, oneself and ministry to others?

THEOLOGICAL REFLECTION AND MINISTERIAL IDENTITY

The question of theological reflection is part of the process in the formation of ministerial identity for it provides the underlying cohesive glue that holds identity together. The first model of theological reflection mentioned earlier

in this thesis was that of Thomas Groome (a model employed extensively in religious education). The second is the pastoral circle of Joe Holland and Peter Henriot, which is rooted in social justice ministry. The third model is that of James and Evelyn Whitehead, which directly attempts to provide a method for ministerial reflection. We will concentrate on the last model as it is particularly relevant to aspects in the South African dynamic of reflection on culture. Yet, the former two are worth a brief outline as they are useful in differing situations of theological reflection.

THOMAS GROOME'S MODEL

Groome aims to meld together individual stories and the Christian narrative. In this case, both the student and the supervisor search the scriptures or the lives of the saints or heroes of the faith, those recognised by the church and those who are perhaps living with us, but at present are unheralded. They also discover together the teachings of the church and the reflections of theologians and try to find connections between tradition and the immediate experience or lived situation. These connections remind us immediately of the importance given to the process of pastoral supervision. The connections must be natural, relevant and not forced. Groome is adamant that these connections must not be strained or artificial (1985:iv). The core of his model is to see how the situation being discussed relates within the framework of faith to God when the focus is on the minister as a person (1985:vi).

THE HOLLAND AND HENRIOT MODEL

This model is far more succinct and explicit. It is about bringing social analysis and theological reflection together so that the results are coherent and seen as one unified piece of interaction. The model is known as the

“pastoral circle” (1980:68) and is designed to enable concrete action which is then reflected upon and this in turn leads to further action. It helps the individual to make the distinction and connections between systemic sin and individual sin. This model focuses on the ministerial situation itself. The faith connections must be made within the act of ministry itself. The aim of theological reflection is ultimately for religious actions which bear the hallmark of wisdom and insight, not only for religious insights. This model encourages the minister to make decisions in the here and now and not to put them off until s/he has collected all the data. This may mean that these decisions are made without all the relevant information but Holland and Henriot believe that it is not necessary to have a complete and finalised picture before a decision can be made. Students are in the constant process of making ministerial decisions according to their style and their pastoral identity. They have, as mature young people, already acquired some ministerial skills and have learned alternative ways of handling certain situations. Whatever their decision, the ministry will be richer than a response to people's needs which is unreflected. They will consciously make a decision to pray or to refer the problem to someone else or to continue in an established pattern of ministerial behaviour. Nevertheless they will make an empowered and reflected decision for the present moment.

THE WHITEHEADS' MODEL

This third model of James and Evelyn Whitehead is a tripolar model, where culture is invited into dialogue with experience and tradition. We may lose sight of God when we only look in the sacred places. “God speaks to us from the broader culture which lies beyond our own limited experience and the historically specific tradition of Christianity” (Whitehead 1983:20).

Psychology, philosophy and sociology, along with political interpretations and art of our times, are all powerful forms of communication of God's presence in their specific forms of science. This model has some similarities with the Cardijn model of the Young Christian Worker movement; see, judge, act.

Ministry is not to be seen as a series of reactions to crises or applying band-aids when more radical treatment is necessary. This is why the model and the method of the Whiteheads is pertinent here. The insights of the Whiteheads' *model* allows the dialogue of three sources of theological reflection:

- Christian tradition, which includes Scripture and Church history;
- Experience, both the individual and community's awareness of a particular ministerial concern;
- Cultural information, which includes the language, symbols and rituals of a people;

Each of these three provides insights for action. The *method* of using the information to inform pastoral decisions also contains three components:

- Attending;
- Asserting;
- Deciding.

Their method provides a tool for moving from insight to pastoral action. A critique of their model is that it is not presented sufficiently as something dynamic, and that after the action comes evaluation and begins the process over again. For the purpose of CPE it is precisely this action-reflection model which offers the participants opportunities to evaluate and to respond differently when the opportunity arises again.

The following ministry situation can be used as an example of the questions which can be asked at each stage:

“The parish for this example is located on the outskirts of the city of Pietermaritzburg. On a Sunday morning the number of people attending Mass is approximately ninety to one hundred. The community is very closely knit and the people consider themselves a ‘family’. Many walk to church and in so doing are able to share much of their lives with one another. Recently, a new housing development grew up within the parish boundaries and the community numbers are growing rapidly. Many of the new parishioners are wealthy and come to Mass by car. The new families attending Mass are bringing in many new ideas and the old traditions are being challenged. This is especially obvious in the area of choirs and music used within the liturgy. It seems as if there are two parishes developing within the one. The old families are opposed to the changes and the new families are asking if things have to stay the same way forever”. (CPE 1999:July)

The issue for reflection is how can the priest offer leadership to heal the division which is developing and minister to this changing community? A note of warning is that the answers will not be neat and tidy and that not all the information gathered can be reconciled, but the priest has to begin the process of theological reflection if he is to come to any practical conclusion. The Whiteheads use the term *pluriformity* to describe the diversity of information that is available (1983:15).

Christian Tradition

A search of the Christian tradition provides a knowledge of the underpinnings and ethos of Christian living, the stars by which the Christian and the ecclesial community charts its course. Reflecting on tradition provides a way of critiquing past understandings of the Christian message, and in turn, being critiqued by it. Right from the beginning the four evangelists gave different perspectives; they write in different times, places and to different audiences. Tradition consists of those things handed down

to us from previous generations. The Whiteheads explain, "The dynamics involved in a reflection on tradition is one of preserving and overcoming: preserving the gracefulness of the theological and pastoral choices of our tradition while overcoming some of the limitations of their formulation (1983:16).

The Whiteheads speak of befriending a tradition, not mastering it. Tradition includes not just scripture, or the works of theologians or Church documents; it also includes the understanding of the faith of past Christian communities, that is, the discerning, active, common understanding of the members of the Church - the *sensus fidelium* (Vatican II Documents, Lumen Gentium #12). Tradition does not give the students the answers but the space in which to search for solutions. When actively engaging tradition in dialogue, the student places him or herself in connection with the people of faith, the sinners and the saints of the past, so that s/he can understand what the present is demanding. The student looks for paradigms present in scripture and asks if the life of Jesus offers insights through exploring his words, actions, or attitudes. The student then explores whether this issue has been experienced by other Christians through the centuries. As a result the following questions could be asked in the light of the above example of parish discord:

- What models of leadership are found in the Hebrew scriptures?
- What models of leadership found in the New Testament would be helpful?
- Does scripture address the issue of division in a community?
- What models are provided in my denomination?
- Has any other model worked in this parish's history in a time of crisis?

Personal Experience

The lived experience of the individual and of the whole community is the setting for God's activity. The student presents a concern that grows out of a ministry experience. This experience in a ministry event will be one where the student felt uncomfortable about his or her response. This may be presented as a case study or a verbatim or a critical incident report. This on-site experience is the practical beginning of the conversation with the process of theological reflection. Together the student and the peer group with the supervisor look for insights about how to minister better. The challenge of this aspect is to bring to the fore that a recent ministerial event is reflected upon and critiqued. The feelings, convictions, ideas, hopes and dreams are never discounted, but they are reflected upon and examined. The students learn that their experience is coloured by their culture and history, as is the experience of the communities in which the students practise ministry. Rather than leading away from tradition, experience most often sends the student back to tradition for the insights to be clarified. "Rarely does increased awareness of personal experience seem to lead Christians away from their Tradition: more often it leads them toward it" (Whitehead 1983:61). In theological reflection it would be important to also research the experience of the community of faith for further information because this experience is an inclusive one affecting all the parishioners. Questions as they relate personal experience to the issues raised by the ministry event given:

- What have I learned of past experiences of conflict?
- What styles of conflict management have I used in the past?
- What is my normal reaction to this kind of situation?
- Is my usual behaviour to be a defender or a challenger of the status quo?

Cultural Information

Cultural information refers to all the data in one's culture that gives insight to the pastoral concern or conflict. Society today has learned to appreciate a culture that does not identify all good with the Church and evil with the world. The document which emerged out of the Catholic Church in the 1960s, the *Pastoral Constitution on the Church in the Modern World* expresses this new understanding. Notice it is entitled, The Church *in* the Modern World, not the Church *and* the Modern World (Vatican II. *Gaudium et Spes* #64). The Church and the world mutually affect each other. Like tradition and experience, culture can be both positive and negative, and at times also ambiguous. Culture has a unique contribution to make to the total process of faith sharing.

Don Browning describes culture as a "set of symbols, stories (myths), and norms for conduct that orient a society or group cognitively, effectively, and behaviourally to the world in which it lives." (1976:73) In recent times, ministers have come to understand the value of psychology, sociology and anthropology in learning about the effects of politics and economics on the community. This is critical for ministers to reach an informed understanding of those to whom they minister. The minister needs to know what data is needed and available to inform pastoral decisions? There is also an abundance of poets, musicians and painters who add to our knowledge of cultural influences and matters. Never more so can this be observed than in South Africa in the past decade. In the last four years of apartheid rule the cries of victims were heard and depicted in the principal literary and art forms. After the apartheid regime was removed, a new wave of creativity in art, poetry and music filled our senses. The awareness of culture is an important aspect of the Whiteheads' model for theological reflection and is

particularly pertinent for South Africans.

The following could be some questions to pose as they relate cultural information to the ministry event described earlier: Does culture play an important role in this event? In what way? Were the people from another culture, how might they respond in this situation? What are the key cultural values that are present, and what others need to be highlighted? Does “Ubuntu” have any significance in the event? Is there new information on leading organisations through changes and transitions? Has any other parish gone through this crisis and therefore identified what normally happens when the conflict is out in the open?

This model has focussed on identifying sources of information to use in theological reflection. There is an overlapping among all three poles. The separation is an academic one and is only made for the purpose of clarification and discussion. Human experience, tradition and culture continually influence one another, and an honest critique of each of the three poles is necessary.

The Whitehead’s method of theological reflection provides the way for the pluriformity of information from Christian tradition, personal experience and culture to be used in the making of pastoral decisions (1983).

Attend

For those who have studied the basic skills of pastoral counselling, the importance of listening and attending would appear to be obvious. These skills are well expounded in the writings of Gerard Egan (1982) and Robert Carkhuff (1983). In order for a minister to hear God’s revelation or truth, that minister must be a good listener. That minister needs to be able to search for insights and to do this must be a listener if s/he is to learn new

insights. The Whiteheads use the term *attending* to focus on the position of a learner who needs to pay attention in a variety of ways.

Active listening focuses on “. . .the words and silences, the emotions and ideas, the situation in which the conversation takes place.” (Whitehead 1983:83) This active listening to each area of information will uncover insights in unexpected places. In the process of theological reflection this listening is often akin to brainstorming in what it reveals to the participants. The first stage of this method involves searching the three sources of information in the model. Following this, the insights are gathered by asking questions and listening with attention to the information under the sections of tradition, experience and cultural aspects.

Assert

This stage is an interactive dialogue between the sources. A time of clarifying and challenge in order to expand and deepen religious insight. *Assertion* is really a style of interaction through which the conflicting information is brought into interaction for challenge or clarification or even confirmation. It would be hoped that this is an open dialogue where none of the three sources overpower each other. Sometimes the Christian tradition challenges the values of a culture. Sometimes personal experience raises questions about the authenticity of a portion of Christian tradition. Culture often provides insights from the social sciences that enlighten personal experience and Christian tradition (Whitehead 1983: 104-111). The searcher is the referee who monitors the conversation and should be aware that s/he may be biased and favour one source over the others.

Decide

The previous two stages could occur within the framework of cognitive thought but this last stage must take place in the setting of ministry. The conflict demands or requires that a *decision be made* and there is no room for the minister to remain undecided. He or she must move through insight to decision and on to action. This means that the priest must now plan his pastoral intervention and here further steps are needed.

1. Identify the pastoral concern and the issues which need to be raised.
2. Set the goals for a different future.
3. Identify the values the goals express.
4. Set an agenda which includes a time frame and decide on some proactive responses
5. Implement a strategy for that action.
6. Know how the intervention will be assessed and evaluated.

This process of theological reflection is not to be rushed. If a student or a minister/priest is prepared to learn from the experience, she or he will have moved from insight to informed pastoral decision making and this will provide a great opportunity for growth in ministerial identity.

The development of new forms of learning and teaching for ministers is becoming a central issue within the seminaries and universities. The need is for ministers to become persons who value and employ processes of reflection, who are capable of learning in action especially about their own assumptions and models of thinking. It is not enough that only the students of ministry learn and make use of this process of theological reflection. It is necessary to train theologians to become skilled in theological reflection. This will bring change in the years to come, in the

necessity of subjecting the total culture of these institutions to reflection and planned change. Theological reflection skills are to be seen as an integral part of pastoral formation and ministerial identity. CPE as a model for pastoral supervision would see the experience of theological reflection as a continuation of the reflection-action-reflection-action model necessary in practical training of men and women in ministry

As mentioned, the models for reflection show similarities, but we have outlined the Whiteheads' model in some detail as this model is appropriate for use within CPE in South Africa, bearing in mind that in supervision CPE is working with mature adults who have the right to be actively involved in their education.

CONCLUSION

Ministerial identity is shaped by the models of theological reflection as used in CPE. These models bring forth the actions of the minister whether she or he focusses on the doing of the task over the being present to the other. This is the tension between practice and theory. Ministerial identity is linked to pastoral calling and how the minister sees his or her role within the local community. The formation of a pastoral identity includes a cultural identity, personal experience and the Christian tradition. The model chosen to explore the issue of pastoral identity is that of the Whiteheads, but this is not to rule out other models mentioned in the chapter. One aspect of their model includes the cultural dimension. The following chapter moves into the complex area of cross-cultural relationships in CPE. As this thesis studies the implementation of CPE within South Africa, it is necessary to explore in some detail the cross-cultural richness and restraints.

CHAPTER SIX

CROSS-CULTURAL DIMENSIONS

OF CLINICAL PASTORAL EDUCATION IN SOUTH AFRICA

“The dynamic is...to stand with the students on the “boundary” between each student’s culture and the supervisor’s culture in order that appropriate dialogue may take place between student and supervisor about the similarities and differences between the cultures and their significance for CPE” (Jernigan 2000:136).

INTRODUCTION

Cultural relevance and restraints are a critical aspect to be considered for the success of CPE in South Africa. It is necessary to point out that in the available literature (Msomi 1991, Nxumalo 1996, Keteyi1998,) a range of terms have been used to describe the process of supervising a student or of visiting a patient or parishioner from another racial or cultural background. These terms include “cross-cultural”, and “multicultural”.

In most cases the term “cross-cultural” has been used when written by South African authors (Moila 1989, Msomi 1991, Bate 1999). Similarly the terms “black”, “white”, “asian-Indian” and “coloured” are used to denote the cultural groupings of peoples in the multicultural South African context. It must also be noted that within the borders of South Africa are many other people from cultures or tribes to the north of the Limpopo river who seek refuge, education or a better lifestyle in South Africa. As a result, South

Africans cannot but consider themselves as constituting a multi-cultural society. The nation is bound together politically and in terms of common humanity, while at the same time the traditions, customs and values of the variety of cultures distinguish them by differences. South Africans are generally aware of these differences among themselves, but generally also still need to learn how to fruitfully negotiate or interact with them. Abuse of the differences, was part of the foundation of apartheid, and still today there is the experience the legacy of apartheid, seven years after political transition into the "New South Africa".

South Africans describe themselves using the labels of the past when endeavouring to explain social and personal identity. Within its complex society South Africans speak many languages with eleven being recognised as official languages. KwaZulu-Natal, one of the nine provinces within South Africa, is home to people of the Zulu origin, Indian origin and English speaking whites, with a small minority of Afrikaans speaking whites, Xhosas and so called coloured people of mixed race, comprising the rest of the population.

An implication for pastoral ministers in cross-cultural communication is the language difficulty experienced when visiting patients in a local hospital, where they may only speak a couple of the local languages or even one from another part of Africa. It is sometimes possible for ministers to converse or relate to patients because some African languages come from the same root, but other ministers are limited in their ability to converse with patients because of personal language constraints.

VARIETY OF STUDENTS

The students of CPE come from a wide range of backgrounds and different cultures. They also come for different reasons. Some may be studying for

the priesthood, some to become leaders in their community, some to be educated to become teachers or lecturers. There are the Roman Catholic seminarians who must attend CPE in their final pastoral year before ordination, while others are Lutheran, Anglican, Presbyterian, Methodist, Evangelical and Pentecostal seminarians who choose to do CPE because they realise the value of the 'action-reflection' model which helps them to integrate theory with praxis. Yet another group are from the university and other training institutions, and they are seeking further skills for ministry. Far fewer, some come from their churches because they are seeking training particularly in the ministry of pastoral caring and counselling. They are going to be ministers to the house-bound, the sick and the terminally ill. In the last few CPE courses we have been asked to offer participants specialised training and education in the caring for those suffering from the HI virus and those living with AIDS. The participants are mostly black in that of the last 132 who came to CPE, in Pietermaritzburg, Kwa Zulu-Natal, only eleven were white. The vast majority of black students come from outside of KwaZulu-Natal and even from countries north of the Limpopo River. This explains that as the two supervisors are white women, cross-cultural and cross-gender pastoral supervision is an issue most of the time.

LANGUAGE AND COMMUNICATION

Pastoral supervision relies on the process and skills of listening and talking. The communication involves both the verbal and the non-verbal. We are placed in a predicament when the supervisor and the student can only communicate in English. All of CPE is conducted in the medium of the English language, as is all the seminary and university education. The added complexity arises when again both the student of CPE and the patient are using English to communicate and neither has English as their

first language. This combination of both CPE student and patient struggling in a second language, and this pastoral conversation being reported in verbatim form in English leaves us with one very large limitation in the present process. We endeavour to develop and constantly update the use of feeling words and vocabulary enhancement as the students begin CPE. We use an example taken from Virginia Satire's book *People Making* (1972), where she asks one person in a triad to make a statement, for example "I feel tired". The other two have to discover exactly what is meant by asking only ten questions from which they must get three 'yes' replies. Do you feel sleepy? Do you feel sad? Do you feel depressed? Did you go to bed late last night? Are you bored? and so on. This brings home to them that we often don't know exactly what a person means when they make a feeling statement. We assume we understand and seldom clarify it. This could be the beginning of misunderstanding between any two people.

With the above complexities in mind we see that a thorough on going consideration must be given to intercultural factors in the CPE process. Our programmes are large, with twenty to twenty six students and three to four co-supervisors in each CPE course and so the setting in which the supervision is conducted does have an influence on the process (Wise 1977:188).

GENDER CONCERNS IN PASTORAL SUPERVISION

It is necessary to acknowledge that within the relationship of pastoral supervision between supervisor and student there are underlying tensions of gender. This is relevant in the writer's case, because in South Africa the only qualified CPE supervisors are women which is unusual in the predominantly male dominated CPE process. In most of the CPE centres in Europe and the USA the supervisors are white men. Within the South

African context, being a white woman supervisor offers its own limitations along with its successes and failures. It is important to acknowledge that being a woman supervisor when the majority of our students are male and black, is possibly a unique situation. In the previous six CPE programmes held in Pietermaritzburg, there have been 132 participants of which 120 were male and twelve were female. Within the group, four were asian, eleven were white, fifteen were coloured and ninety two were black. From these statistics it can be seen that the gender and the racial mix lacks balance. The South African heritage makes the role of the white woman supervisor challenging and exciting. In the very early stages of supervising, a student once said to the writer and to everyone in the room in general, "I can't hear you". He was sitting in the front row and so I wondered at his insistence of not being able to hear me. At the end of the lecture another student explained to me that because I was a woman teaching a Zulu man who according to his culture cannot be told anything by a woman, he was therefore unable to "hear" me. For the first time, I realised that African men in general, once they have left school are not taught or told anything by a "mere woman". This is occasionally the problem faced in CPE supervision in South Africa today.

The pastoral supervision of men by women in CPE is an issue to be recognised and addressed. For someone who has gone through the CPE experience and had to consult with and dialogue with all male supervisors, this writer has come to realise that the primary issue in the supervisory process for a woman is her need to developmentally differentiate from and yet stay in relationship with her male supervisor. Specifically a woman must take initiative in the development of her pastoral identity. Although she struggles with the threat of isolation as a result of her decision, she must remain true to her own feelings and thoughts, recognising that she is a

woman who is practising ministry in a predominantly male ecclesial setting. This realisation holds true for her whether she is the student or the supervisor.

The abundant evidence by writers such as developmental personality theorist, Erik Erikson (1980), feminist writers Fiorenza (1983) and bell hooks (1984) and scripture scholars such as Sandra Schneiders (1986), offer us an understanding of a woman's need for connectedness. In her well received book, *In A Different Voice*, Carol Gilligan observes that

[T]he danger men describe in their stories of intimacy is a danger of entrapment or betrayal, being caught in a smothering relationship or humiliated by rejection and deceit. In contrast, the danger women portray in their tales of achievement is a danger of isolation, a fear that in standing out or being set apart by success, they will be left alone. (1982:42)

Gilligan goes on to state that "While men perceive danger in connection, women experience danger in separation." (1982:42) By observing this Gilligan argues that identity and intimacy are fused for women. Erikson however, believes that the tensions lie in the polarities of initiative and guilt, between identity and role diffusion and between intimacy and isolation. (1963:255-264)

It is the conviction of this writer that women move within the tension from initiative to identity and, through discovery of their role, offer intimacy which becomes part of their expression of equality. This sequence of development takes place to alleviate their fear of isolation.

What follows is the outline of different ways in which women as pastoral supervisors are aware of and try to overcome potential isolation or fear of separation. For each modality in which women supervisors experience male students we will identify the positive and negative effects on pastoral care and hence on the process of effective education in pastoral

ministry. What follows represents research in the field as there is no literature available for Southern Africa .

