CLINICAL PASTORAL EDUCATION FOR IGBO SOCIETY: A CROSS CULTURAL MODEL FOR A FAMILY/COMMUNITY-BASED EDUCATIONAL PROCESS IN PASTORAL CARE

BY

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CPE is Western in origin, it can be transplanted and adapted to the Igbo soil and be fed with the local nutrients. In the view of the researcher, this can bring about a new CPE model which is called the "Family/Community-Based CPE Model."

The above mentioned model puts the family and community at the center of the CPE program. The CPE center will be located in a community-based setting that will enable the CPE students to visit different families and experience community life and to learn how the people respond to different events in their lives. The students can also visit ceremonies that give meaning to the people's lives such as marriage, naming, funerals and other events through which the people express their communal life. Inter-professional collaboration can take place between the CPE center and different professionals, as well as the local practitioners. All these experiences will form part of the verbatim reports and reflections during the program. The already existing action-reflection-action model of CPE will be remodeled to be theory-observation-action-reflection. It is this CPE model that the researcher proposes for the Igbo society.

ISI OKWU DI N'IHE ODIDE NKE A

Ihe odide a na-elebanye anya n'usoro mmuta nke *Clinical Pastoral Education* (CPE). CPE bu okwu Bekee nke a ga-abu a kowaba ya n'Igbo o buru, "izu ndi ukochukwu n'uzo miri emi iji na-nyere ndi mmadu aka n'ihe nke mmuo." N'ebe usoro omumu nke CPE di, o bughi nani ndi ukochukwu nke olu uka ka e bu n'obi. Ndi CPE gbasakarisiri bu ndi niile kwenyere na Chukwu kporo ha ibanye n'olu nke inyere ndi no na mkpa aka site n'inodebe ha iji we nye ha nkwado nke ime mmuo n'udi onodu o bula ha na-agabiga na ndu ha. Ebe o bu na aha a bu CPE aburula ihe e ji mara udi ozuzu a n'akuku uwa niile, kachasi n'ebe ndi malitere ya bu ndi America no, o di mkpa ka ndi Igbo ka jiri otu aha ahu mara ya ka o ga-abu ha kpoo aha ya ndi ozo aghota ihe ha na-ekwu. O nweghi otu okwu Igbo ga-anochi anya okwu Bekee bu *pastoral caregiver* n'uzo o ga-eweputa nkowa ya zuru oke. N'ihi ya ode akwukwo a, choro iji okwu bu "onye enyemaka nke ime mmuo ma o bu ndi enyemka nke ime mmuo" wee nochie anya *pastoral caregiver* ma o bu *pastoral caregivers*.

Ode akwukwo a hutara CPE di ka usoro bara oke uru isi zua ndi olu uka na ndi enyemaka nke ime mmuo niile n'uzo ha ga-esi jiri ihe ha ghotara na ihe ha na-akuzi maka Chineke we nyere onye Igbo no na mkpa aka n'uzo puru iche. Ha ga-esite na CPE muta uzo isi jiri nghota ha na nghota di choro enyemaka n'aka ha gbasara Chukwu wee nyere ha aka n'uzo o ga-esi metuta mkpa mikarisiri emi nke ndu ndi ahu. Ihe bu isi okwu n'ihe odide a bu iwekotasi ihe bara uru n'uzo ndi omenala di iche iche si enyere onwe ha aka, tiynekota ya na nke ndi Igbo, we zua ndi enyemaka nke ime mmuo ndi Igbo. Nke a ga-enye ha ngwa olu nke inwe ike hu ihe mmadu na-eme, kowaa ya nke oma site na nghota ha gbasara Chineke. Ya na onye ahu choro enyemaka ga-enwezi ike tugharikota uche maka nsogbu ahu n'uzo a ga-esi ghota ya nke oma wee nwee ike nyochaputa ebe enyemaka ga-esi puta. Ode akwukwo a maara na ndi Igbo ejighi ndu ezi na ulo na ibiko ndu onu n'obodo amuru onye egwu egwu. N'ihi ya, o na-atuputa na ebe kachasi mma idi we nye ozuzu a abughi n'ulo akwukwo, kama n'ime obodo, ebe onye a na-azu ga-enwe ike na-ejekwu ndi o ga-enyere aka na be ha we nwee ike muta udi udu ha na-ebi, ihe dikarisiri mkpa na ndu ndi ahu na uzo ndi ahu si enyeburu onwe ha aka. Ndi Igbo na-ekwu okwu sin a onye nodebere mmadu na-anu isi eze ya. Nke a ga-emezi ka onye enyemaka mara udi enyemaka ndi ahu na-ele anya ya.