1. The male student does not take any initiative within the supervision process, showing only deference or subservience to the supervisor. This is because the student seeks only to please his supervisor. He is afraid that if he does not show this inordinate respect he will not please his "mother".

This sacrificing of self identity does not foster growth in pastoral identity, and in many cases may not cause any isolation on behalf of student or supervisor unless the supervisor is alert and challenges his resistance to the learning process. However, the student loses his identity and self-esteem to the detriment of his CPE learning experience. This kind of attitude will manifest itself in the relationship with student chaplain and patient. The patient will keep control of the relationship and so the student chaplain may feel overwhelmed by the patient. Not much pastoral caring will take place. The issue here is the lack of development of pastoral identity. Students may exhibit the same behaviour described above by pleasing patients and making purely social visits and soothing them with a short closing prayer

2. There are other situations whereby the male student seeks to nurture the female supervisor. This manifests in an attitude of active receptivity. The student asks the supervisor for her opinions and wants to incorporate her ideas in an effort to model her style of ministry. This denial of self means that there is not any real in depth dialogue or exchange of concepts within the CPE process. Internally the male student continues to discount himself in an effort to discover the similarities to his supervisor. He may even see the supervisor as a friend or lover or someone to take care of. A warning here is that the supervisor must soon realise that she uses a lot of energy in the relationship and really knows little of the student. A complication may arise in the pastoral care situation in that this male student will absorb too

much of the responsibility of the relationship with the patient which may lead to burnout.

3. Many of the black students exhibit a passive-aggressive attitude during supervision with a woman supervisor. This is directly related to the role of women within African culture. As highlighted before, the African man, and in particular the Zulu man, struggles to take direction from a woman. Traditionally he is the leader, the decision maker and the authority in a male-female relationship. Once he has undergone a ritual or initiation and is a mature adult there is a belief that he is superior to all women in his household and clan. In the supervisory process, the woman supervisor may find that this passive-aggressive behaviour is exhibited by withdrawal, excessive politeness or a *laissez-faire* attitude. The male student will resort to late arrival at supervision, excuses for work not handed in on time and cutting short of time for visiting on the wards. The student will become more and more isolated from his own feelings and the supervisor will feel isolated from the student, becoming unable to reach out and encourage him to give fully of himself to the process. Both may experience domination of the other and yet be powerless to alter the cycle until the supervisor takes up the role of challenger or motivator. In the pastoral caring situation some passive-aggressive behaviour can be positive if the student comes across aggressive behaviour from a patient and is able to deflect it. The negative side of passive-aggressive behaviour is that some patients may become angry with the student as did the supervisor.

4. A male student may use the defence mechanism of behaving like a little boy. In this way of searching for caretaking, he may tend to become helpless and ask of the supervisor to become a protective parent or mother. This is almost the opposite of the model illustrated in the second point above. If the supervisor forces the student to take control and to assume responsibility

then she may feel as if she has failed in her task and so become isolated from her role as supervisor and the male student will also feel as if he is pushed beyond his capability. He will be convinced that he is not ready for the challenges of CPE. He is really not ready to take up his position as a mature pastoral carer. Many patients offer caring to the chaplain and this role-reversal makes the student chaplain feel at first nurtured and then helpless in his role as chaplain. The issue at hand is that of learned helplessness and its consequences. In the first point above the issue was that of dependence and the need to please the supervisor, whereas this point emphasises the immaturity of the student who continues to live out the 'little boy' syndrome.

5. There will always be the student who will challenge the woman supervisor and this risk results in his daring to be being different and taking on his own controlling power. If the woman supervisor approves of this show of determination and identity then the relationship will result in a deepening of trust in the supervisor and a growth in the students' pastoral identity. When this risk is taken with the patients, a pastoral identity begins to take on shape if done with gentle intention and openness to the Spirit; in other words in the atmosphere of love. If a power struggle with patients arises then the negative impact of this behaviour will result in the isolation and separation of the pastor-patient relationship.

6. Finally there is the male student who is competent, direct, and actively seeks dialogue and healthy confrontation with the woman supervisor. He is able to be direct in communication with the supervisor and she likewise. Both are able to accept their limitations and competencies with the student accepting the supervisor as being more experienced and thus someone from whom he can learn. The supervisor in turn recognises that she can learn from the student and that together they will grow. The sense of

isolation turns to a sense of mutuality. The student sees the supervisor as a colleague and consultant. In pastoral visitation, the student will claim his power and authority with the patients. He will acknowledge that he is in active ministry and that as chaplain he is there to bring the love and Word of God to the patients who are suffering and in distress. The sense of isolation for both supervisor and student may exist during the course of the CPE process but both believe that they are actively in ministry and working to alleviate the suffering of humankind.

To summarise the issues and their resultant effects on the gender differences in pastoral supervision is to see that they can lead in providing potentially positive sources of growth for both male student and female supervisor. The CPE model has changed over the past fifty years with the emphasis moving from theory with practise and the process which was only available to male theology students, to an action-reflection model which is open to men and women who are in the caring ministry. This has afforded a dramatic effect on Western society in that it has realised the liberation of women. The man is no longer the dominant partner and the woman is not subservient. "Relationships no longer operate as hierarchies; women and men are seen as different but equal, and communicate on an equal basis." (Dominian 2001:42).

It seems from earlier observations that women need men to say that it is 'OK' to be different (Arnold 1991:15) and that women need to overcome the fear of isolation and need to become their true selves taking whatever identities their calling requires of them. Woman supervisors need to remain within their role and to stay in dialogue and not abandon the relationship they might have developed with the student. A model of collegiality of mutuality is very beneficial to both supervisor and student alike. Both are on

a pilgrim journey and both are learning from each other. In the case of cross-cultural supervision it is widely appreciated when a woman supervisor takes the time, interest and effort to learn more about the culture of her students whether they come from within South Africa or across the borders of South Africa.

A SUPERVISOR'S PERSONAL EXPERIENCE

The more personal context is my own. As a participant observer, and in the hermeneutics of liberation it is necessary to own one's stance and it is relevant to emphasise to the reader my own context and therefore the 'lens' through which this research has been conducted. A white, middle aged woman born and bred in Natal and Zululand, I would admit to being a product of my time and that being the time of the apartheid system. Until the age of five I had no idea there were black and white people, we all played together on the farm. Once I was sent to school I soon learned that there was a difference. My family were middle class and we moved around a lot, living in many towns giving me the opportunity of attending no less than seven schools. Yet, it was only during my schooling for four years in Zululand that I was educated alongside any black children. So my study experiences with those of other cultures and races is limited. All tertiary education was in a predominantly white environment except for the three years in the United States of America. It would be true to admit that I am the product of a white middle class context which was part of the cruel apartheid system. This is my context and I must own it.

PASTORAL CARE AND COUNSELLING IN BLACK CONTEXT

A further context to be recognised is that of pastoral care and counselling. Traditionally this is a ministry done to whites by whites. Black people have long had their own traditional methods for counselling one another within the community. They have always relied on the wisdom of the elders, of the parents and of the ancestors to guide them in conflicts and crises.

For instance, the art of story telling plays a major role in the case of individuals learning how to make decisions, how to guide and console one another and how to solve a crisis (Healey 1997:40). The hearing of traditional narratives is very much involved in the learning and acquiring of self-knowledge and decision making. These stories and fables speak to everyone in the community and speak to each person each time the stories are told. The children and other listeners are allowed to ask questions about the interpretation of the stories but seldom is the storyteller ever questioned on the wisdom of the story. Even situations of confrontation are disguised within a story and so in the case of some Africans from different tribes, the concept of public confrontation is totally foreign to them and can be enormously humiliating.

The pastoral care and counselling movement has made great strides with the inclusion of women over the past years, but still remains almost exclusively white in concept. One only needs to look at the membership of the Association of Clinical Pastoral Education in Southern Africa (ACPESA) and the South African Association of Pastoral Workers (SAAP) to see that as yet they are not totally integrated although the number of black members is slowly increasing showing that at present there are people of all races

moving into the field of care and counselling¹². A good number of black South Africans have received training and education overseas and have returned to continue research in this country.

It can be seen that the context in which cross-cultural supervision takes place is foreign for many of the students. They are asked to learn the skills envisioned by CPE in a hospital environment which is alien to them. This points to the problem of pastoral identity in an institutional setting. The power structure of large organisations works to incorporate an institutional chaplain into its structure whereas the more pastoral minister is not 'at home' in this field. It would be prudent to find ways of opening up CPE units in parishes, where the majority of pastors will find their ministry. Along with this important change in CPE there would be a new visioning of the need to care for the suffering in their homes and within their families. It is a foreign concept to the black person to be separated from family in times of crisis. There are no easy answers to the dilemmas posed for the advent of CPE within parishes as the history of CPE indicates that it takes place in the clinical setting. This institutional setting places risks on the pastoral caregivers themselves, as they do not have a strong power base in the clinical setting¹³. Added to this they are trained by people with different world views and they have to learn to speak and communicate in a language which is not their first language. As most of the CPE students are men, they are also having to come to terms with and negotiate gender issues in pastoral supervision. By reason of race, gender and culture the process of CPE within South Africa at present is extraneous to most students. The next chapter will deal with this issue in some detail.

¹² At the last Conference of SAAP in 2001, the black members comprised one third of the total membership (SAAP Chairman's Report).

¹³ More on the necessity of bringing CPE into parishes will be discussed in Chapter Eight.

It therefore seems to indicate that cross-cultural supervision in KwaZulu-Natal is unique as is the CPE process. What we are required to look at is the meaning and purpose of the relationship between the supervisor and the student if adequate learning is to take place during the process of CPE.

FOUR APPROACHES TO UNDERSTANDING SOUTH AFRICAN CULTURE

How can cultural categories be best comprehended within a multicultural society such as South Africa? Xolile Keteyi, a South African author wrote a short but important book, *Inculturation as a strategy for liberation*, which was published posthumously in 1998. He suggests four approaches to understanding culture in the South African consciousness (1998:24-27).

The first is the “ethnic group”, in which the symbols and skills of each cultural group provides a valued world-view for the people. This provides them with their identity. The second is the “dominant heritage”, which delineates people grouped under European, Asian and African heritages. Although these groups are enormously different there are some common symbols and values which are shared which in turn enables them to understand one another. The third approach is the “Black culture which is linked together with the Anglo-Boer culture”. This approach is identified around the pivot of oppression. The Anglo-Boer culture, which was the culture of white domination, is totally rejected as a model for black people. In this cultural approach black people are seen as workers and labourers with very few rights. The fourth approach is the “emergent democratic culture”, which is seen as the culture of all South Africans opposed to apartheid. As Keteyi points out, “The struggle has produced a new consciousness that the South African people of African, European and Asian

heritage are bound in a common destiny" (1998:26). This bonding together of people from different cultures will result in new cultures being created as the "New South Africa" emerges. Finally, Keteyi concludes with this hopeful observation: "Thus even though the cultures are in tension and criticize one another, in their capacity to assimilate, they represent different manifestations of one human culture" (1998:27). The four approaches for understanding cultural categories offer this writer the opportunity to find a base platform on which to assess the need for adaptation of the CPE process if it is to be successfully implemented in South Africa. Continual research in the constituents of inculturation has led to the emergence of a further four elements.

FOUR FURTHER ELEMENTS OF INCULTURATION

This section on inculturation relies heavily on the research of Stuart Bate who offers an alternative view to Keteyi. He offers a deeper cultural analysis reflecting the complexity of the South African context, rather than a particular ideology (1998:31). He adds a further four elements in the hopes that a more complete analysis will enable effective understanding of inculturation (1998: 30-32). The first of these additional elements is the family or clan. This metaphor of God's family was presented at the African Synod held by the Catholic Church, during which the bishops consulted together and stated the importance of family life as a "valuable theological category around which to reflect on inculturation" (1998:30). The acceptance of family or clan as a culture reflects the importance of families who have traditions, customs and folklore which ensure the continuation of the identity of that family and clan. Non-South African students doing CPE have been intrigued and interested in many of the customs they witnessed in the hospital after a Zulu patient died. So often they are witness to *ukubuyiswa ulethwa ekhaya* -

whereby two men arrive in the hospital after a member of their clan or family has died, one carrying a branch of *umlahla Nkosi* (buffalo tree) remains silent, and the other is the spokesman. They perform a ritual which enables them to lead the spirit of the dead person back to the *kraal* or homestead where s/he can join the family's ancestors.

A second cultural category would result from the appreciation of the community in which we live. With our cities bursting at the seams and so many more people arriving in the hopes of finding work or a better style of living we find people living in smaller communities with members of other families, clans or ethnic groupings. These informal settlements, squatter areas or suburbs mushroom overnight on the outskirts of cities such as Durban, Cape Town and Johannesburg. Within a short time the inhabitants are forced to learn ways of living with neighbours who are different from them. This developing culture is a result of people living closely together and finding a new set of values, beliefs and attitudes.

The third category of modernity and post-modernity influences the way of life for South Africans (Nxumalo 1996:150). Much of South African lifestyle is influenced by North American media and products. South African television is dominated by North American (Hollywood) programmes. The mode of fast living and fast eating is indicative of United States American values, and many of South African values and attitudes are becoming imitative of a North American way of life. South Africans need to recognise that Western culture has infiltrated South African social standards. Paradigmatic of this is the widely used tendency of separation among black youths who are decreasingly distanced from their traditional customs and proportionately dependent on their peers who are similarly alienated. A final addition to the categories by which we identify culture is that of our Christian tradition. Bate, a Roman Catholic priest, makes a strong plea for the

acceptance by Christians of Christian tradition, of whatever denomination, as a culture with its own set of traditions and customs. On this aspect he states,

Only by treating our own Christian tradition as a culture itself can we address the way in which this culture can be transformed itself by other cultural dimensions of our humanity. (1998:31)

The above eight categories effectively offer a description of inculturation in South Africa and it can be seen that many of the categories overlap. Yet, acknowledging cultural complexity implies that the situation is not to be addressed in simplistic ways. Clinical pastoral supervision is one of the ways in which culture may be consciously acknowledged, processed and simultaneously offered as an opportunity for further exploration and understanding of the complexity of human identity.

It is Teresa Okure, a Nigerian scripture scholar, who suggests that we look at the model offered in scripture (Phil 2:6-8). The image is that of dying to self, of emptying oneself to welcome new learning, new experiences and new understandings of what it means to be part of the whole of humanity (Okure 1990:65-66). This emptying of self involves becoming aware of the cultures around us and learning to accept that being different and being diverse is how God created the human family. As seen in the previous chapter, one of the processes required by CPE is to spend time in theological reflection. This will afford students and supervisors a framework in which to acknowledge their own need for healing from the divides of culture. Within CPE some of the most powerful prayer and worship services have focussed along the lines of healing of memories (Ward:1995:53-60).

CHALLENGE AND GIFT OF CROSS-CULTURAL PASTORAL SUPERVISION

Pastoral supervision of participants is both a challenge and a gift. As we have seen above, within the context of KwaZulu-Natal, the cross-cultural and racial mix of persons is broad and varied. This is home to the Zulu people and is neighbour to the Xhosa, Basotho, Swazi, Pedi and Sotho peoples. Over and above this, there are students from all over Africa attending the University of Natal and the surrounding seminaries and theological institutions. In fact, the Pietermaritzburg Cluster of Theological Institutions,¹⁴ is home to more than nineteen different African language groups. The challenges of pastoral supervision are many and varied and all of them exhibit themselves in the process of CPE. The challenge is to equip students well for pastoral ministry. This is more than offering them a set of skills and theoretical knowledge. It involves personal transformation. It means that they must be guided to become fully integrated pastoral ministers and counsellors who must function out of their own personal pastoral identity. These men and women must discover their own giftedness and ability. This role of the pastoral supervisor is not to ask the students to emulate them but to discover and create their own pastoral image and style.

Pastoral supervision is in itself a gift as students are eager to learn, to gain knowledge and to experience ministry. They ask for help and expertise because they will have impact in the lives of countless people who approach them for help. They are aware that they are seen as instruments of healing who are in need of molding. Often supervisors forget that they in

¹⁴ The Pietermaritzburg Cluster of Theological Institutions is made up of three theological institutions, namely, School of Theology (SoT), St. Josephs Theological Institute (SJTI) and Evangelical Seminary of Southern Africa (ESSA) along with the houses of study being, Anhouse, ETHOS and LUTHOS.

turn will be molded by their students. Supervisors are themselves challenged, asked to question their assumptions and to rethink their beliefs. In the cross-cultural dimension they are asked to reach across the divide of race and ethnicity and to look again at their own culture, heritage and social standing. They are forced to look at themselves as pastoral persons, supervisors, ministers and as people. This is the reality of the pastoral relationship. We have to ask of ourselves the meaning of selfhood that the African culture and the Western traditions bring together and how this will affect the psycho-spiritual health and healing of all the partners within CPE.

Western and African understanding of health and healing

In the case of a white woman in South Africa, who supervises mostly black men, it is vital that there is a deep and respectful understanding of the cultures of each for the other. In the role of supervisor the onus lies with that person to understand herself and her traditions fully and to endeavour to create an accepting and non threatening space for the CPE student during the process of mutual learning and collaboration. For the African, life is a continuum of social, ^{Nature} cosmic, personal and communal events. When one breaks the moral codes of society then the ties between oneself and community are also broken. Thus in the case of illness, it is not the individual who is seen as needing healing but the broken relationships which need to be healed. The western mind remains individualistic and sees the problem as physical or emotional and needing the healing properties of modern medicine. In turn the ancestors play a decisive role within the African societal order. The ancestors are seen as part of a network of relationships who are the protectors of life and of the community. Berinyuu explains, "Africans do believe strongly in the presence and influence of ancestors in daily life, so much so that they do things, often unconsciously,

to reflect such belief, but they do not worship them as gods” (1988:8). In the case of a white supervisor working with black students it is necessary that pastoral guidance should be offered with the view that Africans primarily social beings intimately linked to their environment. In Western psychology, personality usually refers to the self-structure of a person. Personality becomes an individualistic state and the human being is independent and autonomous. In contrast, the African understanding of personality refers to a dynamic power and an energy which allows a person to be in contact with ancestors, God and society (1988:10). In the African view of health and healing, life with its pain and problems, is accepted without questioning. A person is never an isolated entity, but is embedded within the society, the community and the clan who may be in ancestral form or as living companions. This approach of the African demands much patience and understanding, along with adaptability from the Western person. Berinyuu further explains the spiritual dimension of the African view in the light of health and illness. “The religious dimension is vital for an African understanding of a person and should consequently be given serious attention in health, in sickness, and more importantly, in the treatment of illness” (1988:19). Bearing this in mind, when CPE is to develop a new model for supervision it would be advisable to make use of a systems and developmental model for the African approach in pastoral care and counselling. This would emphasise the pastoral encounter being about the relationship between God and humanity. This encounter takes place within the context of culture and history and should be understood contextually and never be approached as an individualistic counselling session. Health and healing occur within the collective grouping of the person, the community, the ancestors and God.

We shift focus now to the pastoral supervision of black African

students by the two trained CPE supervisors in South Africa, both of whom are white women.¹⁵ Cross-cultural pastoral supervision in South Africa is a gift of rare intensity as it means being involved not only with the transformation of students of CPE but also with the transformation of society and ministry within a changing South African context. The students of CPE walk down a path where pastoral counselling and pastoral supervision of any kind have not been present before. It is a journey into contexts of racial and ethnic diversity and interdenominational ministry. Of these areas there is little prior knowledge and as a result it is difficult to negotiate and comprehend, and yet the students ask the supervisors to help them learn how to provide a caring ministry that many don't yet know how to do. Pastoral counselling and pastoral supervision is offered to black people by white supervisors as they themselves minister to other black people and in some cases to white people. The complexity of the challenge facing pastoral counsellors is well expressed by Lago and Thompson who assert that:

- (a) In order to understand relationships between black and white people today, a knowledge of the history between differing racial groups is required.
- (b) Counsellors will also require an understanding of how contemporary society works in relation to race, the exercise of power, the effects of discrimination, stereotyping, how ideologies sabotage policies and so on. In short counsellors require a structural awareness of society.
- (c) Counsellors require a personal awareness of where they stand in relation to these issues (1989:207).

¹⁵ The term "black" will be used, although a small percentage of CPE students are from the Indian and coloured ethnic groups. For our purposes we discuss cross-cultural dynamics from the perspective of black and white.

The term “counsellor” in the situation of CPE, may be interchanged with chaplain, as the role of the chaplain is that of a pastoral carer and counsellor, and is apt for the process of CPE, for that is part of the skills offered and in the above quote the term makes just as much sense for the role of the pastoral supervisor.

DIFFERENT APPROACHES REQUIRED

It may seem an obvious observation to note that CPE in South Africa is unique and that it calls for different approaches in supervision, theoretical exchange, practical experience and evaluation. On the other hand, there are other countries such as Korea and Japan that also have multicultural societies and would have to negotiate their programme content. It means that the students are not just students who must learn the ropes of CPE before they move into ministry. Rather it offers the opportunity to see students as co-creators in the field of pastoral care and counselling through pastoral supervision. When the discussion moves to that of different paths of communication, Louw argues that, “it is important that when the pastoral encounter is applied in a situation of cross-cultural communication it should be free from the unilateralisms of an ‘individualistic’ and ‘private’ understanding of human problems” (1998:78). Berinyuu writes:

In Africa there is no division and/or differentiation between the animate and inanimate, between the spirit and matter, between living and non-living, dead and living, physical and metaphysical, secular and sacred, the body and the spirit, etc. Most Africans generally believe that everything (human beings included) is in constant relationship with one another and with the invisible world, and that people are in a state of complete dependence upon those invisible powers and beings. Hence, Africans are convinced that in the activities of life, harmony, balance and tranquility must constantly be sought and

maintained. Society is not segmented into, for example, medicine, sociology, law, politics and religion. Life is a liturgy of celebration for the victories and/or sacrifices of others (1989:5).

Thus the supervisor has to come to understand that the relationship is not built on individualism, but on a greater relationship where life is on a continuum of cosmic, social and personal situations. Pastoral supervision should view an African primarily as a social being intimately linked to his/her environment (Louw 1998:78-79).

The re-shaping of pastoral supervision in a cross-cultural environment means that the local CPE leadership has to investigate what is offered in other countries, and how such could be adjusted to the needs of the present cross-cultural diversity of participants. Training for ministry has become aware of the variety of contexts in which ministry is carried out¹⁶. Only forty years ago it was assumed that the context for ministerial graduates would be within the clerical paradigm. Today, however, the contexts vary greatly within urban, rural, institutional and parochial settings. With the help and insights of sociology, psychology and theology, each context requires unique skills and contemporary awareness. In the past it was taken for granted that one form of training would suffice for all contexts of ministry. Now we have a new awareness of the pluralism of contexts and ministries. There is one other emerging awareness in the training for ministry and that is of the importance of "social location". This can sometimes be described as "where I am". That "where" is shaped by historical, social, cultural, gender and class factors (Seabright 1993:156). This emphasis on social location means that pastoral supervision must be responsive to the gender, class, culture and

¹⁶ A new model for CPE in South Africa is being developed along the lines of the developmental stage model of Egan (Louw 1998:350). This will be further elaborated on in Chapter Eight.

race of the students. This is important as it is a fact that in CPE most of the supervisors are drawn from the dominant group in the western world, namely white males as CPE originated in USA, Canada and Holland seventy five years ago.

There seem to be four areas which deserve discussion in this focus on cross-cultural pastoral supervision: the first is the setting of goals; the second is the relationship between supervisor and student; followed by the area of authority; and finally that of the context. These are discussed further in some detail.

GOALS OF PASTORAL SUPERVISION WITHIN THE CROSS-CULTURAL DIMENSIONS OF CPE.

At the initial stages of a CPE programme which still follows a traditional model of supervision (George Hunter and Doran McCarty 1978), both students and supervisors are asked to write their goals in the form of a mutual pastoral supervision contract. Other aspects in this traditional model incorporate one-to-one supervision, group supervision, performance within the context and final evaluation. There is a focus on the supervisor-student relationship in which the learning goals are shaped by the demands of the CPE process, discerning issues of personal change and development of personal pastoral identity and the demands of the church to which the student belongs. David Steere, the editor of one of the more recent books published in 1989 on supervision, *The Supervision of Pastoral Care*, underlines the model of supervision of Thomas W. Klink, who is the Director of the Division of Religion and Psychiatry, of the Menniger Foundation. He lists the generally accepted characteristics of supervision:

Whatever else was said about it, 'supervision' came to designate an extended relationship in which an experienced clinician helped

trainees to reflect upon the concrete processes of their care of others in order to increase their competence in the pastoral role. . . .Klink said its basic task was that of helping students examine their involvements with their patients. Others described it as entering into a 'partnership of growth' with students, reflecting back to them their 'real being' or serving as their guide in searching for ways of individual growth and for the development of pastoral skills (1989:161).

This is a difficult task especially for students who are really unsure of what is expected of them as individuals. For the African student this is further compounded as traditionally all formation of the self is achieved collectively within his/her community (Msamba 1991:22). The process of CPE is an unknown to the student. What will actually be learned and the aim of that learning experience lies in what is hoped for and expectations which are undefined. The initial difficulty which underlies the setting of goals has to do with the insecurity in the supervisory relationship and about problems with authority and trust. To be setting goals at this early stage in the relationship may seem threatening and so be counter-productive to the learning process of CPE. For the supervisor who has been part of the process many times, the vision is clear, the goals are preset and the final learning experience is basically up to the student. The pastoral supervisor has a sense of direction and purpose in the training process.

There is a hermeneutical issue in cross-cultural pastoral supervision. This entails the methodological requirement for the supervisor to be aware of his or her own cultural bias or "lens". Then the supervisor can act by way of preliminary discussion with the student about the context of the enterprise. Rules and the boundaries imposed by the situation, and above all the particular requirements of the institution, and the expectations regarding the role of each are necessary to observe. The student will then not be a helpless victim within the system. Observing this procedure would

enable the student to understand and evaluate the context of the therapy in which s/he will operate. This means that students are to be aware of the contextual realities of their clients, the patients. It is imperative that the student be introduced to the material and vocabulary peculiar to that setting or institution. If the students are to function fully in the setting, foreign though it is, they must learn about it and at least be familiar with some of the meaning of medical terminology. Before genuine ease and integration is achieved, the new material must be incorporated.

A further goal is that the pastoral supervisor is to discern the areas of expertise and giftedness of the student. In the light of personal affirmation and self-esteem it is important for the supervisor to exhibit a trust that the student is an expert already in some aspects of pastoral ministry. Each student is different and especially in cross-cultural situations, so this discernment will take the supervisor some research and close reading of the autobiography which was offered by the student on first application to CPE. The integration of the foreign material may well be mis-learned as the students are incorporating it into their own cultural reality. Often the students may feel as if they are in another world, let alone in another part of Southern Africa. Developing the capacity for self-reflection is a sixth goal. Many black African students from traditional backgrounds find this goal difficult as their traditional upbringing would not promote the sharing of ideas with a new group of people nor encouraging self-reflection on an individual basis, a process normally experienced by them only within their own community. To be self-reflective and to share ideas and opinions makes one vulnerable, especially when feeling subordinate and in a foreign country.

Once a student accepts the guidance and wisdom of the supervisor, and feels safe and accepts the CPE process, this self-reflection and personal sharing seems to come more easily. A seventh and final goal, is

the learning to listen to the client/patient and peers. It would seem that the ability to listen is reflected through the capacity of the supervisor to listen to the student. Throughout CPE the art of listening is stressed and very seldom understood until the student has completed a full unit.

What the pastoral supervisor is enabling and working towards is the development of the student to become an autonomous pastoral visitor who has grown and developed his own pastoral identity. This means that with black students in particular the supervisor has to allow for their growth to become themselves. Black students demonstrate cultural norms and values which differ from those of the white supervisor and they will be encouraged to discover their own style, and not emulate the supervisor blindly but be in juxtaposition with their own context.

THE SUPERVISORY RELATIONSHIP

The role of the supervisor has changed over the decades, and indeed had to change, if it was to stand up to any credibility. In the 1970s there was little importance placed on the relationship between supervisor and student. The pastoral supervisor came to teach and impart knowledge and the student came to learn the task.

This task consisted of “. . .learning a variety of therapeutic skills.” (Christensen 1978:54) One can still hear from CPE students of that era just how inhumane and soul-stripping the process was. Supervision was a time of problem solving and not a time of relationship building. In the latter part of the 1970s it was the practice that relationship-building was optimised at the beginning of CPE so that a basis of trust was developed and then the real stripping of the students' defence mechanisms took place. The assumption was that if the student could not accept the “straight talk” then he was exhibiting an inability to learn (Christensen 1978: 55).

Once CPE had been well established in the USA a new assumption was seen in the role of pastoral supervision (Pyle & Seals 1995:88-89). Since almost every student was a seminarian and a three month CPE unit was compulsory before ordination, it was understood that both student and supervisor fully accepted the nature and purpose of supervision. After all, the supervisor was a well trained and trustworthy authority figure. The pastoral supervisor knew what the student needed to learn and how to learn it. The supervisor had it in his/her power to recommend or reject the student and so the future lay in that supervisor's hands. Both rules and roles were understood by both parties. The primary focus was on the relationships between supervisor and student and between student and patient/parishioner. Together they were observing the student's personal growth and professional development; the focus of change is on the student. In Steer's chapter, "A Model of Supervision", he states,

The aim of supervision is personal growth in the pastoral role...You cannot engage in such close reflection upon your efforts to care for others without wrestling with personal changes in your own attitudes and behavior. . . .Skilled supervisors often function like good pastors and counselors. They stimulate self-awareness in their supervisees, encourage them to struggle with their internal conflicts as they work with others, and help them to make connections between what they are experiencing in the pastoral role and the way they relate to others throughout their lives. (1989:68)

The relationship was narrowly defined and problems in supervision were seen as a result of transference or developmental failures on the part of the student or counter-transference or immaturity on the part of the pastoral supervisor. (Ray 1992:186)

Today we are aware that these past traditional approaches to pastoral supervision in the cross-cultural environment are inadequate. There is a need for a supervisory process that is transformative for both student and

supervisor. The traditional models failed because they did not look at other theories such as the systems approach or object relations. In systems theory, it is absolutely vital to grasp the context in which the student operates and the influence of all persons within that context as mentioned previously. The context of CPE is multifaceted. Many of the students are foreign to KwaZulu-Natal province, alien in the institutional hospital environment, unable to communicate with many of their patients, speaking and learning in English which may be a second, third or even fourth language, and being supervised by a white woman. Because the patriarchal, gender and hierarchical components of South African society created an ethos of masculinity, as reflected in Caucasian males who are the norm, women have been marginalised from full participation in societal, educational and leadership structures. This is also true of the African culture. A woman, not equal to a man, was not able to be well educated and was expected to produce children, bring them up and care for the home. African men on the whole find it difficult to be instructed, formed and trained by a woman (Lonner 1976:17-25). A woman teacher in the junior grades is acceptable, but a highly qualified and experienced university lecturer or a seminary lecturer a woman is still regarded with suspicion and mistrust in some institutions. The fact that successful supervision does occur is due to the students, to their credit, who are prepared to allow themselves to be challenged and become competent qualified ministers under the guidance of the supervisor, regardless of gender.

From object relations theory is the understanding of the vital importance of the nature of the relationship between supervisor (therapist) and student (client). The student learns and develops in relationship with the supervisor. Students learn not through what is given to them but by who the supervisors are to them. This relationship holds at its core the ability of the

supervisor to engage in meaningful dialogue rather than a monologue. The difference between monologue and dialogue is the recognition that the other brings something of value to the relationship. It is then this relationship which is the core of cross-cultural pastoral supervision and no person involved in the experience will be the same as a result of the process of pastoral supervision.

Trust in the relationship

Trust is not easily given, it has to build up slowly. In cross-cultural pastoral supervision trust comes from example and a willingness by the supervisor to learn from the cultural richness of the students (Jernigan 2000: 137). Many of the successes of CPE in South Africa have resulted from 'good publicity' and the failures have arisen when the student and the supervisor have not taken the time to set the ground rules and to sort out initial fears, past angers and mistrust. Many of the past fears and angers are the result of the injustices and indignities of the apartheid system. Trust between the different races of peoples which comprise the population of South Africa had been eroded over the years of oppression by the white population. Not only is there lack of trust between the blacks and whites, but also between the different black tribes themselves. Such is the mistrust between tribes that even today there is no love lost between the Xhosa and the Zulu, or the Zulu and the Swazi. Between the English speaking supervisor and a Zulu speaking student much energy is spent on unravelling misunderstandings about comments made, instructions given or tone of voice used. An illustration to demonstrate this the following short example of cross-cultural misunderstanding. The writer was irritated by the need of a student to have precise directions and advice on what to do, how to do it and very curtly replied: "Your need for constant affirmation is nonsense". A conflict arose

which neither person fully understood. Finally, the problem boiled down, not to the content of the sentence, but the use of the word “nonsense”. This was a great affront to the dignity of the student who was a Zulu man. It took six years to overcome an uneasy “truce” and once again trust each other. Each CPE participant expresses anxiety differently and in cross-cultural supervision, mistrust needs to be openly discussed. There is a constant need for pastoral supervisors to look at the origins of the mistrust. One has to ask whether it is the result of the experiences of the past under the apartheid regime, (Moila 1989:200-202), or whether it is experience connected with childhood discipline or abuse of power by adults and teachers, and is not based on ethnicity or race issues?(Jernigan 2000: 138). Is it a failure on the part of the seminary or university system in which the student is learning? Is this mistrust the result of different ways of learning and thinking? Or is this mistrust based on many past misunderstandings which again are based on the cultural and racial experiences and assumptions of each person?

It is up to the pastoral supervisor to create and develop the environment for growth, along with trust and to nurture the supervisory relationship. Trust must be encouraged and nurtured. On the whole, students entering CPE come with a sense of hope that they will enhance their ministerial skills and that they will integrate their theology and practical experience. This important aspect of the supervisory relationship involves negotiation and change through growth on the part of each person.

Need for mutuality and collegiality

Clearly the supervision process is “two-way”. Within the process of supervision both supervisor and student are altered by the experience. Two qualities of a successful interaction of this sort are mutuality and collegiality.

The supervisor must be willing to grow in each experience. Even though the learning of the student is primary, in cross-cultural supervision learning takes place on both sides. The process of supervision functions well when

i) the supervisor is willing to accept that she or he can always make adaptations and acknowledge the need for personal adjustment.

ii) the supervisor has an understanding of the culture, context and traditions of the student.

iii) the supervisor appreciates her or his own cultural tradition.

Both parties are there to learn and to support each other in ministry.

Empathetic relationship

To support the students means to develop a firm level of empathy with them. Thus in all fields of pastoral care and counselling students are taught about the need to be empathetic. That this is difficult in practice is stressed; indeed, no less so than for the pastoral supervisor. In cross-cultural supervision the difficulties are exacerbated. In these circumstances the supervisors have to acknowledge their own biases and 'hang-ups' and be sensitive to their own cultural traditions and backgrounds.

In the teaching of pastoral care and counselling, the difference between sympathy and empathy is crucial. Sympathy can be defined as awareness of the others pain and consequently emotions. These are then absorbed into one's consciousness. Empathy may be likened to walking in the other person's shoes for a time, being aware of the consciousness of the other and yet not absorbing their experience. What is difficult is to actually understand another with his or her different experiences and

expectations. "Interpathy" is a term used by Augsburger in which he means "intentional cognitive envisioning" of the other's world (Augsburger 1986:29).

Through intentional cognitive envisioning the cognitive process of entering into the culture of another is not impossible if we add our cultural component to an attempt at empathy. This we do through listening, focussed listening. It also means that the supervisor commits him or herself to a deep understanding which is not experienced as critical or analytical in any way.

To be real, to be genuine

So often the student sees the supervisor as a mentor, who stands aside and remains detached. It seems that in the beginning stages of CPE many students need to be attached to their supervisor for a sense of belonging, or being cared for and for protection. Once they realise that the supervisor is throwing them in at the deep end, they become angry, hurt, and very confused. In the cross-cultural context this "being real" is akin to "being truthful". All manner of hurts, indignities and frustrations rise to the surface. The trigger is mostly because of the experiences of the oppressive past. For a long time black, coloured and Indian people did not have the freedom and opportunity to express their anger, and to compound this further, some cultures make the expression of anger taboo. Thus it was expedient to just not deal with it. Yet, there is the need for the supervisor-student relationship to be one where there is genuineness and honesty if mutual respect is to be fostered. In the complex South African culture, and particularly in the era before that of the "new emerging national consciousness", the one who is the mentor or the guide is also expected to be the active helper (Bate 2001:70). Help is seen as active and healing is always to be done in community and not in isolation. If the helper just observes events, lets them happen, does not forestall the mishaps, she or he is seen to be critical,

callous and superior in authority with all the worst connotations. So often the student is unable to reveal anything of him/herself until the supervisor has revealed a little of him/herself. Then, and only then, would the student venture to make some minor self-disclosure. The supervisor is expected to take the lead and to show by example through action. The pastoral supervisor is the enabler, the teacher, the mentor. All of this is the antithesis of the CPE ethos. Most of the CPE supervisors will not countenance any dependency, any lead, any self-disclosure. The nature of CPE is the heuristic model often used in the group process dynamic. CPE is a 'hands-on' experience and you learn as you sink or swim. In a same culture relationship this act of leading and self-disclosure may be judged as caretaking and over protectiveness.

The question arises as to how to be supportive but impartial, compassionate but critical, at the same time. One could imagine that a tennis coach is expected to accomplish all this in order to bring out the best of his protégé and drive her to fullest potential. Likewise it is with pastoral supervision, in which the supervisor is active and yet not playing the game him/herself and is on the sidelines to offer support but not to rescue the student.

STATUS, POWER AND AUTHORITY IN PASTORAL SUPERVISION

In cross-cultural supervision and in the South African situation, the issues of status, power and authority have to be constantly kept in the forefront as some might argue that among the problems of the supervisory relationship are issues such as dependence and control. As noted before, both trained CPE supervisors in South Africa are women. This in itself is unusual as most CPE supervisors in other countries are males. In fact, for a woman to

become a supervisor is even today quite a feat as there is an underlying culture of exclusion. In South Africa, cross-cultural issues are constantly present and need review on a regular basis.

There is an inherent warning for the supervisor who needs to constantly listen to the personal internal feelings of anger and unjust situations. As Lago and Thompson warn us,

From the perspective of black power, this combination of white counsellor (supervisor) with black client (supervisee) has a potential danger, namely a perpetuation of the notion of white superiority. The white person, as the counsellor in this situation, has the power. The sensitive handling of that power is absolutely crucial. For example, white counsellors have to work out ways of enhancing their own sensitivity and knowledge of client groups (CPE small groups) beyond the counselling framework. The pursuit of this knowledge, however justified that might be within the counselling process, could be perceived as an unethical abuse of their power. Black clients so used would have every right to experience further anger and a sense of injustice. (1989: 211-212). [brackets mine]

Every student and every CPE group is completely different. The mix of races is greatly varied. There are students from Cairo to Cape Town who attend CPE in South Africa.

Most of the students from Africa have experienced the domination and authority of the white person. Most experience it as negative and oppressive, the obvious manifestation being that students from central Africa who are visitors to South Africa exhibit a low self-esteem and poor self-image indicating that they are very vulnerable.

In the realm of tertiary education, students who attend university or seminary do so because they want something in the way of knowledge and skills. The task of the lecturer or supervisor, through their authority and power is to provide it. In traditional pastoral supervision, the authority of the supervisor was assumed and accepted. The supervisor is the expert and the

student is the learner. If there were any problems experienced by the learner, they were seen as belonging to the learner and often arose from authority problems. The underlying problem may lie at the doorstep of what is seen "white power" as most of the students are black. This means that in cross-cultural supervision a role of status, power and authority is automatically thrust onto the shoulders of the supervisor (Lonner 1976: 40-45).

It is this great secret of "racism and its effects" on both black and white alike that is "covered up", and undiscussed in South African society (Nxumalo, 1996). In cross-cultural supervision these non-verbalised burdens are part of the baggage that is carried.

Passive aggression

If a white student reacts indifferently to a white supervisor it could be interpreted as coming from a resistant student, whereas this could be interpreted differently coming from a black student. What can be noted on many occasions, is that many black students find ways to resist the power of the supervisor in the beginning of the CPE process. Students may choose not to reveal that they are unsure of what to do or where to go in the hospital, they may hold back information intentionally, they may arrive late at every session or may be seen ambling from ward to ward and never getting down to the process of pastoral visitation. These methods of avoidance can be direct or indirect but seems to be attempts to lessen the control of the white supervisor. An example illustrates this: Once, with a black supervisor on the team, a comment was overheard as a group of CPE students were talking, "he will supervise us within our cultures so we cannot act dumb or play innocent". It is understood that a male black authority figure will be highly respected. Charles Gerkin observes that he has

. . .always been fascinated by the phenomenon of the powerful and power-oriented Black Pastor...Black Pastors in the south have struck me as highly competitive, highly sensitive to the dynamics of power and highly concerned with establishing and maintaining their role as facilitators of the power of their people. (1980:2)

This is the case with teachers, lecturers, superiors, supervisors and those in ministry. In the case of most of the before mentioned professions, the authority figure is known to offer direct advice or to give directives where necessary (Mugambi 2000:173-175). Being told what to do, is seen as being helped. Ashby and Wright state, ". . .supervision in the Black church is most effective when it is practical, directive and detailed." (1989:136) In teaching pastoral care and counselling one of the dictates is that the counsellor should never give direct advice to the client, but always offer them the opportunity to make a choice between two alternatives. This means that the client owns the decision and is likely to carry it out. In crisis counselling one is more inclined to offer directives to the client as many times they are unable to make a move in any direction and therapy is on a short term basis. (Switzer 1986:24) This aspect of being told what to do is difficult to reconcile. On the one hand, it may be seen as helping the student or on the other hand it may be seen as belittling him.

The conflict of authority and power will always be present in a process such as CPE whether the students are from white or black cultures (Hunter 1997:55). In the case of cross-cultural supervision it would be of note that the conflict may have nothing to do with psychological development or ministerial identity but with cultural values that the student brings into the relationship (Lonner 1976: 26-30).

Dealing with Cross-cultural Conflict

It is difficult to enable people to respect one another unless they can be helped to see things from the other person's perspective. This is the essence of cross-cultural relationships and if we do not understand one another there is a very real chance of conflicts arising. The manner in which we deal with conflicts arises from our own set of cultural values and what we consider the correct way to get things done. Westerners tend to work from a very individualistic point of view and move directly into confrontation. From the African culture most problems are seen as a communal affair and are approached by a circuitous or oblique way as stated in the chapter on paradoxes to be found in CPE. Westerners, and in this group we place as white South Africans, deal with conflict or confrontation in a number of different ways. There has been much recent work done on conflict resolution¹⁷. It may here be appropriate to mention the useful heuristic tool of the "Win-Win" and "Win-Lose" concepts. For the Win-lose people there is only one right position on most matters, so they competitively or through their status and authority attempt to win others over to their position (Augsburger, 1989:71-72). There are other styles of dealing with confrontation and conflict which are well documented but deserve a brief mention here.

Carefronting

Carefronting, means directly approaching the other person in a caring way so that achieving a win-win solution is most likely. With this approach neither party loses anything important and the relationship does not suffer. (Elmer 1993:42)

¹⁷ D'Souza, Anthony 1989. *Leadership*; Covey, Stephen 1989. *The 7 Habits of Highly Effective People*. Further there are many workshops on 'Conflict Resolution' offered by church agencies and business management corporations, for example; Lever Brothers Inc.