Di ka o di n'obodo ndi ozo, ndi Igbo nwere otutu mkpa na-esogbu ha nke na-eme ka ha na-agbaghari na-acho ndi enyemaka nke ime mmuo. Ufodu na-eji maka mkpa ndi a ejekwu ndi dibia mkporogwu na mkpahihia ndi ozo agbajechaa n'ulo ekpere di iche iche. Ufodu bu ndi ndu a gwurula ike, ha amaghizi ihe ozo ha ga-eme. N'ebe otutu mmadu no, ndu a enweghizi isi na odu n'ihe oria, ihe egwu juru ebe niile na ndi iro. Ihe ndi ozokwa ha na ha na-agbari bu aguu, ubiam, mmegbu, enweghi onu okwu na itufu ihe e ji mara ha. Nsogbu nke sitere n'ebe usoro ochichi nke Nigeria di bu ichupu ndi Igbo n'ebe onodu niile bara uru na Nigeria di. Ha enwighizi onu okwu n'ebe obodo nke aka ha di. O nwee okwa ruru ha, e were ya nye ndi ozo nke mere ka ha di ka ndi oru na ndi a juru aju n'obodo nke aka ha. Ndi be anyi, kedu ebe ozo ndi Igbo ga-agbaje ma oso si n'ulo chuba ha? Ufodu nsogbu ha na-enwekwa sitere n'oke ndokasi na ndogbu nke sitere n'ihe egwu di iche iche di ha okirikiri nke na-eme ka ha chiri uche na-aka mgbe niile tinyere ma ndi amosu, ndi obi ojoo, mmuo ojoo, ogbanje na tigbue zogbue niile gbara ha okirikiri. Ugbu a zi, oria mminwu (HIV/AIDS) esonyela n'ogbara Igbo gharii nke a na-amaghi ihe a ga-eme. O sorola chugobe ndi mmadu obi n'elu nke bu na ndu a gwuziri onye elu na onye ala ike. Ndi Igbo nozi n'egwu, ujo, o nweghizi onye ma nke o na-eme eme. Echi dizi ime, o nweghi onwe maara ihe o ga-amu. O bu otu a ka ndi Igbo ga-esi bigidezi? O buru na e jighi n'oge mara ihe e mere mara na e jighi odiniru ndi Igbo n'aka.

O bu ntuputa nke ihe odide a na mmadu apughi ibi ezi ndu ma o buru na onye ahu ezughi oke n'ime mmuo ma n'elu aru. Ode akwukwo a kwenyere enyemaka nke ime mmuo bu otu uzo na isi wee mee ka mmadu zue oke n'ime mmuo ma na ndu ya. O na-ekwusi ike na udi ajo onodu ndi Igbo no ugbu a bu onodu choro udi ndi enyemaka nke mmuo e sitere n'udi ozuzu nke CPE wee zuchaa nke oma. O na-eme ka a mata na CPE nwee usoro mmuta nke sayensi nke puru inyezu ndi enyemaka nke ime mmuo ndi Igbo ngwa olu niile ha ga-eji nyere ndi mmadu aka ma sitekwa na ya nwee mgbanwe n'ime onwe ha. Ha ga-esitekwa na ozuzu ha nwetara na CPE wee mee ka onye no mkpa ghota udi mkpa o no nay a, nyekwa onye ahu no na mkpa udi nkwado nke o ga-eji di ike inyere onwe ya aka. O bu ezie na o bu ndi Bekee malitere CPE, ndi Igbo nwere ike inomiri udi usoro ozuzu nke CPE we nyochaputa udi enyemaka nke ime mmuo digasi mkpa n'omenala ha. N'ihi nke a, ode akwukwo a na-atuputa na udi CPE ga-adabara ndi Igbo nke oma bu nke ga-adabedo n'udi ndu ha na-ebi n'ezinulo ha ya na nke ha na-ebi n'obodo. Ode akwukwo a nyeziri udi CPE ahu aha ohuu nke bu n'olu Bekee, *"Family/Community-Based CPE Model."*