This newish term is often used today in the conflict training courses. In CPE supervision there seem to be times when the whole group is wanting some sort of change to the programme or the daily schedule. There is usually a mid-course open session where this sort of confrontation or problem is brought into the open. A round-table discussion with all students and supervisors present is offered. A spokesperson explains the conflict or the problem and they discuss the matter face to face with another student acting as a mediator. One ground rule is that only one person speaks at a time and that emotions are kept under control. What usually happens is that once both sides have been heard and all communicate in an adult manner they are able to separate the person from the issue and speak objectively. We usually find that the win-win situation results in both parties feeling they can accept the common solution. This last style of dealing with conflict is by far the most satisfying but also the most time consuming.

Avoidance

The person who tries to manage conflict by avoiding it believes that the differences are bad, they always cause hard feelings and broken relationships and no good can come from confronting conflict. (Elmer 1993:36).

An example of avoidance will illustrate this manner of dealing with conflict. A student had problems with the religious order to which he belonged. Rather than raise these problems with his superiors he simply left the seminary after the summer holidays. This avoidance had a double consequence: i) his religious order lost a potentially useful member, ii) CPE suffered as he was not replaced and so the group number diminished and another deserving student lost a place in the course.

It so happened that those in the CPE process were also not informed

about his not returning and so another deserving student lost a place in the course. Yet there are times, no doubt, when avoiding conflict can be a sign of maturity and wisdom and it is better to “let sleeping dogs lie”.

Compromise

The compromising person believes that it is impossible to have everything, so everyone should give a little and get a little. . .
 .Life is the art of negotiating to some happy middle ground.
 (Elmer 1993:41)

The process of negotiation and dialogue is highly preferred in the present day in South Africa. Whenever there is conflict the parties are brought to the conference table to dialogue. Mostly each party comes away prepared to reach and accept a final settlement, bearing in mind that each party comes with demands that are far beyond the limits of the other party. Compromise fails when it works poorly, when either party has disproportionate power. There are times in CPE when negotiation is necessary.¹⁸

An example of compromise would be a situation between student and supervisor, where a student was due to stay on night duty and for personal reasons was unable to fulfill this duty. She made arrangements to change the duty with another student. The supervisor was informed and the compromise accepted.

¹⁸In the recent July vacation there was a clash with the CPE course and the desire of the students to attend the ordination ceremonies of their (cont.) peers. Students feel that as ordination happens once a year it is a priority for them to attend. The CPE course being so short we feel that each day is imperative to the process. Time was spent in dialogue and the students made up the ‘lost time’ over the weekends. This compromise was accepted and understood by all concerned.

Giving In

Many people face conflict situations and simply give in, accommodate or smooth over the differences. (Elmer 1993:39)

This often occurs in a situation where the one party is seen as superior and the other as the student or learner. Conflicts like this may arise between supervisor and student. After some disagreement perhaps about the goals set by the student, s/he feels that the battle is not worth the energy and gives in by saying, "I can see the point, maybe there is something in what you are saying and so I'll try it. . .(if that's what it takes to please you)". As supervisors we are very hesitant about accepting this form of resolution as very often the students are sacrificing some personal values and by being pleasers they are not strengthening their own belief systems or ministerial identity. In ministry this person is unlikely to be a person who can say "No". The time when it is wise to give in is when one is wrong. In these cases it is important for a supervisor to learn to say, "I am sorry, you are right and I am wrong". This not only opens the way for further dialogue and respect but also ensures that both parties do not lose face or dignity.

POTENTIAL PROBLEMS IN THE SUPERVISION RELATIONSHIP

There are potential problems in the supervisor/student relationship that has to do with cultural norms. The following difficulties have been noted in the course of research.

- i) The concept of time. This difficulty is exacerbated by the Western concept that sessions in CPE must begin on scheduled time and the fact that many Africans do not exhibit this same urgency to keep time to the exact minute.
- ii) Culture of dependency. Many students seem to want more advice

and assistance that a supervisor may be willing to give or ought to offer if the student is to learn through the practical experience of CPE.

iii) Linguistic and cultural signals. The English language itself is direct and supervisors may use terms like, "This is for your own good and I just want to tell you...". This statement is meant to brace the other person who will automatically understand the good intention on the part of the speaker.

iv) Self exoneration is a common problem in subordinates. The use of the passive voice suggests that someone is acted upon and thereby not directly responsible. If a verbatim is badly presented the student might say, "The computer margins were not properly set", Not "I forgot to set the margins correctly". If the written assignment is late it might be said that, "The printer was not working, it needs fixing". As supervisors who have very clearly laid down the guidelines for verbatims and the schedule for written assignments, these excuses are seen as a refusal to take responsibility for one's actions. What needs to be remembered is that the insistence that the student present work typed up on computer is assuming that they know how to type and how to use a computer.

Shame

It is tempting to sound off and show irritation towards the student in front of the group of his/her peers. In cross-cultural pastoral supervision what one needs to avoid is to shame the student in public. As Duane Elmer points out, "To be shamed or lose face before one's family, friends or esteemed colleagues is to be avoided at all costs. The person who shames another publicly seriously violates standard social protocol and endangers the harmonious equilibrium of the relationship." (1993:54).

It is often more beneficial to make one's frustrations known in an

indirect way with no direct personal accusations. The group or the class will often see that the problem is resolved. An anecdote may illustrate the use of shame as a learning tool. A situation in one particular CPE programme arose when two students had to travel from the city to the hospital each day by public transport. For the first four days of the course they missed the morning worship and the first fifteen minutes or so of the didactic seminar. This meant that they lost about an hour each day and disturbed the group. Immediately a repeat of the opening section was given by the person giving the input. The supervisors decided to express sorrow to the group that two students, part of the creative and inspiring worship sessions were missing. Consequently, they apologised that the first half of the didactic seminar was repetitious. The group did not want the latecomers to miss anything. The two students themselves apologised and arrived on time thereafter. The group in their own way pointed out to the two offenders that they were being held back and that it was important for the whole community to be present at morning worship and so the public shaming of the two offenders was avoided.

Lack of Trust

The relationship of trust is the foundation of all conflict solutions in cross-cultural situations. It is necessary to bear in mind some principles in cross-cultural conflict resolution. As mentioned, CPE and the supervisory relationship are fertile ground for a conflict situation to arise. Supervisors try to choose an indirect method of confrontation if there is a likelihood of shame, losing face and honour. We realise the importance that all forms of confrontation should occur in private, if possible, so as to minimise any loss of dignity. We spend some time in understanding some of the often used

proverbs or fables which are used and make sure that if we do not grasp the deeper meaning of an expression we ask for clarification. We take the time to talk face to face with the students and to hear their side of the story. At times we ask for a mediator to be present so that each person is able to speak openly and to know that they are heard. With such diversity of race, culture and denomination at the CPE courses, the supervisors have to acknowledge that we do not have exclusive insight on all that is right and wrong.

Power Structures

Once a student enters the CPE process he is within a new system and institution. The institution itself has power and the supervisor has even more personal power as she will authorise the final certification, write up the evaluations and offer recommendations. Within the institution there are rules and regulations to be observed. There are also professional boundaries which are in place and which are set up for the duration of the CPE process.

Initially the supervisor will clarify the expectations of the hospital and the nursing staff on the student along with the expectations of the CPE process itself and further expectations between supervisor and student. In setting these boundaries some safety is offered to the often anxious student.

The supervisor also represents the moral, ethical and legal aspects of the process. In many ways this setting in the hospital is not ideal as the student who is in training for ministry is placed in a subordinate role in a government institution. It is likely that the student will move into a different sphere once s/he is ordained or working as a pastoral carer under the auspices of the church. It is accepted that students will visit parishioners in hospital but probably not spend any protracted amount of time working in any one hospital or institution.

Undergirding the issue of power and authority, is evidence that the genuine respect and trust between supervisor and student must be earned and won. In the end authority must be shared if learning is to take place in collaboration and harmony. The supervisor must take the learner's stance in successful cross-cultural pastoral supervision. As the partnership develops and as trust evolves the student will come to allow the supervisor to be authoritative because s/he will respect the status. Authority will become less of an issue and the learning process will be enhanced.

Crossing Boundaries

Boundaries in supervision need to be observed but may be experienced as areas of confusion. Boundaries are defined as limits that delineate time, place and person. "Boundaries exist on a continuum ranging from rigid to chaotic" (Markham 1997:38). The boundaries that are confusing or unclear tend to work against healthy exchange between supervisor and student; so do boundaries that are rigid, indifferent, and remote. Neither end is conducive to holistic ministerial relationships. The ideal boundary is that which is open to a spirit of dialogue. Black students like to feel they can talk to their supervisor at any time and are hurt and feel rejected when the supervisor sets a boundary of time and will not exceed the allotted amount of time or will not "talk business" in the corridor. Boundaries are crossed in three major ways: through touch, sexualised behaviour and through the power of role. It is the last area which is more obvious in CPE. The role of the supervisor is that of leader, teacher, supervisor and mentor. In the process of CPE it is important to be aware of the power differential between those who supervise and those who are supervised. It seems that cross-cultural students experience supervisory boundaries as an enigma. They cannot differentiate between the supervisor in role within the process and

supervisor outside the CPE process. This dual relationship is one that exists because the supervisor is in some cases lecturer in the classroom and supervisor in the CPE process. In the classroom the lecturer may create a relationship of advisor, helper, confidant and of easy conversation. During CPE the supervisor has the role of being more challenging, confrontative and continually empowering the student to develop his or her inner pastoral identity.

The Issue of Regression

There is in psychotherapy a theory that some regression on the part of the student is necessary so that developmental conflicts can be resolved (Kris 1964, Kohut 1977). One psychoanalyst, Hartung, argues that any supervision "requires some regression." He goes on to state that ". . .the student must experience a rapid regression to be able to establish a basic trust relationship with the supervisor. . .without regression, the student remained essentially untouched by the supervisory relationship and the training." (1979:52-53). These theorists are operating with the assumptions of an earlier era in the 1970s, in which the supervisor was the "boss" and had all the authority. In the writer's personal experience over the past seven years this argument would seem harsh and incorrect. The black students do not need to be forced into any state of regression, rather to be able to draw from inner resources and giftedness which may have lain latent because of their cultural background. To substantiate Hartung's theories some other theorists, for instance, Wise (1977:192), have referred back to the biblical statement found in "unless one becomes as a little child. . ." Surely there is a difference between becoming childish and childlike and is Jesus not speaking of the entrance into the reign of God? (Mark 10:15). (NRSV).

It would seem to be wiser to refer to the work done by others in the

area of adult development such as Piaget 1970, Satir 1972, Rossi 1978, and also Gilligan 1982. They have challenged the traditional assumptions that the proof of adulthood is the ability to be separate. Again the writer would argue that to be adult means to not only be separate but also to be dependent and interdependent where appropriate. Becoming adult means that we have to some degree struggled with issues of meaning, purpose and relationships. The students we are dealing with come as adults and not as children. This is the case especially in cross-cultural relationships where the student and the supervisor need together to discover one another as adults within the cultural milieu of each other and the supervisor is also asked to struggle to transcend his/her own culture.

CONCLUSION

Having examined in some detail the challenges and perspectives of language, gender, South African culture and cross-cultural pastoral supervision, the issues which emerged were communication, boundaries, status, power and authority. It is these same cross-cultural aspects within the CPE dynamic which are the impetus for its adaptation and implementation in South Africa. Chapter seven expands this area of implementation through a discussion of its components.

CHAPTER SEVEN

ADAPTATIONS TO THE CPE MODULE IN SOUTH AFRICA

“These components, I believe, can and should stay in place, but we must be prepared to be dynamic with all the parameters that surround them” (Sartain 2000:92).

INTRODUCTION

In order for CPE in South Africa to be successful it is imperative that adaptation of its components be effected to be viable in a richly cross-cultural society. This being so it is important to give some of the history of the development of CPE in the more recent years from 1993 to the present day.

Although CPE was introduced in South Africa in the 1970s, it was only in 1993 that the first module of CPE took place in Pretoria under the patronage of Father Bonaventure Hinwood OFM. Hinwood had long been aware of CPE and was interested in it as a tool for field education and practical training for seminarians. He had negotiated with ACPESA to send supervisors to Pretoria and to offer a two week module at the then HF Verwoerd Hospital. This writer, who had returned to South Africa from studies and from extensive training in CPE, formed a group of four CPE “supervisors”, of whom none were accredited with ACPE. They then launched the first two week module of CPE. This very brief module ran on

an experimental basis for three and a half years, with a considerable number of ups and downs. The module was unsatisfactory in many ways, but it did offer some form of clinical pastoral education and a little pastoral experience to the mostly young men training for the Catholic priesthood. Perhaps the most successful aspect was that the group of students were drawn from both Catholic ministerial education sites, one in Pretoria (St. John Vianney Seminary) and the other in Pietermaritzburg (St. Joseph's Theological Institute) and this encouraged these students to mix, dialogue, exchange ideas, and break down the barriers which had existed between the students of these two institutions, bringing together those belonging to dioceses and those belonging to religious orders or congregations.

In 1997 the CPE module included a new dimension. The writer had returned from supervisory training in Ireland and the other trained supervisor had returned to South Africa after completion of her supervisory training in the USA. The format of the module began to take on a new look. The CPE module had established sufficient credibility among the seminaries, and the University of Natal began to show interest in accepting CPE as a post graduate course. Some protestant bishops were making enquiries about sending their young priests and pastors for CPE training. A new module was developed which was extended to three weeks, meaning fifteen to eighteen working days. At present, the module is run in the July or January university vacation time and the optimum time is usually fifteen working days.

THE THREE WEEK MODULE IN SOUTH AFRICA

An important new development is the module offered in Pietermaritzburg through Grey's Hospital. It is essential that the reader understands the present components in the module if the issues raised as concerns are to be

accepted as a means for adaptation of CPE for South Africa.

The short CPE programme is termed a 'module'. The three week module is credited with 120 hours and is recognised by ACPESA. On completion each student is given a certificate which is recognised internationally. Since 1993, a CPE module has been offered twice a year, once in Pretoria and once in Pietermaritzburg. Gradually over the last seven years the length of time has been increased to 15 days with 120 hours credit. At the present time because of the lack of qualified supervisors in South Africa there is only one module offered each year in Pietermaritzburg and the Pretoria module is currently suspended. Other CPE units and modules are offered twice a year in Cape Town with Groote Schuur Hospital as the centre. This is the headquarters of ACPESA. As noted in the last chapter, the most pressing demand at present is the training of supervisors and the setting up of the standards committee for supervisory accreditation and international recognition.

Since 1994 the CPE module has been adapted and developed. The three week module offers the vital elements of CPE, and yet some academic components are greatly reduced because of time constraints and the field placement needs of the students who are mainly seminarians or university masters' students.

A 120 credit module consists of the list below. The content of each component will not be detailed in this thesis unless there is a radical difference from the standard model, while it is in the area of components that many adaptations will be made for the successful implementation of a South African CPE.

Time Commitment and Schedule

The course runs from Monday to Friday from 8.15 until 16.30 for the three

weeks. The students work one Saturday morning on the wards because some patients receive no visitors over weekends. They visit the patients for fifteen to seventeen hours a week.

Individual Learning Goals

This written document does not take the form of a covenant, but of goal-setting, whereby two or three achievable goals are set. The student discusses with the peer group how he intends to achieve these goals and how the others will recognise the achievement of these goals. A similar format is followed to that recommended by W Pyle and MA Seals, that is, SMART Goals which are Specific, Measurable, Attainable, Relevant and Trackable. (1995:60) The document is written up and handed to the supervisor on the third day.

Allocation of Wards

Each student is allocated two wards within the hospital. A number of specialisations are offered for the student to experience the diversity of the hospital setting, for example oncology and medical, or surgical and orthopaedic, maternity, ICU and CCU.

Individual Supervision

Each student meets with his or her supervisor once or twice a week for 30 minutes to discuss whatever the student would like to bring to supervision. During the second week the supervisor refers further to written work or to what s/he observes of the individual within the group's interaction. It is emphasised that supervision is not therapy. This is an important aspect to take cognisance of, as CPE supervisors are not all fully trained as psychologists. We are pastoral counsellors.

Written Assignments

Each student completes a goal setting statement (Appendix 1.), three verbatim reports (Appendix 2.), a critical or pastoral incident (Appendix 3.), a weekly pastoral diary (which gives an account of numbers of patients visited and time spent on the wards), and a final evaluation of the student's progress and of the CPE programme (Appendix 4.)

The critical incident report is on a single incident in the CPE ministry which had significance for the student personally. The method of data gathering may be particularly useful when the student needs to 'unpack' an event which has a personal focus. "Rather than focusing on what words you said during an incident, you may need to deal with your emotional response as you reflect on the event." (Pyle and Seals 1995:106). A pastoral incident has a more theological basis to its format by virtue that students are required to reflect on the question of how God was involved in the incident and relates to a visit or a pastoral situation which has occurred during the current CPE process. This means that theological reflection takes place within the CPE process on a specific incident of recent occurrence.

Peer Group

There are always six or seven students in a group facilitated and led by one supervisor. This is a less than optimum number, but the reason that the group number is large is related to lack of qualified supervisors, as there are but two in South Africa and a further two people who assist as supervisors. Experience has shown that the groups are as diverse as could be in terms of religious, ethnic and racial backgrounds, and also gender. For a full experience of the South African context, the diversity of the group offers opportunity for personal growth, experience of other racial groups, gender

and denominations. This is the healthiest manner of experiencing the maxim of “unity in diversity”. Over the years the student statistics have shown that in Pietermaritzburg the majority of seminary students are blacks coming from all over Africa. This fact will indicate certain points needing to be explained in detail in later chapters, for adaptation and implementation necessary for the success of CPE in South Africa. We point this out because CPE was developed in the United States of America for a predominantly white, male, English speaking culture.

Didactic Seminars

These 90 minute sessions are held every morning for thirteen of the fifteen days. A range of topics are covered. The first topics discussed generally deal with the underlying emotions and fears of the students, such as rejection, anger, stress and anxiety and are followed by clinical topics such as depression, cancer and HIV/AIDS. Time is also devoted to offering guidance on ministerial identity, self-esteem and other theological matters. Medical staff is encouraged to speak on their areas of speciality.

Orientation and Termination

Because of the length of the programme, orientation lasts a mere two days and termination likewise. During the orientation the students are introduced to the wards and the nurses in charge, to hospital protocol and to some medical terminology. They are encouraged to collect information about the institution as this is vital if they are to be effective in ministry.

Written Evaluations

The final evaluation is written by the student on his/her growth during CPE. Each supervisor does a similar report on the student and both reports are

discussed face to face. Supervisor and student then sign both evaluations to indicate that each is aware of and accepts the growth aspects of the report. The evaluations are *not* given to any superior or church leader by a supervisor. If a student wishes to discuss his/her progress and divulge the contents of the evaluation, that is his/her personal prerogative and responsibility. There is a code of confidentiality observed within CPE and this is adhered to internationally. It is the perspective of CPE that the student follows the programme for personal growth and ministry development, and not for vocation or career assessment.

The appendix provides the following copies of the outlines and forms used during CPE:

- i. Goal setting
- ii. Verbatim format
- iii. Critical incident/pastoral incident
- iv. Participant evaluation form
- v. Certification letter

Out of the description of the components arises the issues which had to be addressed if CPE was to become viable in south Africa. What follows is an outline of the adaptations to the existing components.

ADAPTATIONS TO THE COMPONENTS FOR SOUTH AFRICA

From the above, it can be seen that some changes have been made to adapt to the needs of students within the South African environment. Some components regularly used in other countries are either adapted or dropped in the three week module. Worship was adapted as was the style and the use of verbatim. Because of the constraints of the time-frame of three weeks the South African module chose to omit the peer case study, the

weekly reaction reports, the book reviews and the IPR group sessions. It is the IPR sessions which are the most controversial for a number of reasons. This will be explained later. Attention is now given to worship that was adapted.

Morning worship

Group worship takes place each morning in the hospital chapel. Students work in pairs to prepare the format of this liturgy. The value of worship done in a large group is manifold. Each denomination is offered the opportunity to share with others the essence, style and methods of their form of worship. For all the students, no matter their religious affiliation, it is a necessary experience to be part of interdenominational worship.¹⁹ Because the eucharist as is understood in the Roman Catholic Church is only available if one of the students is ordained, students have the possibility to experiment and be creative with the signs and symbols, and other forms of liturgy, available in the church's worship. Some really meaningful, creative and inspiring worship services have been shared by Catholic and Protestant alike. Worship is connected to and carried from the chapel out into the day's activities. A remark is heard time and again:

“Starting the day with prayer and worship helps me to cope with whatever and whoever I meet. It reminds me that I am not alone when I visit the patients, God is with me.”

This aspect of CPE is sometimes the most creative and the most revealing, as it is stressed that anything is allowed: whether a poem, or a

¹⁹ Some students have been heard to say, “I did not know that Catholics could pray like we do”. Catholics are surprised that other Christian worship services offer so much meaning for them. The discovery made is that all the participants, Protestant and Roman Catholic alike worship the same God.

reading from scriptures or from the newspaper or a book that interests the student. When there is no set formula for the students to rely on, the tone of worship seems to become more focussed on the needs of the patients and the frequent feelings of helplessness that the students experience. Presiding at worship is one of the more vulnerable moments for the students for they are in a leadership position and so expose their own individual styles of celebration of the liturgy. They must account for their theology and their faith. In the group discussions they are asked if they believe in what they have said. The worship sessions tend to be very personal and sometimes raise quite heated theological and doctrinal discussions. Worship is an integral part of CPE and there is much to critique in this component.

Verbatim Analysis

In another type of group session the analysis of verbatim reports takes place. It is in this component that a great adaptation has had to take place for cultural reasons, as will be explained. During the module of CPE each student writes three verbatim reports of which one or perhaps two from each student will be discussed. Verbatims not dealt with in the peer group session are dealt with in private supervision. The analysis of the verbatim focuses on what happened in the pastoral conversation between the patient and the student chaplain. The critique lies within the area of the relationship between the student and patient, in what was said, how they behaved and what pastoral skills were used. The nature of pastoral counselling is observed and the theology that is hidden in what people say is uncovered. There are times when the verbatim is turned into a role play with the chaplain playing his/her role and another student from the group taking the part of the patient. All aspects of the dialogue and the emotions are taken into account and analysed. The verbatim, as mentioned before, is the main learning tool in

CPE. Yet the verbatim offers the most controversial component of CPE in that it is also open for critique as a genuine expression of the pastoral abilities of the student chaplain. This component of the verbatim deserves a further critique and deeper analysis as to its historical necessity within every CPE programme.

VERBATIM REPORTS - THE ONLY MEANS OF CPE LEARNING? ARE THERE ANY ALTERNATIVES?

This is a central criticism within the CPE process: many supervisors will admit to being comfortable in their style of verbatim leadership and many students who go through two or three units of CPE express boredom with the process of verbatim analysis. Petronella, a Presbyterian minister, wrote in her evaluation after her third three month unit of CPE:

In my final unit in CPE the changes in the programme weren't vast but the group made the decision to replace the final two verbatims with a pastoral incident or a pastoral care assignment. In the third unit one grows tired of writing verbatims and even more bored with the analysis of them. In the nine months of CPE I have written twenty seven verbatims and in the group analysed twenty of them. So forty seven verbatims later I am pretty tired of them. Having said that I believe they are a very good learning tool and a powerful form of self-supervision. As we reflect on the verbatim, we ask questions such as: "Why did I say that"?, "What was the patient's reaction"?, "In what other way could I have responded"? These questions alone offer me ways of discovering my pastoral style and acknowledging my strengths and weaknesses. (Written evaluation 1999)

Not all students have the same problems at the same time or in the same order. By presenting their problem in the form of verbatims, they select the area of concern that they are willing to engage at that moment. Very often they produce a sequence of verbatims which offers the supervisor an insight into the problems they must individually learn to solve during the process of

CPE.

There is a unique problem specific to South Africa: the verbatim report as a tool for learning. It is the problem of language. The language of conversation and communication between chaplain and patient is most often in an African language. This means that the verbatim is then a translation of what could also be a very inaccurate report of a pastoral conversation. Verbatims are recognised as being incomplete and containing distortions, omissions, condensations and displacements. (Piper 1973:5) In the initial stages of CPE many students offer some resistance to the writing of verbatims. They complain that a poor memory leads to inaccuracy and incompleteness. There is some basis for these observations and yet over the years of CPE it has been accepted and even used as a tool for analysis, that the verbatim presented is what the student chose to remember and chose to share with his or her supervisor and peer group. (Hiltner 1958, Cabot and Dicks 1949:133-134)

It is the contention of this writer that student anxiety and the discrediting of the verbatim, are, among other things, the acknowledgment that they are writing to impress the supervisor and the group in the initial stages of the programme. It is doubtful that at the onset of CPE any of us knew how much of ourselves would be revealed through verbatim analysis.

Yet, if pastoral theology as theological reflection on pastoral ministry is understood, then the relationship between verbatims and pastoral theology becomes important, rich and even more complex. Again it is the asking of questions which clarifies the style of pastoral care being offered. An example can be given here: if the style of pastoral care had moved to an emphasis of listening rather than speaking the Word, a number of theological problems may develop. We must ask the question of the chaplain; "Where was your element of the prophetic aspects of ministry?"

Why was there no witness to scriptures and why did you become a passive listener offering no support of challenge from the scriptures?" In another area the verbatim report will surface the student's difficulty in encountering theoretical theology in reflection on pastoral actions. Again the question may be asked; "What does your traditional theology teach in this case (of abortion) and what are you offering as a pastoral response to this patient's cry for understanding and compassion?"

In the group which is made up of a mix of Christian denominations it is often difficult for students to learn to recognise the theological concerns and misgivings of their peers as they struggle to verbalise their confusion and new found doubts about the theoretical theology they had learned.

NEW POSSIBILITIES

As a direct result of the research for this thesis, the writer has designed and developed two new methods of pastoral conversation analysis.

The verbatim report has its deficiencies and yet, for the past fifty years, no other method of reporting pastoral conversations has been developed. On occasion when the critical or pastoral incidents in the group are shared there is renewed interest in the analysis and the findings. More so in that the peer group seem to feel they can identify with what is reported as both the critical and pastoral incident reports present personal reactions of the student. This form of analysis is not seen as critical analysis around pastoral counselling skills but as analysis of how a person could have better responded or reacted. This writer has developed some adaptations of the verbatim report but these are still in the experimental form. They are:

(1) PASTORAL CARE DIARY

Using the daily diary of pastoral visits, the students are asked to select one day of the week to write up as an assignment. They are asked to do the following:

- (a) List the pastoral visits for the day and include information on whether there were family members present, hospital staff or any others;
- (b) Personal evaluation of pastoral caring:
 - i. Which was the most important pastoral experience?
 - ii. What feelings were you aware of within yourself?
 - iii. Was there any evidence of known feelings of the patient and or visitors? Discuss.
 - iv. Description of your ministry.
 - v. Understanding, if any, of God's presence during the day.
- (d) How would you describe your pastoral style/identity?
- (e) How did you feel about the day overall?

This assignment relates back to the daily pastoral diary which each student keeps and so enables them to recall important details of the whole day under review. Reflecting on the day they will discuss details, which serves to remind the student of the week's ministry. By remembering a specific day and then focussing in on one pastoral experience enables the student to have an overview of his/her total ministerial actions and attitudes. If this form of reflection on action were encouraged, more students would be aware of the uniqueness of each pastoral visit. Because there is no reporting of the actual dialogue the problem of translation from an African language into English is not a hindrance. This is a necessary distinction from the format of the verbatim.

A second form of reflective assignment is related to the religious aspects of a pastoral visit.

(2) RELIGIOUS EXPERIENCE ANALYSIS

- (1) Choose one patient you have seen more than once and give personal, family and religious information;
- (2) Identify the reasons for their hospitalisation.
- (3) What is the patient's main concern? How have you noted this?
- (4) Which religious figure, either biblical (Old Testament or New Testament), or symbol would you choose to illustrate the thoughts, feelings and personality of the patient? Why?
- (5) What thoughts about suffering and pain do you have as a result of this assignment?

This particular assignment seems to be more difficult than the previous one and indeed more difficult than the theological section in the verbatim report. Students have found the challenge to get in touch with scripture and suffering a valuable one in their ministry. Some comments made were: "This form of assignment was more challenging and demanding of me to consider and explore a focussed area of growth". Another found that she felt "more exposed, vulnerable with these assignments, as somehow they were more risky to share". A more mature student, ordained for some ten years remarked,

"These assignments made me stop, look and listen to what was going on in me and in my expectations for myself in pastoral caring. I had to re-think some of my own theology and to evaluate my real motives for doing ministry. It was painful but the support and affirmation I received helped me to further risk new styles in pastoral visiting" (April 1997).

What this writer felt when working with these assignments was an

overall sense of excitement and a relief from the repetition of verbatim analysis. There is no way of knowing just what kind of learning occurred during these assignments. However these new assignments seemed to help the students focus on specific pastoral aspects and to develop their pastoral identity and function. At present there is no means of comparing the traditional CPE written assignments of verbatims, case studies and critical and pastoral incidents as the adaptation is so recent. When a supervisor and student have written, read and analysed thirty six verbatims there does tend to be a predictability about them. This variety and flexibility offers a diversity in the CPE learning process enabling both parties to look again at and learn from what has become overly comfortable in personal styles of leadership and verbatim analysis. This change and challenge enabled students and supervisor to grow.

The lack of the case study component

This section deals with the parts of the standard programme that are excluded in the South African module.

There are three reasons for the exclusion of this component into the South African CPE module. The first is the lack of time to write up a case in a three week module. Secondly, the necessary detailed enquiry and the personal exposé of the subject is generally not a comfortable, culturally appropriate or acceptable experience in the South African context, and probably in the African context as whole. This is because a case is written, filtered and observed through the prism of one person, and it objectifies the reality of the other person's experiences. A "good" case provides a concrete event where the major character faces a crisis, and it sufficiently provides material for the student to access, analyse and study in order to become a competent pastoral minister. It is not necessary to have an extraordinary

event to have a good case, but it must be a very recent crisis. The reason for this is that if the event is too far in the past, there is likely to be a great deal of forgotten observation, lost detail and the student may move to 'creative writing'. This means that the event is embroidered to read well or to add to the drama of the story. More important is that the information is noted about the person's background, significant relationships and conflicts. Within the African context this probing into an individual's background and family may be seen as breaking the relationship of honour with the ancestors and the immediate living family. Thirdly, in the three week module there are reservations about the level of trust among the students to withstand the interrogative process of a case study. This is compounded by the experience of supervisors who have been told that generally African persons are not prepared to share an individual personal crisis with peers who are not members of their clan, tribe or family. This would cause severe cross-cultural conflicts. In spite of these reservations, it is the contention of this thesis that although case studies are an integral part of the CPE experience, there are reasonable grounds to omit this component from the present South African module.

Interpersonal Group Relations (IPR)

A second feature which is omitted is the component of IPR group work. Fear and threat is sometimes experienced by participants on beginning the IPR group sessions (including the writer's experience when she first entered an IPR group session in 1984 and thought she was back in T-Group therapy). As the IPR develops through CPE it gradually reveals some of its benefits and purposes. In all of the CPE components IPR is generally the one most disliked, mistrusted and painfully exercised. Its objective is to facilitate learning in group dynamics, the development of a

group, the opportunities for cohesion, confrontation, disintegration and reintegration. The supervisor becomes the facilitator and in most cases does nothing to interfere with the dynamic of the group. This writer has sat as an observer of a group for ninety minutes, three times a week for eleven weeks, unable to say a word or to indicate any reaction to the process. In schools of psychology and counsellor training centres the observer usually sits behind a one-way glass. This is not so in the above mentioned case. The exercise encourages learning and observation of the development of a group, its behaviour and analysis of the process. Also noted is the process of interaction theory where, put simply, the group is seen as a system of interacting individuals.

The relationship of three main elements - activity, interaction and sentiment are all examined. The writer has sat for periods of 70 minutes observing a group which remained in complete verbal silence. No one was prepared to put him/herself on the line or be in the "hot seat" for fear of becoming the object of the group's analysis. The process is very individualistic from the perspective of the person who dares to risk making himself or herself vulnerable. For the whole group the process is seen as offering growth in group dynamics and cohesions of the group. From the perspective of the short CPE modules and the cross-cultural diversity of students, IPR is not seen as a workable component within the South African context of the three week module. Conducting group dynamics requires skill and, for those who are sure of themselves and have a high level of competence, it is a powerful instrument that can be rewarding for participants. In the last two years IPR has been part of the three month unit

in Cape Town and with some greater acceptance by participants.²⁰

DIFFERENCES BETWEEN A STANDARD THREE MONTH UNIT AND THE SOUTH AFRICAN THREE WEEK MODULE

As mentioned above the three month unit consists of 400 hours and the three week module is credited with 120 hours. Besides the obvious difference in length which in itself would necessitate changes in the components, some of the components in the unit were judged as not viable in the South African context. We first highlight the differences in the components of a unit and a module.

Description and Critique of the Present Module

Firstly, it must be recognised that a twelve week unit of 400 hours is the recognised time frame for CPE, whether the programmes are held in the United States of America, Canada, Ireland, Australia, New Zealand, Holland, Germany or the United Kingdom. Within South Africa there are now two twelve week units conducted each year in Cape Town at Groote Schuur Hospital. The 120 hour module, which is considered adequate for the practical experience and training of students for ministry, is now part of the core curriculum for students hoping to achieve an honours or masters degree in theology in the area of ministerial studies at the University of Natal and for students of St. Joseph's Theological Institute. A new development is a bachelors degree in psychology with a specialisation in pastoral counselling. These students are also required to complete two modules of CPE along with their course work studies in theology and psychology which

²⁰ For more on this technique the works of W.R. Bion, 1993, I.D. Yalom, 1975, third edition, 1986; Clinebell, 1979; GS Gibbard, 1974; and S Scheidlinger, ed., 1980, are among those recommended.

involves a supervised counselling practicum. This will give them equivalency of a three month CPE unit and recognition with ACPESA.

The parameters of the module were determined by the seminary context rather than by CPE international standards. The limitations are therefore quite relevant.

Firstly, there is the length of the module which seems to remain at fifteen to eighteen working days and not the optimum twenty working days and this is due to the fact that CPE must take place in vacation time and not at the expense of the academic curriculum.

Secondly, the financial expenses of CPE have to be limited as this is over and above the university or seminary course fee. CPE has high running costs as each of the supervisors is paid a stipend for the course, travel, accommodation and there is a donation given to the hospital, in addition to the cost of notes and photocopies. Two or three bursaries are offered, when possible, to struggling students who want to attend CPE.

Thirdly, the location of Grey's hospital is such that the students and supervisors have to travel daily to and from the hospital for an average of one hour. Buses and local transport are not frequent, reliable or abundant so if taxis are hired this is additional expense.

Final responsibility for the student's work in CPE and on the ward lies with the supervisor in collaboration with the hospital matron. Acceptance into CPE lies with the programme director who screens the application forms. This is because CPE is intense and requires emotional stability with no recent crisis having occurred in the life of the student. If a student comes to CPE expecting a therapeutic relationship, this misconception is corrected immediately. The supervisors plus the programme director are responsible for the internal procedure of the training and the running of the CPE process.

THE CPE PROCESS AS A SHORTER MODULE

This description of the shorter module is the outcome of the research which has been on going since 1997 and which the writer has adapted for the present CPE course offerings in Pietermaritzburg.

The first two days are used to orientate the students to hospital procedures, to set out ground rules, to offer guidelines on to how to make a pastoral visit, to understand something of the language used in hospitals, and the illnesses the students will encounter. These two days are hardly adequate to cover the necessary ground in orientation and in a longer four week module a further two days could be allocated to assist the students to settle down and make the most of the one month module. In these first two days, they are instructed how to write a verbatim and how to analyse it, they are introduced to the sister in charge of each ward and given to understand that she is the authority to whom they refer when working on the wards. They are allocated a supervisor and meet in peer groups to discuss the schedule and to allocate various meeting times and duties. These first days are very confusing, demanding and cause much anxiety for the students. So much information must be concentrated into such a short time, that this is the beginning of the factual realisation that this module is too short. There is only one session of two hours given to getting acquainted within the large group and a further two hour session of a more dense form of getting acquainted in their peer groups and meeting their supervisor at a more meaningful level.

In this latter form of getting to know each other, the supervisor initiates the session. It has been her responsibility and privilege to read the biography of each student, so it seems proper that the students know who the supervisor is. More importantly, the way the supervisor tells her story will

set the trend for the students to follow. Students are often astonished at what they hear from peers they thought they had known for years. The day ends with debriefing where all students and supervisors come together to share important highlights and struggles of the day.

The daily schedule is kept much the same to provide stability and discipline within the CPE process.²¹ Students are notorious at “forgetting” to come to a session because they became so involved with a patient up on the wards. Time boundaries are set and are essential if students are to learn discipline within their ministry. Lacking in university and seminary curricula is the training in time management. Once the ministers get out into the parish setting or wherever they are assigned, not many will experience tolerance from parishioners for continually being late or forgetting appointments.

Also to be noted is that verbatim group session times may also cover critique of the morning worship, immediate concerns and tensions of the day, queries arising from the didactic seminar or discussion around the critical or pastoral incidents.

Participants do all their written assignments in the evenings and as the weekends are free from hospital work one of the longer assignments is set for completion over that period.

²¹ This is the outline of the Daily Schedule for a Module:

8.15	Worship and prayer in the chapel
8.45	Housekeeping and notices
9.00	Didactic Seminar
10.00	Tea break
10.30	Ward visiting/verbatim group session
12.30	Lunch break
1.30	Verbatim group session/ward visiting
3.00	Ward visiting. One-to-one interview with supervisor
4.00	Debriefing
4.30	Supervisors meeting

Didactic Seminar

The didactic seminar is a necessary component in the three week schedule. The input for these seminars centres around topics which have arisen from the experiences of the participants during their hospital visits. At all costs, these didactic seminars must be more experiential than theoretical. That is not to say that the theory is to be ignored but rather that the students are asked to become involved in the activities and experience at hand. Sometimes there is role-play required to demonstrate the role of the chaplain in a case study, for example, the case of a chaplain visiting a family who have just heard the youngest son is HIV positive. This role play directly involves the participants and affords them the opportunity to demonstrate their knowledge on the topic, to participate actively, to raise personal questions and to enter into the arena intellectually, emotionally and spiritually. Topics which typically arise are,

How to deal with rejection?

Dealing with anxiety and stress

The meaning of suffering

Coping with anger and/or depression

Difficulties in cross-cultural ministry

How to have a pastoral conversation using scripture and prayer

Issues of dying and death - grieving and bereavement and loss

Medical issues around HIV/AIDS, cancer, coronary care, ICU

Coping with lack of self-esteem and a sense of helplessness

Suicide; abortion; life support systems

Cultural issues around dying, family life, ancestors, bewitchment.

Some supervisors and co-supervisors have not had much experience

in the art of didactic lecturing and are inclined to make this a dry and boring exercise. This limitation is exacerbated when the input is non-visual, non-experiential and is a form of lecturing where the input is offered with no interaction by the students. Unfortunately, it is difficult to know beforehand the style of the lecturer or the medical officer who offers the input. As the students come from a highly intense academic background, they do not need pure pedagogy. To engage them with questions, role-play, video recordings, overhead slides and group discussions is imperative. In fact, if a student is noted to have some expertise in his or her field it is beneficial to ask that person to lead the didactic seminar. At one CPE we were fortunate to have with us, a student who was a priest and a medical doctor. He gave the most intimate and practical input on sexuality which was well received by all. Another student was a matron of an old age home and she was able to share wisely and deeply on ways to deal with geriatric men and women who 'appeared' senile and who were really experiencing a host of other geriatric conditions. In yet another case, a student who is living with AIDS spoke to the group in a personal testimony that could not but touch the hearts and minds of all who listened. On these occasions the students were energised, curious and fortunately able to ask many questions which they had possibly never thought of asking before. To offer practical guidance along with variety and flexibility is what is required during the didactic seminars.

Ward Visiting

It is during ward visiting and pastoral conversations with patients and staff, that the students are exposed to the essence of a ministry of service. The students spend most of their time on the wards, for it is this practical experience of being with people who are suffering which is the essence of

their ministerial training. The purpose of CPE is to alleviate the suffering of the patient and in so doing CPE is to provide the education and the training in skills specifically used in the ministry of caring, compassion and works of mercy. On the wards and at the bedside of the patient, the chaplain may be regarded as the representative of a 'higher power', a representative of God. In that identity alone, she or he is charged with bringing the Word of God to the suffering and is fully initiated and immersed into a pastoral identity. The ward visiting does not only take place between patient and chaplain, but also includes the nursing staff and medical staff. As the student chaplain is trusted so his or her ministry extends to the total team involved in caring. In times of death or emergencies the staff are grateful to have the presence of the chaplain. They too are deeply affected by the crisis which surrounds suffering and are searching for the meaning of such suffering in their lives.

One-to-One Supervision

In the module the supervisor will see each student for thirty minutes on five occasions. The subjects to be discussed will arise out of the assignments the student has handed in, namely the verbatims, the pastoral diary, the critical or pastoral incident, or the goals set, but anything else may be raised. The student arrives with the agenda for the one-to-one supervision. Together their aim is to control the learning process, to sort out misunderstandings, to keep track of details that should be improved. Students write a final evaluation in the last four days of the module and together the supervisor and student evaluate the student's progress and award a grade if that is the requirement of the university or seminary.

It is up to the supervisor to establish and maintain the tone of the supervision and to facilitate this time together for challenge, confrontation, growth and realisation of a pastoral identity. This is not the place for therapy

and although many students will try and use supervision as a form of counselling, it is the supervisor's domain to keep process as one purely of supervision in CPE.

The supervisor is not a member of the peer group and will not mingle with the group in 'time off'. For instance, when the students have a social evening or a party, the supervisor will not usually attend unless specifically invited and then only for a short while. The students need to work among themselves, to create bonds and to trust the peer group process. Within the process of supervision, nothing is explained or demonstrated that the students can discover for themselves. The main tool for supervision is the question. This forces the students to do the thinking and to find the answers for themselves. To assist the students to focus on the question, the supervisor offers a model for pastoral care. Most important is to reassure students and to encourage them in their ministry. Being in a face to face situation with suffering many students feel helpless and become depressed, so supervisors try to guide them and support them as they discover new skills and acquire new knowledge about themselves as ministers. The issues of faith and theology are more important than medicine and psychology as this is a pastoral training programme, therefore theological reflection plays a large part in the process of the development of a strong pastoral identity. Supervision is a creative ministry and requires that each supervisor is flexible and prepared to discover hidden resources in an effort to bring out the best in each student. The module of CPE is too short and only offers the students a glimpse of who they are and what they are about. But ACPESA has accepted this short module in the hopes that it will become a full month module in the near future. What is blocking that from happening is the seeming lack of time outside the academic year and the lack of funding which the university and seminaries are willing to give for a

slightly longer module.

This review of the adaptations necessary and of why the changes are needed is substantiated in the following study undertaken in KwaZulu-Natal in recent one month modules.