Udi ozuzu bu ezi na ulo na usoro mmekorita ndi mmadu n'ime obodo bu ebe o ga-adabedo. Ebe a ga-ano na-enye ozuzu ga-abukwa n'ime obodo ebe ndi na-enweta ozuzu ga-enwe ike na-apukwuga ndi mmadu na be ha di iche iche. Ha ga-enwekwa ike sonye mmemme di iche iche a na-eme n'obodo di ka ikwa ozu, igu umuaka aha, olulu din a nwonye, na mmemme niile ndi Igbo ji akwado ndu ha. Ha norokwa n'ime obodo wee na-enwe ozuzu, ha ga-enwe ike riota ndi okenye na ndi nwere aka olu di iche iche gbasara enyemaka ha abia soro kuziere ndi a na-enye ozuzu udindu ndi obodo ahu na-ebi na uzo di iche iche ha si enyegasiri onwe ha aka. Ihe ndi a niile ha ga na-emegasi bu ihe ha ga-achikota onu ma ha gbakoo inwe mmuta, ma tuhgarikwaa uche na ha n'otu n'otu. Nke a ga-eme ka ndi a na-enye ozuzu banye n'usoro mmuta nke "a kuzie, ha e jiri anya ha hu, mee ya emee n'onwe ha, norokwa ala lebanye anya ma tugharia uche n'ihe ndi ha mere." Mgbe ha ga-eji kpokobasi ihe ndi a niile onu, onye ahu aburu onye azuchara azucha nke oma n'ebe enyemaka nke ime mmuo di. A chikobara ihe odide a n'uzo asato ndi a:

Isi 1: Gini bu CPE

Ebe a nyere nkowa zuru oke maka CPE ma gosikwa ya di ka usoro ozuzu puru iche nke puru ime ka ndi olu uka na ndi enyemaka nke ime mmuo niile buru ndi ihe ha na-eme doro anya nke oma. Isi nke mbu a nyekwara nghota ndi mmadu di iche iche maka CPE ma gosikwa na CPE nwezuru ngwa olu zuru oke nke ga-bakwara ndi Igbo uru nke oma.

Isi 2: Otu CPE si malite

Isi nke abuo malitere na mgbe Jesos na-agbasa ozioma wee gosi na enwemaka nke ime mmuo putara ihe n'olu niile O luru. Ndi mbu soro uzo Jisos gbaliri ole ha nwere ike ma ka oge na-agazi, ndi soro n'azu malitere tinyebe udi ihe di iche iche nay a. Nke a mere ka enyemaka nke ime mmuo buruzia olu a na-alu out e si alu olu oyibo ndi uzo. Ihe CPE ji bata bu icho uzo a ga-esi mee ka enyemaka nke ime mmuo burukwa ihe bara uru ozo.

Isi 3: Ihe a na-emegasi ma a nokoba onu na CPE na otu o ga-esi daba n'ebe ndi Igbo no

Ebe a lebanyere anya n'ebe ihe niile a na-eme ma a nokoba onu na CPE. Di ka ntughari uche die ebe a si di, ode akwukwo a kwenyere na otu e si enwe mmuta ma a nokoba onu n'otu nke CPE dabara n'udi ndu ndi Igbo na-ebi. Nke a ga-eme ka CPE nwee onodu n'ebe ndi Igbo no.

Isi 4: Uru imuta otu ndi Igbo si ahuta ndu a bara n'ebe CPE di

N'ebe a, ode akwukwo a lebara anya na ndu ndi Igbo ma na omenala ha. Oruturu aka na ndu ezi na ulo, ndu ndi obodo, odinala di iche iche na mmemme di iche iche e ji mara ndi Igbo. Site na nka ka o ji choputa na ndi Igbo bu ndi na-acho mmekorita. Ha adighi ebi ndu nke "onye biri be" di ka ndi Bekee si ebi. N'ihi nke a, ozuzu o bula a ga-enye ndi enyemaka ha ga-adabedoriri na udi ndu mbikota onu ha na-ebi.