THE STUDY OF CPE IN KWAZULU-NATAL: EFFECTS ON PASTORAL FUNCTIONING AFTER A BASIC MODULE

After the initial three basic CPE modules held in Pretoria and Pietermaritzburg 1994 to 1996, it became apparent that the academic deans, religious superiors and church leaders wanted feedback on the impact of CPE on their students who were in training for ministry. In addition, there was a need to have some indication about the strengths and weaknesses of this short CPE module if ACPEA was to formalise the experiment. A research study was set up in the form of a questionnaire to collect responses to selected open ended questions.

In consultation with three supervisors from Ireland, two from America, one from Ghana and the researcher from South Africa, the questionnaire was formulated. Out of a background literature review taken from fifteen years of published articles in the *Journal of Supervision and Training in Ministry*, consultations with these seven supervisors and identification of the expectations by the seminaries and churches this survey was activated. The study is largely a qualitative approach with some quantitative analysis of the results. Qualitative research in this respect takes seriously the importance of listening to "the lived experiences of the persons". It is recognised that any participative research is biased, but this should not diminish the findings of the study. Qualitative studies that rely on questionnaires or interviews that are geared specifically to certain concerns have been gaining credibility and

interest (Durrheim 1999:25). There were three stages in the development of the research instrument.

- (a) This researcher met with the six other supervisors to devise the research question. The research question was:
“In what ways is your pastoral functioning affected by the basic three week module of CPE?”
- (b) Background and some direction was provided by the literature review.
- (c) The CPE supervisors and then the South African supervisor with the first large group of 27 students in South Africa explored what would be important to include in the questionnaire.

BREAKDOWN OF RESPONDENTS BY CATEGORY

The study was conducted from 1996-2000. In this five year period, 132 students attended the CPE three week module either in Pretoria or Pietermaritzburg.

Of the total of 132 students, there were 120 males and 12 females. The majority of students were black (115), then coloured (8), white (6) and Indian (3). This is proportional to the racial groupings attending the seminaries and universities, and who studied theology. The denominational breakdown was 104 Roman Catholic and 28 Protestant students. Since the University and the mainline Churches became involved, more Protestants attend CPE. This proved to be a healthy balance and experience for Roman Catholic seminarians.

STUDENT EVALUATIONS OF THE CPE EXPERIENCE

The evaluation was requested of the students after the CPE module was completed. Students were asked to return the questionnaire within two weeks so that the experience and impressions were truthful to the whole experience of CPE.

The questionnaire is recorded in Appendix 6.

For the purposes of this research and to demonstrate the rationale behind the various adaptations made for the South African CPE module, certain selected representative recorded responses have been chosen. These are quoted in the following section of the thesis.

Most of the supervisors and students thought there was a need to ask about the reason or motive for attending CPE. This could be a significant factor in determining how much or how little a CPE student gained from the module. Many students identified an interest in pastoral skills, personal growth, professional development and ministry to the suffering (26.9%). Other students took the module of CPE because they were required to (63.5%). and (9.6%) because it was suggested. Of those who took the course because it was required, 11.2% were openly reluctant at the beginning of the course. Another question asked about the components of a CPE programme that contributed most to the students' pastoral functioning and growth. This is an area of concern as reported by Robert Anderson in 1996, where he observed in his study that, ". . .the bulk of learning in CPE is not coming from the sick or troubled person and the written components on those visits: it comes from the encounter with the supervisor and fellow students." (1996:13-21) This feedback challenged the current format of CPE with its emphasis on written assignments and didactic

seminars. How much more important are the components which emphasise the group dynamics and the human inter-relatedness of the student with supervisor, and the student with the peer group? Much of this feedback is apparent in the previous section.

A specific question is asked about the components focussed on pastoral functioning. In response to this question, "Which component most challenged your development of pastoral functioning?" students rated peer group sessions first, followed by their relationship with their supervisor in individual supervision, and then ward visits, and verbatim reports resulting from the ward visits. They found the peer group sessions the most challenging component. The majority of reasons given for this choice were related to increased self-awareness and the fact that their group often became a place where the students could explore their weaknesses:

"In the safety of our group I could confront my own issues and have support to work through them" (Evaluation report, 1997).

Other comments made were:

"I soon learned that my ordination and status of being clergy had to be put aside if I was to learn and grow from CPE" (Evaluation report, 1998).

"The peer group challenged me to reach out as a member of the community which I am serving and not to regard myself as above them" (Evaluation report, 2000).

Inter-relational skills such as how to cope with conflict and how to name concerns, or how to offer feedback were named as a compelling reason for the value being placed on group learning. The ward visiting was also rated quite highly by 31 of the respondents. It was thought that the learning on the wards increased self-awareness and confidence. This

confidence was highlighted by the fact that students found that ministry was not always in the action and doing skills but often in the ministry of presence with the patients:

“Different patients’ experiences challenged me” (Goal evaluation, 1996).

“I was able to minister to people of other language groups through just being with them even if we did not speak to each other”(Goal evaluation, 1999).

“Meeting new patients every day taught me to engage in conversation without asking too many questions”(Goal evaluation, 2000).

For the adaptations to the South African module it is important to note that the least effective learning experiences were the written assignments, other than the verbatims and critical incident reports.

“The written work and the lectures were over emphasised. I felt as if I was back in the classroom” (Evaluation, 1996).

“My weekends were spent in writing up reports and so I had very little free time”(Evaluation, 1999).

“I do not have a computer so the typing was a struggle” (Evaluation, 2000).

“Listening to so many verbatim evaluations of other students was at times difficult. We need some variation in the process” (Evaluation reports for 1999).

“The verbatims did not emphasise the theological reflection aspects and yet we are speaking about God and trying to offer hope to the patients”(Evaluation 1998).

The results of these observations and evaluations are the basis for the opening section of this chapter.

Students also experienced increased levels in skills and knowledge.

“My listening skills improved and soon my memory improved so that remembering the contents for a verbatim report was not too difficult”(Skills evaluation, 1998).

“I was able to become less judgmental and more compassionate”(Skills evaluation, 1999).

“The verbatims taught me how to develop listening skills and to communicate better with the patients” (Skills evaluation, 1999).

Others pointed out that the process of theological reflection made an impact on their pastoral functioning;

“The theological reflection made me realise that healing and growth are the works of the Holy Spirit” (Evaluation report, 1998).

“Reflecting on the meaning of suffering and reflecting on the experience of being with someone who is dying has made me get in touch with my own dying one day” (Evaluation report, 1999).

“Theological reflection was the most difficult because I had to equate my beliefs with what I say each day in the patients’ suffering”(Evaluation report, 2000).

A final question on the survey asked; “For each component listed, what response best describes your growth in pastoral functioning?” Students ranked individual supervision highest, followed by peer group sessions and peer group support and then ward visiting.

To summarise, when asked about their pastoral functioning and their growth, it was the peer group experiences, the supervision and the ward visiting which were the top three most important components.

A further open-ended question was, “What new insights have you incorporated into your pastoral functioning?” The responses could be put

into three categories. The first was self-awareness as a minister of pastoral care, the second was growth in knowledge and pastoral skills, and thirdly, that the experience of theological reflection enabled greater role clarification.

Students commented:

“I know that who I am has a lot to do with how I minister to another”(Pastoral identity evaluation 1997).

“I am aware that I need to be needed”(Pastoral identity evaluation, 1998).

“I realise that I should not work alone but in a team. I need the support and counsel of the community” (Pastoral identity evaluation, 1999).

“Prayer is more important in this ministry as each patient is in need of the love of God in their time of suffering”(Pastoral identity evaluation, 2000).

Others pointed to insights concerning boundaries, awareness of power, authority and responsibility to the larger community. Some students emphasised insights they gained regarding their role as minister in the community, their role as parent and pastor and role as leader in the community.

Of the twelve women, ten referred to their acceptance as women in a predominantly man’s world and how important it was to be accepted by the peer group.

Lastly, and of particular significance for this thesis, seventy two of the respondents commented on the cross-cultural experiences in all aspects of CPE. Most expressed satisfaction at the cross-cultural dynamics in the peer group, some intimated that they had been afraid of being supervised by a white woman. Some claimed that CPE had enabled them to own their experiences and hurts as a result of being victims of apartheid. They had

dealt with aspects of rejection and forgiveness in their own lives. A further important aspect rose to the surface in that students commented on the fact that they thought they were to learn a purely Western form of counselling, but found that CPE encouraged and promoted counselling of the individual within the community. This comment arose out of the fact that CPE insists that some ward visiting takes place during hospital visiting hours so that students can meet the family and friends of the patients, thereby encouraging and supporting the strength of the family and community. They appreciated that culture was recognised and that *ubuntu* and human dignity were valued, for it is within the community that a person is shaped and taught cultural values.²²

This study showed that the basic module of CPE is helpful as an educational experience and that it increases awareness, develops pastoral skills for ministry and helps in identity and role clarification. The strengths of the process of CPE focus on the student's interactions with one another, with their supervisors and with the patients. This sense of community identity as against individuality is pointed out by John Patton, where he too, is convinced that emphasis on the individual needs to be challenged and augmented by an emerging communal contextual paradigm. (1993:58). A further observation is that the cross-cultural awareness within the peer group and within one-to-one supervision enabled growth and self-awareness across races in South African multi-cultural society. CPE programmes contributed much to the student's pastoral functioning and more studies

²² This comment would substantiate the observations made by Prof. Maake Masango during a telephone conversation the writer had with him in early December 2001. Masango stressed the importance of culture and theology as a way to address psychology, the necessity of a comprehensive understanding of *ubuntu*, and study into the current problems we face in South Africa and how to work therapeutically on those issues.

need to be undertaken to offer relevant data for CPE to develop and grow in the South African context.

CONCLUSION

This chapter has analysed and critiqued accepted models of CPE and considered the elements needed for implementation of the programme in South Africa. Pivotal to this is the centrality of the developed verbatim as a unique and innovative contribution to the CPE family. This was followed by a brief study of CPE in KwaZulu-Natal and its impact on pastoral functioning which substantiates the argument for adaptation of CPE within South Africa.

CHAPTER EIGHT

A SPECIFIC EVALUATION OF CLINICAL PASTORAL EDUCATION FOR SOUTH AFRICA

"[Investigate]...the thoughts and feelings of living human documents...as we seek to discover the motive forces and the machinery which are involved, and to formulate the laws which govern them,...[in order to] lay the foundations" (Boisen 1926:11).

INTRODUCTION

Any valuable contribution to the ongoing process of CPE in South Africa requires that it be transparent, honest and acknowledge that many vulnerable points must be raised which are uncomfortable to process, especially in the light of working in a multicultural society. The writer recognises that she is a participant observer, and owns the subjectivity, bias and inadequacy which that unavoidably brings.

In completing a thorough evaluation of CPE in South Africa, it must be acknowledged that the writer speaks from and of her experiences. I found CPE to be not only a way into my personal narrative and acceptance of self as having dignity as a white South African, but more to the point, I found that CPE is a tool to enter a culture and make a cultural crossover or exchange. It is a way to recognise myself and to be recognised away from home. Cross-cultural awareness led me to confront my fragility and my anger, as

well as my rooted identity as a white South African. While away from home the cultural exchange demanded the mourning for my country, my people and my culture. I experienced the hurts, self-doubts and fears that CPE inflicts on its participants. I learned to live with my imperfections and my not being as reliable, in control and consistent as I would like to be. I learned to dare to take risks across cultures in trying to understand and accept the other person. As a supervisor-in-training in South Africa I was challenged to reach deeper into myself and to battle with integrating what was happening in my head and my heart. I was aware of the multiple sub-cultures in which South Africans live and which also overlap.

A core requirement for supervisors as they continue with personal growth, is not primarily in academic logic, but through human integration of the physical, intellectual, spiritual and emotional dynamic. CPE, is professional training in the area of learning where choices are made based on cultural self-awareness and awareness of the other. Consciously or not, each person belongs to a number of sub-cultures with traditions, customs and personal experience which offer a learned value system. (Whitehead 1980:) It can only be that out of my experience, my culture and my understanding I can offer an evaluation of what CPE has to offer in South Africa.

The key concern in this thesis is the question focussed, not on the way of doing CPE, but in asking if CPE in South Africa is appropriate in its present format, and if not, what must change and why?

COMMITMENT, RISK AND CONFLICT

South African society is multicultural and multiracial. CPE experiences a new conflict in its growth in South Africa as it struggles to articulate its identity and to acknowledge that more research, more training of supervisors

and greater diversity is needed in its vision, if it is to be of use in the third millennium. The pressing problems facing ministry today demand that training for ministry must incorporate practical experience alongside theoretical knowledge. Gerkin pinpoints the problem when he points out that, “. . .classical theological method-learning principles from Scripture and Tradition and then applying these principles to the practice of ministry, is reductionist”. (Quoted in O’Connor 1998:49) It was Gerkin who developed a methodology described as “praxis/theory/praxis” as a result of his experience as a practitioner and supervisor in pastoral care and counselling, and with his adoption of Ricoeur’s hermeneutical method²³ (1998:98).

The ‘action/reflection’ model as is now the accepted method in CPE, is practiced by ACPE internationally and yet most notably absent in CPE literature is the area of cross-cultural analysis and reflection.

CPE seems to mirror the institutional church in reflecting its divisions along racial and cultural lines, and in that certain components which are traditionally part of CPE have not recently been re-evaluated. Those working in CPE in South Africa can well ask themselves, “What does it mean to be involved in the CPE ministry at this time in the history of South Africa? What does CPE internationally and within South Africa agree as central goals of helping others to experience the presence and companionship of God in times of stress and crisis?” Students are taught to minister to patients, not with pills and medication or any other form of material comfort but only with themselves as instruments of God’s love. Sharing the good news with patients and sufferers that they are not alone in their anguish is one of the marks of the ministry of CPE. Students and supervisors alike are encouraged to be faithful to their own faith tradition and the faith traditions of the patients

²³ This method is similar to Ricoeur’s method of text interpretation described as understanding/explanation/understanding (1976).

as they all struggle with issues of life and death, suffering and loneliness. Students discover their emerging pastoral identities and experience themselves as part of a community of healing, a team of pastoral carers. If South Africans are to be called multicultural and multiracial in all aspects of their lives, then they must appreciate the full meaning of affirmation, appreciation and sensitivity to people of all cultures, races, gender and sexual orientation, in the practice of giving and receiving of pastoral care. The supervisors and the students are challenged to risk confrontation and sharing with each other the "isms" in their lives. By confronting those "isms" they open themselves up to be channels of compassion to those who are different from themselves, culturally, racially and sexually. It is through struggling, through personal stories and risking the sharing of these stories that the students are able to own their family histories and their past hurts so that they can re-evaluate their current functioning as care giver. CPE offers the student opportunities to internally examine their own issues of sexism, women in ministry, emotions and biases. Because the percentage of CPE students throughout the world who are black are in the minority, not much has been written on this subject nor have race and culture been emphasised sufficiently as this thesis seeks to do.

One of the ways in which this can be done is through creating opportunities for CPE students and supervisors in South Africa to talk about experiences, memories, families and histories without fear. CPE must recognise that the limitation of having white supervisors may perpetuate past issues of racism and sexism. CPE in South Africa exposes the students not only to a variety of illnesses, but also to the many patients and their families from various cultural and racial backgrounds representing eleven different language groups from within South Africa and many others from north of its borders. These patients also represent a myriad of religious backgrounds.

CPE is challenged to struggle with these issues directly and to commit itself to further integration in all aspects of the multicultural population.

Two of the most significant observations which come to light about the South African CPE module are, firstly, the awareness of the need for trust within the supervisory relationship. The process opens the subconscious mind of the student, releasing both pain that comes out of her particular circumstances and pain that comes out of her collective experience of being black [or white] both past and present with racism as a focus. The second observation is the ability and openness of black students to participate in the CPE process in the hope that they can have a productive and satisfying learning experience so in order to be of benefit to the community on returning home. In both these areas there is a need for sensitivity and competence in a supervisor who can serve as a role model.

TRUST IN THE SUPERVISORY RELATIONSHIP

Trust is not easily offered but it is easily taken away. If the student trusts a supervisor then the student can experience a degree of safety and this trust will provide a basis for the establishment of a good relationship where learning can take place. Most of the students coming from outside South Africa seem to be more trusting of the white supervisor and this would seem to come about because they are so keen to learn all they can during the few years of study in South Africa. The black South African students are more mistrustful of a white supervisor because the memory and pain of apartheid is still with them (Maluleke 1993: 238-240). If pastoral care and ministry to those who are ill and suffering is a goal of CPE then the issues of cross-cultural dynamics must be discussed openly by student and supervisor. This is necessary as the patients themselves are from a variety of backgrounds and in turn have to cope with visits from chaplains who are not always from

their own culture.

SKILLS OF THE SUPERVISOR

Supervisors will have to raise the issues of racism and sexism in the small groups. There is a need for supervisors to be trained in this form of dialogue and to be willing and open to facilitate discussions around these subjects. CPE emphasises that students need to express their feelings. Anger is one of the most powerful feelings and is often the one that most black students express in CPE. If this is acknowledged and opportunity is given for discussion of those feelings, tension is lessened. To talk issues out and to name the feelings in a safe and trusting environment does much to relieve the hidden and often unrecognised pressures of the past. When tension is lessened the individual student is able to move into the dynamics of CPE more wholeheartedly and the effect on the group is one of mutual trust and openness to learning. This openness impacts as well on the patients in the hospital as they are visited by a person who is less aggressive, less stressed and more open to dealing with the inner conflicts of those she or he ministers to. The style of leadership of the supervisor will offer a role model and clear direction which in turn enables the black student to make the most of the CPE learning experience. It would seem that black students want democratic styles of leadership where the focus lies on collaborative and mutual ministry. They want input into decisions that affect their lives. They do not appreciate autocratic leadership styles but seek to become colleagues with supervisors. This in turn creates difficulties in the short three week module as the function of the supervisor is well defined and crossing the boundary between supervisor and colleague often means that the relationship becomes confused. Once CPE is over, there is an understanding that whatever occurred on CPE, whatever experiences the student had on CPE, are

confidential and not carried into the other aspects of the students' life (Interview with supervisor Jacinta Bannon July 2000 and September 2000 plus a further interview with supervisor John Brice July 2001).

ACHIEVEMENTS OF CPE

Certainly there are many benefits to the CPE process and engaging in it for the training of students for ministry. The main benefits may be arranged in the form of a list, each with a brief summary.

- (a) CPE is professional education for ministry which brings theological students, ordained clergy, members of religious orders and qualified lay persons, together for a practical experience in ministry training. The CPE experience is ecumenical and encompasses all races, cultures and both genders.
- (b) Training is supervised and the encounter is with living human documents in order to develop pastoral identity, interpersonal competence in ministry and spirituality. Skills are developed in theological reflection, pastoral assessment, professional collaboration, group leadership and pastoral care and counselling.
- (c) CPE has helped theological schools move towards a professional model of education and many seminaries and universities now incorporate CPE as part of their curriculum.
- (d) Since the inception of CPE in 1923 until the present day, there has been development on the agreement of standards expected of supervisors. "The supervisor must demonstrate not only 'some teaching ability, but primarily the ability to enable others to observe, for themselves', to evolve their own conclusions and applications, and above all to grow" (Powell 1975:18).

- e) There are specific *goals* in CPE for the student and these in turn relate to the achievements as mentioned above.
- i. Pastoral identity: The formation of the sense of one's self as a representative of God and of a specific community of faith. The student is affirmed in his/her authority as a minister.
 - ii. Interpersonal competence: This involves the skills of active listening, confrontation, and interpretation. The context of learning communication skills is to be found in the one-to-one supervision and caring relationships and in the small peer groups.
 - iii. Professional competence: Basic CPE units and modules develop competence in pastoral care appropriate in all ministerial settings. Students are expected to develop professional skills equal to other professional persons in their setting. This is provided by working with interdisciplinary teams in the hospital setting.
 - iv. Cultural and racial awareness: The late 1970s CPE saw a rapidly expanded awareness of the needs of minorities in CPE. This was especially so in Africa, namely, in Ghana, Kenya and in South Africa. Black people began to attend CPE courses as did women with the passage of time. A start has been made toward producing literature on supervising black and women students.
(JSTM. 20: 62-68).
- (f) Integration of theology and ministry: This area has been especially difficult in CPE. Tillich's method (refer to page 65), of correlation received a great deal of attention earlier on in CPE as did process theology in the early 1970s. With the 1980s came narrative theology

and Gerkin's case for pastoral care in a "hermeneutical mode."²⁴

- (g) CPE offers levels of training according to the standards: basic, advanced and supervisor-in-training. Within this graded curriculum, students provide ministry to patients under supervision and this is the heart of the learning process.
- (h) The components of CPE consist of a variety of supervisory experiences all enabling the student to develop and grow in pastoral identity and interpersonal relationships. Some components are more challenging than others.
- (i) A survey of literature suggesting a strength within CPE from 1967 to the present shows variety and vitality among clinical pastoral educators. This demonstrates the eclectic theoretical base in CPE as there is no single point of reference in the one theoretical perspective. Some of these surveys are: Dorn and Evans (1969); Van de Creek and Rower (1970); Close (1981); and Summers (1981). There is competent research by Carkhuff on communication skills (1983); marital and family therapy by Anderson and Fitzgerald (1977); interpersonal competence methods by Mason (1979) and methods of verbatims and case conferences were examined by Barry in 1983. (Thornton in Hunter 1990:181)
- (j) CPE is now an internationally known process and is international in its scope. Although begun in North America it has spread to Canada, Northern Europe, Southeast Asia, New Zealand and Australia, South America and Africa.
- (k) Effectiveness studies of CPE programmes appeared as early as 1949

²⁴ A hermeneutical mode assumes that a person is a myth maker and that every person's story may be told in theological language and in psychological language.

(Brick in Hiltner 1949). The most well documented area of effectiveness lies in the positive changes in student's self-perception and role-perception. This supports the claims of CPE on the development of a pastoral identity.²⁵

From the above advantages accredited to CPE it is not surprising that the churches in South Africa are beginning to support the process as a method of training and education for people called to ministry and to service in the community. The action/reflection model and the practical application of ministerial training and involvement with the suffering community offers a platform for experience of ministry in many settings.

Yet, amid the many advantages of the CPE process, there are also disadvantages, or challenges to be addressed, within the process and these relate quite specifically to the South African context.

CHALLENGES AND CRITIQUE OF THE CPE PROCESS

The challenges of CPE as discussed in this thesis arise out of the paradoxes and tensions as discussed earlier (Chapter Three). Paradoxes do not necessarily mean that CPE does not succeed as a process for ministerial education, but in examining these tensions, it becomes apparent that if not addressed directly, they could hinder the progress of CPE in the future. The six paradoxes included the following, (a) student or professional; (b) learning and growth; (c) independent or dependent learning; (d) relationships and techniques; (e) individuality and community, and (f) being present and doing ministry. In the disadvantages named below, there is the identification of the

²⁵ A comprehensive summary of the merits and limitations of CPE may be found in *The Dictionary of Pastoral Care and Counselling*, edited by Rodney Hunter, 1990:177-182 .

problems and concerns of CPE which require future attention.

- i. From the early beginnings of CPE, supervisors were torn between two ideals. The Boston group adhered to the concept that ethical formation means stability and growth: facing the facts, overcoming self-deceptions and conforming to the real. Supervisors focussed on finding the “growing edge” and enabling the person to find meaning in life. On the other hand, the New York group drew on depth psychology and defined the self with images of conflict, non-racial feelings and inner chaos. They pursued the goal of freedom, freeing persons from destructive patterns. Liberation for them required understanding of one’s inner conflicts. Today, overseas and in South Africa, these two ideals are blended into every region and resolve most conflicts, but the underlying tension remains.
- ii. The primary instructors in CPE are not only the supervisors but are also the patients/parishioners/clients/community. Yet, within the hospital setting these groupings do not exist. The people to whom the students minister are all ill, all out of their usual environment, and all in a state of isolation and helplessness. The confusion in this hospital setting also lies in that the student is seen in the role of minister or pastor and simultaneously is in the process of learning. Both of these roles take place in the one setting where pastoral identity is fused with that of student and professional.
- iii. The verbatim is used in nearly every CPE unit and although is slowly being replaced by audio and video recording in some more wealthy institutions, it is not always the most accurate or

reliable tool in South Africa. As previously mentioned, the problem lies not in the student's lack of memory but in the fact that s/he is writing a verbatim in translation form. In countries where the universal language is English, and patients, students and supervisors all use this medium, the verbatim report is likely to be more accurate. When the patient/chaplain dialogue is in an African language, no matter how well the student recalls the conversation, there is the probability that it may not be a true reflection of the emotions, metaphors, and cultural traditions. The verbatim analysis relies too heavily on the conversational style of the chaplain. This is why the two other formulations of pastoral conversation recording have been created and adapted for use in South Africa.

Likewise the case study conference has been dropped in the three week module because of a time problem and because of the inability of black students to accept an individualistic identity over a communal identity.

- iv. CPE seminars are varied and yet most CPE courses will offer seminars in didactic agendas, reflection and analysis, worship and prayer, reflection on personal histories and the intensive small peer group experience. These group experiences are found to be mostly a positive experience except for the Interpersonal Relations (IPR) group work. Again this is not compatible in the three week module for two reasons, the first being the time limitation and the second being that the process of group dynamics with its lack of direction and directive guidance causes too much confusion for the students. IPR depends greatly on the skills of facilitation of the supervisor and,

as yet, training of supervisors is in the embryonic stage in South Africa.

- v. The paucity of trained supervisors who are South Africans of all races impacts negatively on CPE. Because there are only two supervisors in South Africa, one living in Cape Town and the other in Durban there is little peer support or accountability. The usual structures and processes of ongoing supervisor formation are rigorous in the United States of America, Canada, Ireland and Australia. In South Africa the lack of male and black supervisors is a disadvantage, mainly within cultural parameters. If CPE is to gain credibility among black clergy, pastoral care givers and predominantly black churches, there must be better representation of male and female black supervisors. Yet, when a student has reached the advanced level of CPE and is able to make a choice as to whether to go on or not as a supervisor-in-training, the decision is usually in the negative. The reasons for this are: the training is two years full-time, there is no salary paid during these two years, at present there are no facilities to train such a person and little financial reward overall.
- vi. The location and setting in which CPE is held is yet another serious disadvantage. From the beginning CPE was conducted in hospitals, mental hospitals and institutions, in prisons, military establishments and university campuses. Very seldom has CPE been run in parishes except in recent years in the United States. The dream of offering CPE, or as it would be called, Supervised Pastoral Education (SPE), in the minister's own parish, or in the pastoral carer's own community has remained but a dream and

would be a focus for development in South Africa. Nace maintains that CPE/SPE in a parish setting is qualitatively different from CPE in an “institutional setting”. The “living human document” in parish SPE “is no longer the person in ‘crisis and/or pathology’ but rather the person in normal, ordinary, routine pilgrimage of life” (Nace in Hunter 1990:181). This aspect of SPE in the parish setting would offer valuable research for the future possibilities of CPE in South Africa.

- vii. “A further two issues are of concern to the credibility of CPE. As professional education for ministry, CPE is centred (a) on being ‘for ministry’, and (b) on ‘professional education’ as its way of doing education for ministry” (Hunter 1990:181). These are the dynamics of CPE and at this present time, the identity of the pastoral counsellor and the CPE supervisor are under scrutiny by the South African Medical and Dental Association to gain professional accreditation.

CPE maintains that theories must always come to terms with the practice of ministry and praxis must be examined in the light of theory. In CPE, theory itself is made up of theology, psychology, sociology and systems theory. CPE therefore, has an eclectic theoretical base and a single point of reference can never be found in any one theoretical perspective. The primary goal of CPE is to offer religious ministry to the suffering person. The context of this ministry, whether it be the worshiping community or the hospital, prison or on the streets to the poor, is in the needs of the community who are in some sort of crisis and who can respond to faith aspects in their value systems. This is why it is such an irony that CPE does not exist in the parishes and local congregations.

Education for the professional hinges on doing research, and research on the history of pastoral care is readily available. But research on cross-cultural perspectives of pastoral care and CPE is minimal. Being a professional minister, responding professionally, taking one's place in a team of professionals is a relatively strange situation for a minister of religion. In fact, not many regard themselves as professionals. The tension within CPE lies between the doing and the being aspects of education for ministry.²⁶ CPE has a commitment to professional standards for the supervisors and as such there is an inherent expectation of professional training for the participants.

A NEW MODEL FOR THE SOUTH AFRICAN CPE PROCESS

The action/reflection model internationally adhered to within CPE emphasises the experiential aspects of ministry. In *The Skilled Pastor* (1991), Taylor makes use of a 'metanoia model'. In which the process of pastoral counselling involves a change in a person's thinking and attitude. This process is divided into three stages: (a) exploring; (b) understanding and (c) acting. During examining and exploring, the pastor uses 'presence skills' to help people to get in touch with underlying emotions and attitudes and thereafter the people are assisted through their experiences to develop a plan of action to change their behaviour and perceptions when guidance skills are needed. Egan then takes this model further. He aims to help people acquire effective problem-managing or coping skills. This model could well be used for the CPE supervisor/participant relationship where the emphasis on the action/reflection model would lead to an enhanced ability of the student of CPE, to develop unused resources and opportunities to take

²⁶ This refers back to Chapter Three in the section (f) Being present or doing ministry.

them through a specific learning situation which may be seen as problematic. Egan himself poses a challenging question in his book *The Skilled Helper* (1990:11), 'Does helping help?' He maintains that helping is a team effort in which the helpers need to do their part and the students need to do theirs (1990:11-12).

In summary, the skilled helper model can be divided into three stages of the helping process (1990:30-31).

Stage 1: the present scenario. The goal is to help the students (clients) to identify, explore, and clarify their problem situations and unused opportunities. This means that in supervision more time would be spent on understanding the problem situation, dialoguing about it and mutually identifying the causes of the problem. This would add a sense of collaboration to the supervisory relationship and foster a greater trust between supervisor and student.

Stage 2: the preferred scenario. The goal is to help the students (clients) develop goals or objectives based on action-orientated understanding of the problem situation. The supervisor would be exercising one of the four pillars of pastoral counselling, namely that of guiding the student to make changes after reflection on the experience.

Stage 3: getting there. The goal is help the students (clients) develop action strategies for accomplishing the goals: to get them from the current scenario to the new scenario they have identified as preferable.

In all these stages, Egan enables the students to act on what they have learnt throughout the helping process. His model is action/reflection/action orientated and can be described as 'developmental in that it is systematic and cumulative' (1990:31). The writer believes that this model would be well appropriated within the South African CPE process

as it provides the basic principles of helping others to manage their lives more effectively. Yet it does not provide easy formulas. The value of this model is that it employs the guidelines of problem management, progress, development, change and purposeful behaviour (Louw 1998:352). The model allows for the supervisor to be influential without removing the learning capacity of the student. This influencing involves a positive process of support and collaboration for constructive change in behaviour and attitude. The student, together with the supervisor cultivates new skills in coping, and develops alternative resources which leads to more effective life skills. This is what CPE hopes to achieve as the student gains in knowledge, skills and pastoral identity. The model itself will have to be revised and adapted again and again as CPE develops in South Africa and this will have to include the unique character of the pastoral anthropology which under scores such a model. Further research must be ongoing in the four identified anthropological components which correlate with four basic human functions of life; experience, reflection, responsible action and the giving of meaning in a person's life.

Link to paradoxes

Throughout the discussion on the advantages and disadvantages of CPE and their link to the paradoxes it is possible to see that the cross-cultural complexities found within the diverse peoples of South Africa offers a challenge to ACPESA. The richness of cultures may not be seen as a hindrance to the process but rather as a gift of the Creator. As we look through the windows of this multicultural, multiracial society we are directed to the necessity for the discovery of new principles for a modern CPE paradigm, one which is communal and connected to a healing community, one which is contextual, taking into account the needs of all cultures, and

one which focuses on the training of lay persons as pastoral care givers who can serve within their communities. The diversity of nationality and language will surely be the hallmarks of postmodern pastoral care and education.

CONCLUSION

The benefits of CPE in training students for ministry and the challenges and critique of the process, as well as the paradoxes which serve as a way of being transformative at the heart of the education process, provide substantial foundation for the emerging of a truly South African pastoral model of CPE. The final chapter will attempt to draw together the insights already gained and will note practical suggestions for the future facilitation of CPE in SA.

CHAPTER NINE

TRANSPLANTING, NOT MERELY TRANSPORTING: SOME POINTERS FOR THE FUTURE OF CLINICAL PASTORAL EDUCATION IN SOUTH AFRICA.

“Learning to understand what it is like to live in another culture” (Jernigan 2000:139).

INTRODUCTION

The future of CPE in the South African context requires concrete development strategies which will include the training of South African supervisors and implementation of new methods along with the developments of a new CPE programme to suit the African cultures.

To ensure the processes success, ACPESA will need a bold vision that will empower all concerned to learn new ways in the art of caring and of attending to the human story in this context. The pressing problems facing the churches today include the training of ministers, ordained and non-ordained, and to care for the faith community. There is a shortage of priests and ministers as there is a shortage of men and women willing to work full-time for the church with the constraints this affords.

The faith community in South Africa is as fully aware of the threat of

the impending crisis precipitated by the HIV/AIDS pandemic, as they are aware of the responsibility of society, church and communities to support one another throughout this crisis. Students preparing for ministry today have a less rigid identity, a higher degree of autonomy than previously, a longing for authenticity and a desire to be trained so that they feel competent in their ministry. In this light, we continue the search for a way forward for CPE in South Africa at the beginning of the third millennium.

IDENTIFYING CRITICAL ISSUES FOR THE FUTURE OF CPE

There are pragmatic and pressing issues for the present and future of CPE, which can be grouped as follows:

- i) Financial problems
- ii) Training of new supervisors
- iii) Ethnic and religious diversity
- iv) Course offerings

Financial problems

Perhaps the most difficult issue is the financial one. Who will pay for the support of the supervisors who work as clinical pastoral supervisors for six to nine months of a year? It has been said that pastoral supervision is seen in itself as a ministry and yet to exist on the stipend of R1000.00 offered by each CPE module is extremely difficult. The hospitals in South Africa do not recognise chaplaincy as a full-time position nor are the churches able to financially support would-be full-time hospital chaplains. Supervisor's training requires two years of full-time ministry with the accompanying needs of a salary, accommodation, some form of medical scheme and additional money to put aside to pay into a pension scheme. Unless pastoral supervisors are employed as hospital staff as they are in the United States,

Canada and Ireland, there can be little or no hope of future supervisors in South Africa being able to support themselves financially. The position of supervisor will remain as it is, part-time and therefore limited. In the present context of South Africa the two hospitals used as CPE centres are given a report at the conclusion of each CPE unit or module, detailing the numbers of visits by the student-chaplains, expressing the need for patients and staff alike to have continued spiritual support and offering the services of CPE when the next course is scheduled. It is surprising to hear the comments of the matron and administrator when they realise the extent of the work done by CPE students. In a three week module the twenty students may well make contact with over 1680 patients and staff. These visits take on average five to fifteen minutes each and this compassionate and loving service is seen as a gift of time and Christian love. In offering this service to the patients through the hospital, the link is made with the hospital's mission statement to care for and offer healing to all patients. Staff on the wards often express some envy at the fact that the chaplains have the time to sit, talk and listen to the patients.

Training of new supervisors and implementation of new supervisory methods

There is a need to explore possibilities for the training of new South African supervisors and to look at new supervisory methods. The starting point might be for CPE training centres in developed overseas countries to accept trainee supervisors for a nine month programme who will then return to their own countries to establish culturally appropriate programmes, including further supervisory training. In time the supervisors will be fully trained in their own countries and so not have to transport CPE with its American ethos. Jernigan presents a proposition to CPE supervisors:

To help the students understand the issues that need to be confronted if the students are to translate what they have learned in Clinical Pastoral Education in this country into programs of Clinical Pastoral Education that can be appropriate and effective in the cultures from which they come (2000:136).

The writer would add that the translation and the transporting would need to take on the further dynamic of total transplanting if the CPE programme is to be valid in the South African context. There are some assumptions behind this proposition that need to be recognised. Firstly, not all of the students will return to their countries and want to continue to develop CPE and, secondly, that not all students will achieve supervisor status and will therefore not be competent to establish CPE centres. Lastly, there is the challenge of introducing a new training method into different cultures where the message of CPE may have different meanings in that culture. Many supervisors have gone through the process of trying to translate the message of CPE for theological faculties and seminaries and not always with success. The dialogue is a two way street of communication and in South Africa it has been necessary for both sides to respect the mutual learning process. In the past students have been treated as if they have much to learn from supervisors, who in turn have nothing to learn from them. If a student comes from another culture or another nation in Africa there is not only a great geographical distance between the student's culture and supervisor's but there is also a boundary between the cultures. By its nature CPE takes place in hospitals and death is the main crisis to be addressed. There is no doubt that the area of death and dying constitutes a primary need for pastoral care and counselling. Research shows that cross-cultural experiences of death and bereavement offer the person from the western culture many new cultural concepts to understand (Bujo 1990:20). When embarking in a cross-cultural CPE supervisory training programme some important questions are

posed in the one-to-one supervision by the supervisor in order to try to understand the background and the world view of the student (e.g. questions such as “What does it mean to be a man (or woman) in your culture?” “How do men relate to women (and women to men) in your culture?” And especially, “How are students expected to relate to teachers or supervisors in your culture?”) This is because we tend to take for granted “the way things ought to be” from our own cultural perspective. It is necessary in supervision to step back and look at one’s culture as if seeing it for the first time. For instance we must see the differences between the extreme individualism of the western culture and the family and community orientation of the African culture. We must also realise that the student may have little awareness of his or her personal feelings and little ability to recognise or express feelings (Jernigan 2000:142).

CPE would be required to see fit to move into new settings and locations, such as parishes, ministry to the house-bound, ministry to the sufferers of HIV/AIDS, hospice and working with street children. Will these new contexts not demand new supervisory methods? As CPE incorporates new technologies into the training of students, it will be a necessity to make pastoral supervision accessible to people in rural areas, where mobility is restricted, where people are too poor to move away from home for extended periods and where CPE must find its place within the community and for the community.

Ethnic and religious diversity of participants

There is a great need for ethnic diversity and for religious diversity if CPE is to serve the community at every level and in every context. Among those fortunate enough to be studying at university or in the seminary there is such diversity in religious affiliation and yet these students are the few chosen

ones. They have achieved a matriculation and have parents who pay for their education, or have received scholarships. There are many black and white volunteer workers who don't have these opportunities and yet work with their own people. These volunteer carers know and understand the needs of their own communities and, as part of the community, are trusted and respected. These pastoral carers within the community bring the resources of faith into the homes of the people at exactly those moments in life when there is great need of help and they communicate in a language which is understood. CPE will have to consider ways of training the ordinary lay person who is the unofficial or sometimes official pastoral carer of the community.

As the AIDS pandemic continues to strangle our society, many more churches are prepared to provide training for teams of lay carers who do the home visits and who offer pastoral counselling and guidance to the sufferers. Such training programmes are offered over the weekends and a few fortunate persons are beginning to attend the CPE three week module in order to gain the necessary skills and knowledge. In the near future an extended CPE programme will be offered whereby the participant will attend aspects of CPE components in the classroom for two days a week and the next three days will be spent in the field placement or in the parish environment

Information update and CPE course offerings

ACPESA in turn must reach out to seminaries and denominations who are looking for a variety of ways to respond to their sense of calling. There is a sense that these places of training look to persons who are doing supervision to give insights about how to address conflicts and problems arising in ministerial training today. Field placements are difficult to find and the supervision of students in actual ministry sites is of growing concern. Priests

in parishes and medical personnel do not have the time or supervisory training to guide the young ministerial trainee. To find reliable, educational supervision for students that enables them to become pro-active immediately they are sent out of the place of learning is problematic. The various church denominations are investigating a variety of ways in which persons might respond to their sense of call. As different kinds of ministries, for example, ordained, diaconal and certified are proposed, the churches seek ways to help them best guide students in their professional formation in the light of these different callings. As the denominations grapple with the complex issues of ordination they ask who can be ordained and what an ordained person can do; is there funding that can be made available to train people for any length of time for ministry; can a shorter training be offered to the laity and still offer them recognition? These questions demonstrate the urgency with which training for ministry will have to review its context and the needs of communities.

Who will be ministered to in the future?

What type of pastoral care will be offered in the future and to whom? In the past a pastoral visitor to the hospital or to the home assigned from the parish was primarily involved in one-to-one ministry by the bedside. Today this is changing as there are too many people who need visiting due to the AIDS pandemic, and because patients do not stay in hospital for long periods of time. Often they leave hospital still ill and in need of care. They cannot afford the cost of remaining for treatment. Patients come home and hope their families will be able to nurture and care for them. All of pastoral care and counselling is geared to brief counselling.

Students in CPE, and pastoral care and counselling classes, are taught to do a form of crisis counselling which lasts about twenty to thirty

minutes. This is not ideal but does offer the patient or client some immediate relief. In the family counselling sessions it is recognised that three sessions are needed to sort through a broken marriage and six sessions to get a patient through a major depression (Hemenway 2000:63).

FOUR AREAS OF FUTURE CARE AND COUNSELLING

There may well be a need for students in ministry to take up specialised concentrations of care and counselling. CPE training could branch out into these areas. These areas are addiction counselling, grief and bereavement counselling, hospice and terminally ill caregiving, and caring for those with AIDS.

Addictions pastoral counsellor

With the problem of drugs and alcohol in society, a minister who has a fair amount of knowledge in addiction may be necessary. One of the essential tools in this form of specialised care and counselling is to be able to acknowledge one's limitations and to refer to the correct agency. Addictions abound not only in the recognised areas of drugs and alcohol. There are many forms of addiction such as, gambling, relationship addiction, God-dependency, financial addiction, eating addiction and behavioural addictions, to name a few. What the minister is capable of doing is assisting the addictive person to recognise and name the addiction, and then make referrals that give the addicted person a chance in life.

Grief and bereavement pastoral counsellor

Until Elizabeth Kubler-Ross began taking seriously conversations with dying people, there were only a few books available about dying and the dynamics of loss. Now there are many publications aimed at helping people cope with

the results of almost any loss conceivable (Parkes 1972, Lindemann 1984, Shorter 1998, Pattison 2000, and Patton 1993, to mention a few). Grief is in every person's life at some time. Grief is a spiritual problem and rightly the concern of the pastoral minister. Much of ministry today is seen as grief work, which is caring for people in the situations of life's losses and limitations. The question to be asked of CPE training is how well has teaching grief work skills been incorporated into pastoral care and pastoral supervision? Due to HIV/AIDS the future in South Africa will revolve around this form of counselling and caring and as a result CPE will need to incorporate such new and effective forms of care into pastoral supervision and training as mentioned above.

Hospice and the terminally ill caregiver

The roots of pastoral ministry are in attending to the living human document in his/her most painful moments. One of the most predictable places is with the dying person and the family. We have something to learn from the hospice movement which focuses on a team approach to honour personal dignity and facing what is central to the dying individual. CPE must spend time in training the care-giver, or the family members, some of the rudiments of pastoral ministry. This is going to be more and more the reality of the near future, the care providing for the person living with AIDS (PWA) within his or her family, community and tribe. Within the near future the hospitals will not be able to cope with those dying of AIDS and the PWA's will be sent home to die. It will then fall to the family members, and in African society especially, the grandmothers and the children to look after the dying person and the family at home. They will have to have some knowledge of good healthy eating and how to physically care for a dying person. If possible they should also have some elementary skills in pastoral counselling, listening

and empathy.