Isi 5: Otu CPE ga-esi lebanye anya n'udi enyemaka nke ime mmuo ndi Igbo choro ya na uzo ndi Igbo siburi egbo udi mkpa ndi hau

Ebe a lebara anya n'udi ahuhu ndi Igbo hugasigoro ma nke ha k na-ahu ugbu a. Ufodu ahuhu ndi a mere ka ha di ka ndi a na-emegbu na ndi a juru aju n'obodo nke aka ha. Tinyere nke a bu ma ubiam, oria mminwu, amosu, orai di iche iche, ndi mmuo ojo, na enweghi ezumike n'uzo di iche iche. Kemgbe uka batachara, ndi mmadu adighi ejekwukebezi ndi dibia, ma ndi uka agbaghi mbo chota uzo ozo isi we mechie onodu ndi dibia. CPE agaghi anochi anya ndi dibia, ma oga-enye ndi olu uka udi ozuzu ha ga-eji gbalia ole ha nwere ike n'inwere ndi mmadu aka.

Isi 6: CPE na enyemaka nke ime mmuo

Ihe e kwuru maka ya ebe a bu udi enyemaka nke ime mmuo di iche iche na etu e si akusi maka ha na CPE. O lebakwara anya n'etu ndi Igbo si aghota enyemaka ndi ahu.

Isi 7: Otu enyemaka ndi a zuru n'usoro ozuzu nke CPE si abara ndi mmadu uru

N'isi nke a, a juru ufodu mmadu ajuju onu, we mara nghota ha na uche n'ihe gbasara uru CPE bara. Otutu mmadu kwuru na CPE amaka iji wee zuo ndi olu uka na ndi ozuzu nke ime mmuo. Ode akwukwo a sitere n'ihe ha zara wee kpebie na CPE ga-abakwuru ndi Igbo uru.

Isi 8: CPE nke dabedoro na ndu ezi na ulo na nke ime obodo

Ode akwukwo jiri nke a wee mechie ihe odide ya, kowakwaa otu a ga-esi wee mee maka ozuzu nke CPE n'ala Igbo. O gosiri na uzo kachasi mma bu idabedo na ndu ezi na ulo na nke obodo.

PREFACE

The researcher's choice of this topic, CPE for the Igbo society, is based on his experience during the Clinical Pastoral Education (CPE) program at Grey's Hospital Pietermaritzburg in 1999. During this CPE program, the gentle with tough-love guidance of his supervisor, Dr. Edwina Ward, during individual and group supervision, elicited in him the desire to go deeper into the clinical aspect of pastoral ministry. As the researcher continued to explore the rich pastoral resources in CPE, it became clear to him that the Igbo society of Nigeria would require deeper attention in pastoral care, as communicated to pastoral caregivers in CPE. Despite the Western origin of CPE, it can still equip the Igbo pastors with skills of pastoral care and pastoral counseling that will enable them to meet the needs of their people at a deeper level.

The researcher has written a Masters dissertation on depression as a crisis situation for the Igbo. From this dissertation came the idea that the Igbo society also needs a clinical pastoral formula which takes their culture and environment into consideration. He started thinking of ways to make CPE effective for attending to the various problems the Igbo experience. The researcher has also participated in CPE in hospitals where people from different cultural backgrounds are attended. The experience he gained in these hospital visits enabled him to see how useful CPE methods can be in training pastoral caregivers for the Igbo society, if such methods are remodeled to accommodate their worldview.

Because the Igbo society is based on family and community relationships, the researcher saw it necessary to investigate the basic elements in CPE that will bring about self-transformation and improvement in pastoral skills for the Igbo pastors in order to respond to their social context. This conception gave rise to the topic, "Clinical Pastoral Education as a cross-cultural model for a family/community-based educational process in pastoral care." By making CPE family/community-based, the researcher's hope is that it can be successfully adapted and transplanted to Igbo soil and be fed with their local nutrients.

The importance of localizing a Westernized approach to pastoral care might be why Joseph Ghunney, in reflecting over his counseling experience in Ghana, says that the "Western form of

counseling gives more responsibility to the client in dealing with problems" (Wicks and Estadt 1993:82). He further adds that in the African worldview, the responsibility for solving a problem is not that of the client alone. It also involves other people (Wicks and Estadt 1993:83). Many African and foreign theologians agree that the African traditional society has a way of resolving life problems quite differently from counseling in the Western world. They share the view that while in the West, people take responsibility for their problems; in Africa, it is a shared responsibility among family members, community, caregiver and the individual (Ghunney in Wicks and Estadt 1993:82, Bediako 1995:210, Augusburger 1986:358, Ward July 2003:54).

CPE is not yet introduced in Igbo society. If CPE is introduced, it must be contextualized to the Igbo situation. The Western approach to pastoral care communicated in CPE is good yet has to be localized for the Igbo in order to be functional. It will not be a question of dichotomy but that of harvesting important elements in both worldviews and applying them in the way they will properly address the pastoral needs of the Igbo. The Church in Igboland needs culturally-based pastoral caregivers that would be able to journey along with the people in their moments of crisis. This research aims at helping the Church in Igboland develop culturally-based methods and skills for pastoral ministry using a family/community-based CPE model. It will also stimulate the Church to value the skills offered by CPE as an effective method in the education of the pastors. It is important to understand the worldview of the Igbo before designing an educational program that can meet their needs. This will be the main focus of the family/community-based CPE program being investigated in this research.

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I am very grateful to my supervisor, Dr. Edwina Ward, and co-supervisor, Prof. Isabel Phiri, for their unreserved support, guidance and encouragement which enabled me to continue with the research. Working with Dr. Ward for the past six years has made a remarkable change in my life, ministry and my entire career. The personal example of Dr. Ward (whom we popularly call Edwina), as a pastoral care giver, her constant supervision, encouragement, sound advice and many suggestions since 1999 strengthened my desire to get deeply rooted in pastoral ministry and particularly in Clinical Pastoral Education. She gave me her books to read, arranged my going to Brazil in 2000, Cape Town in 2002 and the USA for field experience in the discipline in 2003, and she also supported these trips with her own personal money. She enabled me to become actively involved in the discipline in order to gain further knowledge about it and also made me her graduate assistant and assigned courses in pastoral care for me to teach in the University of Natal. Dr. Ward appointed me her co-supervisor in CPE, as well as her external examiner in practical theology, as part of the efforts and training for me to be deeply rooted in pastoral ministry. I do not intend to recount all of her contributions to my academic and ministerial development, but I do know that she did everything within her power to see that I received the best possible theological training and self-transformation. It is my prayer that God will reward her.

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My parents, Mr. Theophilus N. Ozodi and Mrs. Josephine I. Ozodi always solidly supported my academic endeavors. They trained me from childhood and taught me how to go for the best. It is my prayer that God will continue blessing them with long life and good health. I do not know what I could have done without the support of my wife, Pauline. Because of my unavailability at home due to my research, I am grateful for the sacrifices Pauline has made in raising our four children, Chinedu, Chidimma, Chidiebele and Chukwuebuka. May God reward her and my children abundantly. My siblings and their families have continued their usual support of me. They are Sir Ernest and Lady Lizzy Ozodi (KSC); Mr. and Mrs. Samuel U. Ozodi; Mrs. Ifeoma Unachukwu and her husband, Emeka; Emma & Nkechi Ozodi; Kingsley and his wife, Ifeanyi Ozodi and Ekene and her husband Eric. My thanks go to my in-laws at Ifite: Mr. and Mrs. Nweke Okonkwo, Nkiru Okonkwo and my uncle Mr. Goddy Oramulu and his family. I give deepest respect to my late grandmother, Mrs. Fanny Oramulu, who died in 2003 at the age of 101 years, when this research was still in progress. I am grateful for the prayers she said for me during my field research in Nigeria in 2002.

It is my wish to mention everyone by name who assisted me in one way or another, but time and space will not allow me to do so. I, therefore, tender my apology to those whom I would have mentioned but could not do so. I wish to thank all of them collectively. I pray that God's unlimited blessings will be upon everyone in Jesus' name. Amen.

The Rev. Christopher Chinedu Ozodi (2004)

ABBREVIATIONS

ACPE	Association of Clinical Pastoral Education
ACPESA	Association of Clinical Pastoral Education of Southern Africa
AIC	African Initiated Church (Churches)
AIDS	Acquired Immune Deficiency Syndrome
APC	Association of Professional Chaplains
ATR	African Traditional Religion
CCT	Council for Clinical Training
CCTTS	Council for Clinical Training of Theological Students
CPE	Clinical Pastoral Education
CPSP	College of Pastoral Supervision and Psychotherapy
HIV	Human Immuno-deficiency Virus
IC	Internal Control
IPCNSR	International Pastoral Care Network for Social Responsibility
IPG	Interpersonal Group
IPR	Interpersonal Relationship
IR	Internal Responsibility
ITR	Igbo Traditional Religion
KSC	Knight of Saint Christopher
NACC	National Association of Catholic Chaplains
RSV	Revised Standard Version
SPG	Small Process Group (also see Hemenway 1996: IX)

DEDICATION

This research is dedicated to my Archbishop, The Most Rev. M. S. C. Anikwenwa and my parents Mr. Theophilus and Mrs. Josephine Ozodi.

I also dedicate it to the poor, the marginalized and to all those who have lost the meaning to this life and whose daily struggles for survival push to the critical ends of life.

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.

The Rev. Christopher Chinedu Ozodi

Signed _____
(CANDIDATE)

Date June 30, 2005

I accept this thesis as the original work of the above candidate and allow it to be submitted for examination.

Dr. Edwina Ward

Signed E. Ward
(SUPERVISOR)

Date 15 July 2005

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INTRODUCTION

Motivation for Choosing the Topic

Many Igbo lost their religious acts of divination, fortune telling, exorcism and mystical displays when they embraced Christianity. In spite of their new religious inclination, they still believe and trust in these religious acts and the power accompanying the rituals to heal, restore and empower. Christianity has not yet given them a good replacement. With the recent explosion of the number of those living with HIV/AIDS, people are terrified and confused, and, as a result, desperate for meaningful pastoral support. They go on searching for a caring system that can address their needs, as in the old traditional religious methods, and which will make caregiving more meaningful for them. According to Ilogu, this kind of search for meaningful pastoral support gave rise to the spread of locally established churches which sprang up almost immediately after Christianity arrived. He says:

> Another feature of the church life in Iboland within this period of twenty-five years (1939-1964) was the growth of many Ibo inspired churches (1974:60).

These Igbo inspired churches paid heed to the already existing traditional worldview in their approach to Christian teaching. They sifted out what did not fit into the modern era and inculcated aspects of the new religion to meet the needs of their members. In the researcher's assessment, the majority of the Igbo are still yearning for a meaningful, caring system, and as a result, have continued to jump from one locally established church to another. A family/community-based Clinical Pastoral Education (CPE for short) program is intended to enable pastoral care students to journey along with the local people, and together they can work out a system that can address Igbo needs. Fairchild points out that, "when working with clinically depressed persons, the pastor must assess not only the condition of the counselee but the conditions of his or her own life as well" (1980:91). Augsburger also notes that "meeting the client within the initial setting and working through, rather than contradicting expectations, invites the greatest growth" (1986:360). In a family/community-based CPE program, the student will be helped to rediscover the symbols and approaches that enable the people to interpret their life experiences. The main motivation, therefore, is not leading the people back into some of their unhelpful traditional ways that may conflict with modern demands. It is to investigate how CPE can be an instrument in recovering the traditional

ways that served the people in the past, interpret these factors and combine them with the present in order to serve more effectively in present and future society.

The Significance of the Topic to the Church

The pastoral ministry of the Church requires increased effectiveness and relevance. Paul Murray says that "God's power to heal finds its most telling and most remarkable expression in the New Testament" (in Sanders, 2001:88). Since the Church is the Household of God (Hunter, 1983:48) and the Body of Christ (Hunter, 1983:52), pastoral care with focus on all the pastoral functions should be central to the ministry of the Church. The ministry of the Church must be relevant to the needs of the people like that of Jesus Himself. To be relevant, the Church must recognize the cultural context of the people being served. Augsburger points out:

> Culturally aware counselors seek sources of influence in both the person and the context, both the individual instance and the environment. Such a counselor is able to move beyond counseling theory, orientation, or technique and be effectively human (1986:20f).

The Significance of the Topic to the Igbo Society

The Church is only relevant to the extent it is able to minister to the deep needs of her members (Clinebell, 1966:14). Serving members of the Church also means serving the society. This research endeavors to highlight for the Igbo society that the Church can still integrate its traditional caring approaches into pastoral ministry in order to provide fruitful service to the people. This process will help the Church explore the system that functioned for the Igbo society in the past. It will also encourage an interfaith and an interdenominational approach to pastoral caring for the entire Igbo society.

The Significance of the Topic to Clinical Pastoral Education (CPE)

It is the hope of the researcher that if CPE is contextualized[1] in the Igbo setting, it will contribute to the growth of a profession that provides pastoral caregivers a variety of approaches from which to choose. By exploring the Igbo traditional tools for caring and introducing them to CPE, the program will be richer in intercultural resources that can help in meeting the needs of people in the contexts

[1] Contextualize in this research means bringing the basic elements of CPE as practised in America and planting it in Igbo soil. It is like bringing the seed from American soil, and planting it in Igbo soil, where it will be fed with the nutrients in Igbo soil. Its purpose is to blend Igbo culture with American CPE by bringing what is good in CPE into Igbo society but practice it according to the pastoral approaches already existing in Igbo culture.

different from where the program originated. Donald R. Jacobs says that "theology has a heavy cultural base" (1978:4). He goes on to highlight that "human beings have a compelling, almost relentless desire to interpret data in the light of some frame of understanding which helps them to categorize the data and assign labels" (1978:5). It is the hope of this research to incorporate the Igbo ways of interpreting their life experiences and methods of care into CPE.

The Significance of the Topic to the Researcher

The researcher aims at working as a pastor and practicing Clinical Pastoral Education in any African society. The topic will be helpful to him in giving and organizing effective pastoral care ministry in an African context in which he is called to serve. Nxumalo says that a pastor who serves an African or Black Parish, especially in a rural area, has to be aware of the character of his or her flock. He or she must understand the community's interpretation of the world and their pattern of Christian acceptance (in Mpolo 1985:29). This topic will also help the researcher understand more clearly these Christian and traditional concepts and be able to communicate the same to other future CPE researchers in a traditional African setting.

The Implication/Value of the Research

Augsburger recognizes the effectiveness of people's culture in dictating their attitude to problems, caring and healing. He observes that some counseling theories focus predominantly on the uniqueness of individuals (ideographic) and reject the imposition of culturally defined expectations. He then suggests that "a culturally effective pastoral counselor is informed by all three dimensions of human life, which are the uniqueness of individuals, the cultural and universal factors that determine the life of individuals." The counselor can then differentiate among them with insight and clarity while listening to the needy during pastoral visits (1986:49). This research, from the same standpoint, looks at an Igbo person as a "unique individual (soul)," "member of Igbo community (cultural)" and "belonging to the wider world (universal factors that can be gained through CPE)." It will enable pastoral caregivers in Igbo society and similar traditional settings to acquire the transformation and skills to minister to the deep needs of those seeking their help.

Parallel Research Projects in this Field

There are no direct parallel works so far in this area, especially as it concerns the Igbo society of Nigeria. Some Igbo churches still care for the needy in the same way they did when Christianity was first introduced into their society. No research has been done on pastoral care for the Igbo through the educational process of CPE. A similar research, but not in Clinical Pastoral Education, has been suggested by a few authors concerning the Igbo tribe and some other tribes in Africa. Ilogu believes that the Igbo had well organized caring and healing systems for the sick prior to the advent of Christianity. He thus states:

> The Igbo approach to healing through physical, spiritual and psychological means should be understood by Christian ethical values . . . the Igbo Christian of today still wants to combine spiritual, psychological and physical approaches towards getting rid of sicknesses and diseases (1974:155f).

Ilogu did not write on pastoral care but he suggests that traditional approaches to caring will be more effective if combined with modern scientific ones and their approaches.

Writing about the Luba tribe of Congo, Masamba Ma Mpolo gave an example of the effectiveness of African symbols and stories in pastoral care. He says that the guiding principle in his pastoral care and counseling is the full understanding of the cultural heritage of his people, exploring and interpreting the impact of their symbols on mental health. He notes:

> Through counseling individuals and families as well as participating in group palaver therapies, in traditional and modern prophetic healing sessions, I have become more aware that proverbs, myths, gestures and even some of the most enigmatic rites condemned by colonial and missionary powers are symbols of significant importance to psychiatry and pastoral care. They contribute to the interpretation of illness, misfortune and health (1985:314).

Though Mpolo studied Western forms of pastoral care and counseling, he succeeded in implementing his studies in this context because of his full understanding of his cultural heritage and its successful integration.

However, among these writings, no one has said anything on pastoral care for the Igbo through a family/community-based CPE program. The researcher, therefore, considers it important to conduct research on a family/community-based CPE program which he thinks will be very effective in

enabling the Igbo pastoral caregivers to embrace their cultural elements of care in a more scientific way. The researcher believes that his research is the first in this field.

Problem Formulation and Analysis

In this modern era, the Igbo have traveled to different parts of the world and lived among people of different cultural backgrounds. Some of these contexts are advanced and apply advanced scientific methods in approaching their emotional and spiritual problems. People from different cultures also live among the Igbo with their different approaches to the same problems. It is quite clear that the Igbo will continue to mix with the rest of the world. Their old approaches to their emotional and spiritual problems may not, therefore, meet with the demands of the emerging and more globalized society. The Church, being a caring community of believers, is not isolated from the rest of the society and should embrace modern approaches to pastoral care in order to meet with the demands of different people as well as that of a rapidly changing society. This research hopes to identify possible means of providing effective pastoral care to the Igbo through the family/community-based CPE program. The researcher looks at CPE as organized in the Western context and tries to interpret it in the light of Igbo indigenous methods of caring in their own worldview.

The Problem to be Solved

The problem to be solved therefore is as follows:

Is the family/community-based clinical pastoral education program an effective educational model for training pastoral caregivers in the Igbo society?

Sub-Problems

1. Does Clinical Pastoral Education brings in a modern scientific method of learning into pastoral education?
2. Does Clinical Pastoral Education have a history of different approaches in pastoral ministry that can provide a variety of approaches for a different cultural setting?
3. Has the Igbo a cultural and religious heritage that can successfully interface with Clinical Pastoral Education, despite its Western origin?
4. Will Clinical Pastoral Education, with its Westernized skills and methods, be helpful in

training pastoral caregivers in Igbo society if it is successfully integrated into Igbo worldview?

5. Will pastoral caregivers trained through Clinical Pastoral Education be helpful to the Igbo in view of the difficult times they have had and still continue to have?
6. Can a family/community-based CPE model be the Igbo alternative for the Western form of CPE?

Hypothesis

The Main Hypothesis

The main hypothesis to be tested is as follows:

Clinical Pastoral Education (CPE) is an effective educational model for training pastoral caregivers for the Igbo society if remodeled to accommodate their cultural and religious worldview.

The Sub-Hypothesis

The following hypotheses will be tested for the sub-problems:

1. The family/community-based Clinical Pastoral Education model can bring modern scientific methods of learning into pastoral education for the Igbo society.
2. Clinical Pastoral Education emerged out of a long history of different approaches in pastoral ministry, some of which failed and some of which succeeded.
3. The Igbo has a cultural and religious heritage that can successfully interface with Clinical Pastoral Education, despite its Western origin.
4. Clinical Pastoral Education has some Westernized skills and methods that will be helpful in training pastoral caregivers in Igbo society if successfully integrated into Igbo worldview.
5. The Igbo have passed through difficult times and still continue to do so; good pastoral listeners trained through Clinical Pastoral Education will be helpful to them.
6. A family/community-based model of CPE can be the Igbo alternative