Caring for the person with AIDS (PWA)

This area of CPE will probably become the largest and most pressing component of ministry in the near future in South Africa. In the hospitals the estimate of HIV/AIDS sufferers is said to be above 70% of the cases. (Interview with Matron Brown, and Sister Phungile, Grey's Hospital, July 2000). When diagnosed to be suffering from AIDS the person experiences enormous psycho-social problems which include the problem of having to deal with a serious contagious and terminal disease which has huge impact on one's life span expectation. The primary aim of the caregiver has most often been that of enhancing the coping abilities and providing emotional support in this time of isolation, fear and loneliness. There is an increased need for reassurance of love and care from significant others. Five areas are identified as essential in working with people who are terminally ill (Ward 2000:27-28), caring, comfort, company, coping mechanisms and loss of control.

Caring

The ability to listen to the person's story, to offer reflective and truthful answers, and to mutually explore past experiences can show the deepest caring at this time. The caring is shown in the affirmation that the person is valuable and likeable, that he or she is not worthless in God's sight and that by facing the past, present and future, this is a time of re-establishing self worth, beliefs, values and priorities. True pastoral caring will also take into account the vulnerability and weakness of the suffering person. If they are in a hospice they feel completely dependent on the nursing staff who make all the decisions. If they are at home receiving home-based care the responsibility falls to the family or main caregivers. The pastoral carer is able

to support the family and medical staff and to endeavour to help them understand the nature of the illness and the immediate needs of the patient.

Pastoral counselling can be offered in the form of unconditional love, counselling, listening and acceptance and offering aspects of a theology of hope (Pruyser 1976:43).

Many of the PWA experience a sense of guilt over past actions. The question they ask is "What have I done wrong?" This is especially true of mothers of children who are HIV positive. Sharing these feelings and talking about them in a pastoral conversation seems to be the healthiest way of dealing with this guilt. The most important aspect of this ministry is non-judgmental listening.

Comfort

Comfort is offered by being available, by listening and by enabling the memories of the past to be healed. The use of scripture and reading Bible passages, which deal with God's unconditional love, may also be of great comfort to the sufferer.

Company/Presence

The PWA experiences loss, alienation, fear, a feeling of rejection and of being a burden to others. Those relatives and friends who are supposed to offer support and to give care often withdraw from the scene as time drags on and it remains for the visiting carer, pastoral counsellor or chaplain to find ways to accompany this person. The companionship will not be much more

than to “be” with the PWA, to offer a ministry of presence.²⁷ In South Africa this ministry of presence would appear to be very important as Moila explains:

In South Africa a physical Christian presence is of vital importance because crisis situations are the order of the day especially among young African people. People in these situations feel much better when they see they are suffering in solidarity with others. Thus physical Christian presence opens a window of liberation through the granite wall of suffering. In moments of crisis in the lives of most black South Africans it can say more than the words of a thousand sermons. By this I mean to say that it is possible in times to counsel people in crisis through one’s own silent body (1989:206).

Coping mechanisms

Many seriously ill patients resort to defence mechanisms, the major one being denial. They do not acknowledge their own illness and spend a great deal of time worrying about their families. This situation is obvious in black families. The mother or father of the family lying ill in hospital is deeply concerned about the money which may or may not be available for food for the family. The visiting carer may be able to assist the ill person to discover or develop coping mechanisms such as making simple plans of action, or writing a will to provide for the family or learning to let go of worries through prayer.

Loss of control

The person in the last stages of AIDS experiences a profound sense of the

²⁷ Stanley Hauerwas, in his book *Suffering Presence*, discusses the importance of the “very willingness of the physician to be present in times of illness”...and that “even when medicine cannot cure, the care physicians provide is all the more important” (1986:13). I would like to replace the word ‘physician’ with ‘chaplain’.

complete loss of personhood, loss of control over their lives, loss of self-esteem, loss over decision making, complete dependence on others, and loss of the understanding of family and friends, employer and social contacts. Most of all they have to let go of their sense of autonomy. The pastoral carer can assist the person to participate in the decisions about treatment, which includes the right to treatment or to refuse treatment, to attend to a will or management of personal possessions, to choose whom to allow in for visits, to plan the funeral, to say goodbye to whom s/he wishes, and to ask forgiveness and to attend to any unfinished business.

The role of the pastoral carer offers the components of caring, comfort, company, coping skills and offering control to the PWA. These skills and gifts can be offered by lay persons who are trained in care-giving and who are part of the community or family of the person who is dying. Yet, dealing with grief, death and dying is a specialised ministry. We can never afford to make light of the innate fears of the CPE participants who come from diverse cultural backgrounds. To minimise personal fears, anxieties and the sense of loss is to show disrespect to those participants who are offering themselves in the caring ministry and who themselves are struggling with their good intentions and willingness to serve God's people as pastoral carers.

One thrust of the future of CPE may need to offer community-building among the students that reverences differences across the various cultural, denominational and professional associations. After one CPE course in Pietermaritzburg, a white Afrikaans speaking student remarked of his own cross-cultural experience.

During worship and prayer one morning in the middle of CPE, I learned to "toyi-toyi" during the praise ceremony. I would never have been so brave as to dance in my own congregation but not

understanding the language, I learned what it means to dance, what it means to worship together and what it means to be of the same Body of Christ. I had to empty myself to embrace their different worship practice. At the end of the service I felt I was included with respect by the whole CPE group. I belonged to this multicultural group of Africans". (Interview with a white Dutch Reformed Church minister, July 1999).

THE NEED FOR GROUP CARE AND COUNSELLING SKILLS

An emerging need which has been identified is the inclusion in CPE of a process which facilitates the learning of the dynamics of group care and counselling. ACPESA will have to address this issue to provide more time on group dynamics and the interaction of the minister in such a group, whether it be a family or a small community. There will also have to be training units which grow and develop in a variety of settings with increasing emphasis on creating connections with churches, hospices, street children centres and the individual families who are suffering and living with AIDS. With all these developments if we have the personnel, will CPE be in danger of losing the uniqueness of what it is and what it does, or will its flexibility be a reflection of the vitality of the programme which stays current to and responds to specific local challenges and needs? The CPE of the future will need to remain flexible and dynamic, and to accredit new ministerial sites for training (Hemenway 2000:65).

This section on the possibilities of the way forward concludes with the wish that CPE could offer to the South African community the skills, the opportunity for ministers to receive adequate training in pastoral caring for a community which is suffering and which needs compassion and Christian caring, neighbour with neighbour. An adequate reflection comes from Pohly when he writes:

Pastoral supervision is a method of doing and reflecting on ministry in which a supervisor (teacher) and one or more supervisees (learners)

covenant together to reflect critically on their ministry as a way of growing in self-awareness, ministering competence, theological understanding, and Christian commitment (1993:75).

A final word includes the fact that there is a great need for the selection of future trainee supervisors who are desperately required if CPE is to continue. The encouragement of more black men and women into ministry *per se* and into the ministry of pastoral supervision will offer a future not only to CPE, but to all those interested in offering themselves for the service of humanity.

CONCLUSION

For CPE to be valid and fruitful in South Africa it is not merely a matter of transporting a programme from another country, but the creative integration of rooting the principles and key aspects of the CPE process in the African context. An important obligation rests with South Africans themselves to take up the challenge to be trained as supervisors and offer themselves for the development of carers who will reach out to those who stand under the shadow of suffering, particularly those afflicted by HIV/AIDS.

CONCLUSION

This research has elaborated on the development of Clinical Pastoral Education from its inception to the present day and its transplanting into South Africa in a revised format. This overview and critique of the dynamics and method of CPE has highlighted the need for adaptation if CPE is to be successfully implemented in a cross-cultural context. In order to complete this task we explored the components of CPE and investigated where necessary changes and adaptations should be made for acceptance into South African culture. We further noted the paradoxes within the CPE process and their contribution to the growth and pastoral identity of the CPE student. This was followed by an in depth understanding of pastoral supervision and ministerial identity, two aspects of CPE that comprise the learning and experiential skills at the heart of the process. The central chapter of this thesis explores the cross-cultural dynamics of this multiracial society. It is in this section that we appreciate the complexity of transporting a tried and tested process from one culture to another. The transporting and translating of the concept is not enough if CPE is to take root in South Africa. We must change tactics and realise the importance of creating and transplanting a new South African CPE for South Africans of all races. To accomplish this, adaptations have to be made and black South Africans have

to be trained as supervisors.

If the result of this research leads to further training of indigenous people who can transplant CPE into their own cultures, then the goal of writing this thesis has been achieved. This study hopes to bring to the attention of the churches and those in the helping professions, a vision for the training of lay carers under supervision who will be able to guide and sustain the peoples of this land who are suffering from many crippling circumstances. We must continue to learn, to stand together and to transplant the essence of CPE into programmes that are culturally appropriate for this country. CPE cannot hope to survive if it is not adapted to the indigenous cultural context. The training of students for supervision in the hope that they will return to South Africa to implement CPE is an important issue for the future. Let us look to a future where we can empower ourselves to offer the comfort, caring and compassion of a nation which knows how to love God and to love our neighbours as ourselves. It is hoped that the words of Jesus might become enfolded in the participants, where they might proclaim and live their pastoral ministry, saying with that same Jesus,

The spirit of the Lord is upon me,
for he has anointed me
to bring the good news to the afflicted.
He has sent me to proclaim liberty to captives,
sight to the blind,
to let the oppressed go free,
to proclaim a year of favour from the Lord (Luke 4:18-19).

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INTERVIEWS RECORDED AND TRANSCRIBED

December 1994 Dublin, Ireland Three supervisors J.C. D.B. M.O'B.
 November 1994 Dublin, St. Vincents Hospital Twelve CPE students
 December 1997 Dublin, Mater Dei Hospital Six CPE students
 December 1997 Dublin, Ireland St. Vincents Hospital Six CPE students

January 1998 Pretoria, H.F. Verwoerd Hospital Eighteen CPE students
 July 1999 Pietermaritzburg, Greys Hospital Nineteen CPE students
 July 2000 Pietermaritzburg, Greys Hospital Twenty one CPE students
 July 2000/1 Pietermaritzburg. Two co-supervisors. Sr. J.B. And Br. J.B.
 July 2000 Pietermaritzburg. Matron P. Brown and Sr. Phungile, Greys
 Hospital.

April 1997 Dublin, Ireland C.R. M.M. C.F.
 March 1997 Dublin, Ireland Br. I.C.

Decock, Paul. O.M.I. 1997. St.Joseph's Theological Institute, Cedara.
 Professor Maake Masango. December 2001. University of Pretoria.
 (Telephone conversation).

FURTHER RECOMMENDED READING

JOURNALS:

Africa Theological Journal - ATJ
 Christian Counseling Today - CCT
 Journal of Family Psychotherapy - JFP

Journal of Marital and Family Therapy - JMFT
 Journal of Pastoral Counseling - JPCo.
 Journal of Supervision and Training in Ministry. Volumes 1 - 20 - JSTM
 Journal of Theology for Southern Africa - JTSA
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APPENDIX 1.

CLINICAL PASTORAL EDUCATION

NAME..... COURSE DATES.....

COURSE CENTRE. (PMBurg) (Pretoria) SUPERVISOR.....

GOALS

1. WHY ARE YOU HERE?

2. WHAT ARE YOUR SPECIFIC GOALS FOR THIS MODULE OF CPE?
(Name two or three)

3. HOW DO YOU INTEND TO ACHIEVE THESE GOALS?

4. HOW WILL YOU KNOW YOU HAVE ACHIEVED THESE GOALS?

5. Declaration: I will observe all requirements as stated by ACPESA in the Contract attached to Application Form.

Student..... Date.....

Supervisor.....

APPENDIX 2.

(Please use this format as a guideline and type up all responses on a separate line)

RECORD OF PASTORAL INTERVIEW - VERBATIM REPORT

- a) Leave a 6 cm margin on the right (2.5 inches) for Supervisor's comments.
- b) Number each page.
- c) Always preserve anonymity of the person visited.
- d) Write the Verbatim in the exact format provided and keep to the headings.
- e) Verbatim reports must be typed. Use single spacing.

Verbatim Report Number..... Chaplain.....
 Patient.....Ward.....
 Number of Visits to Patient..... Date

Length of Visit.....

1. KNOWN FACTS

Summarise here what factual information you have learned about the person, *before* the interview.

How did you come by the information? Describe the person, illness, situation and occasion for the interview.

2. PREPARATION

Knowing what you do about the person/patient, prepare your mind for the visit. Note what you do not wish to do. Then list the specific things you would like to see result from the visit. Avoid pressing your agenda on the patient. Your goals should be flexible as you become increasingly involved in a pastoral relationship. Identify your feelings and attitudes.

3. OBSERVATION

What do you find at the beginning of the visit? Observe the situation in which you find the person. Note appearances, posture, gestures, facial expressions, mannerisms. Use the five senses- sight, smell, touch, speech, hearing and taste. Be aware of your "gut" feelings.

4. INTERVIEW: VERBATIM

The pastoral role usually prevents taking notes during the conversation, but immediately after a stream of key words may be jotted down. Then at the first opportunity type up the interview as

verbatim as possible. Avoid third person summaries. Enter only direct quotations. Each speech is a separate paragraph led in by the letter of the one speaking. Non-verbal communications must also be noted. Listen with full attention and you will find that memory grows with interest and practice.

C = Chaplain (yourself)

P = Patient/Parishioner/Person

D = Doctor

N = Nurse

O = Other, Family member

Number successive dialogues.

C1

P1

C2

P2

Report any Prayers you might offer in full. Refer to Scriptures if you read them.

5. EVALUATION

Refer to response codes from Verbatim when necessary: example; "In C2 I could have... In P6 the patient was hinting at... e.g. C8: P12: N2:

5.1 GENERAL ANALYSIS OF THE PASTORAL CONVERSATION

What took place, note your associations of ideas, repetitions, unconscious revelations etc. State any insights gained by you or the patient. Do you think the interview went well? Why/Why not? Which language did you use in conversation?

5.2 PSYCHOLOGICAL CONCERNS

Are there any primary conflict areas you recognise? Describe how the patient's suffering, depression, turmoil, anger has an effect on her/his attitude towards sickness, life style or relationships.

5.3 SOCIOLOGICAL CONCERNS

Briefly describe the patient's cultural, economic, educational background and assess the effects this might have in terms of how s/he relates to the present situation and to significant relationships. Is there any particular distress culturally, for the patient at being in hospital?

5.4 THEOLOGICAL CONCERNS *This section is important as a Theological Reflection*

Does the patient's religious experience seem to have a positive, negative or neutral effect upon his or her life? What seem to be the important spiritual concerns of the patient? How can you help as a Chaplain? How did you help/not help? Any theological questions for you?

6. SELF CRITIQUE

Time to critique your own responses. Where you did well and where your responses could have improved. Describe your own feelings about this patient as well as the feelings you had throughout the interview. What motivated you to work with this patient? It is essential that a Chaplain be aware of both positive and negative feelings in relationship to the patient, ward personnel, staff members and environment.

7. OPPORTUNITY

Are there opportunities for further intervention by you, the Chaplain, or would other services be of help? In this section, briefly define your plans for the next interview and short term goals in terms of your pastoral ministry. This should emphasise the uniqueness of your role as a Chaplain in the relationship. Do you have a next appointment with this patient? When?

8. Would you set yourself GOALS for further visits with this patient? If so, name them.

NB: Never tell a patient you will visit again unless you are 100% sure you can keep the promise.

A Verbatim Report should be about four (4) typed pages, single spacing, in length.

NOTE: On third and fourth visit verbatims please only offer the important sections of the dialogue, the crux of the matter, the turning point. - There is no need to write up the introductions again.

*THREE copies to be handed in when presenting in Group or one copy for each member as instructed.

*ONE copy if only for analysis in Supervision

APPENDIX 3.

OUTLINE FOR CRITICAL INCIDENT

A critical incident describes some event in your personal life in the recent past, which is a learning experience for you. You are asked to reflect on this incident recalling in some detail, whether it was a positive or negative experience for you. (Each point should indicate a new paragraph)

1. Describe the event as fully as possible, including the actual crisis moment with the relevant non-verbal and verbal communication *as in a verbatim*.
2. Reflect on your own emotions and those you observed in others.
3. How did you deal with the critical incident you are describing? What was your reaction or response? Would you react or behave differently if you had the chance again? How?
4. Was your action or response congruent with your stated theology? Explain.
5. How do you see God as being present in this critical incident?

OUTLINE FOR A PASTORAL INCIDENT

Describe a significant incident in your ministry since you have been in CPE. Allow yourself the fullest latitude in recalling the event which was a learning experience for you.

An incident can be a personal involvement that may have caused you anxiety; on the other hand, it may be an event which was exceptionally gratifying. In any case, it should be some experience that can be marked as a "low point" or a "high point" in your present ministry.

1. Describe the event including critical verbal and non-verbal communication involved,
and your responses *as in a verbatim report*.
2. Describe any emotions you perceived in others and your own personal feelings about the situation.
3. If it is a low point, state the problem as you see it. If a high point, state why it is so.
4. If a low point, list some other ways you might have responded or handled it.
If a high point, state any new insights or growth you perceive in the situation.
5. Deal with the question of how God is involved in this incident.
6. This incident may well shed light on your identity in pastoral ministry.
Discuss

APPENDIX 4.

ASSOCIATION OF CLINICAL PASTORAL EDUCATION SOUTH AFRICA

PARTICIPANT'S SELF EVALUATION

NAME OF STUDENT.....
NAME OF SUPERVISOR.....
COURSE DATES.....
COURSE CENTRE.....

- 1. EVALUATION OF RELATIONSHIPS
 - With 1:1 supervisor
 - with patients
 - with staff
 - with peer group
 - with fellow students

- 2. GROUP WORK PARTICIPATION
 - large group worship and seminars
 - small peer group

- 3. LEADING IN WORSHIP AND PRAYER SESSIONS

- 4. GOALS SET FOR THIS CPE
 - Number the goals and comment on each one

- 5. AREAS IN WHICH PROGRESS WAS MADE

- 6. PASTORAL IDENTITY
 - at the beginning of CPE
 - at the conclusion of CPE

- 7. LEARNING INSIGHTS GAINED

- 8. COMMENTS:
 - (i) Anything added you would like to emphasise?
 - (ii) Would you consider it necessary to ever attend another CPE?

STUDENT..... DATE.....

SUPERVISOR.....

APPENDIX 5.

CERTIFICATION LETTER

**ASSOCIATION OF CLINICAL PASTORAL EDUCATION OF
SOUTHERN AFRICA**

This is to certify that..... has been a participant at the Clinical Pastoral Education (CPE) process which was held at Grey's Hospital, Pietermaritzburg in KwaZulu-Natal, from.....

S/He participated (fully) in the various activities of the CPE process and applied himself/herself with diligence/great diligence in all the components required within CPE.

This CPE *module* consisted of the following components:

Didactic Seminars - 13 hours

Verbatim analysis group sessions - 20 hours

One-to-One Supervision with the Supervisor -

2 hours 30 minutes

Worship and Prayer - 7 hours

Ward visiting - 40 hours (varies in some modules)

Assignment preparation time - variable

The following assignments were successfully submitted:

GOALS set for CPE

Three Daily PASTORAL DIARIES

Three VERBATIM reports

A CRITICAL or PASTORAL Incident

Personal EVALUATION

The total number of credit hours given for this CPE module is 120 Hours

CPE is recognised as ONE University semester course as post-graduate level.

It was a pleasure to work with.....

(I would recommend that she/he would have the opportunity to avail of further CPE units or modules.)

(I wish him/her every guidance and blessing in his/her future ministry.)

STUDENT.....

SUPERVISOR..... DATE.....

Grade (if required).....

APPENDIX 6.

Please return this questionnaire within fourteen days (14) after completing the CPE module, to; Edwina Ward .School of Theology, Pr. Bag X01 Scottsville, 3209

(All answers must be typed out on a separate sheet of paper and numbered accordingly)

EVALUATION REPORT

The purpose of this Evaluation is to respond to the research question:

“In what ways is your pastoral functioning affected by the basic three week module of CPE?”

1. Why did you attend this CPE module?
2. What did you hope to learn during CPE?
3. Which components contributed most to your pastoral functioning?
4. Were the components that emphasised the group dynamic and human inter-relatedness of any greater significance? Explain why.
5. Which components most challenged your development of pastoral functioning and why?
6. How did you learn how to cope with conflict and how to name your own concerns?
7. Rate the learning experiences which were most effective.
8. In which areas were your levels in skills and knowledge developed?
9. What new insights have you incorporated into your pastoral functioning?
10. Describe how and if the cross-cultural experiences in all aspects of CPE were significant.
11. Any comments you wish to make for the improvement of further CPE modules.

2.

Use this list of the COMPONENTS when referring to particular questions:

Morning worship
 Didactic seminars
 Ward visiting
 Group work dynamics
 Verbatim analysis
 Debriefing
 One-to-one supervision
 Written assignments - Goals, Verbatim reports, Critical or Pastoral
 Incident, Pastoral diary, Evaluation.

SKILLS AND KNOWLEDGE:

Pastoral skills - Counselling - Listening - Feelings
 Identifying personal goals
 Professional development
 Ministry to those suffering - Death and dying

GOAL SETTING AND EVALUATION:

Identifying personal goals
 Accomplishment of goals

HUMAN RELATIONSHIP SKILLS:

Development of a pastoral identity
 Cross-cultural counselling skills
 Individual/Community caring and support
 Developing a rapport with peers and supervisors
 Relationships with peer group, patients, and hospital staff

PASTORAL FUNCTIONING:

Theological reflection
 Pastoral presence - being *present* with the patient
 Use of prayer and scripture in the pastoral visit

COMPONENTS WHICH WERE THE LEAST EFFECTIVE:

Date of CPE course you attended:

Signed: Name printed: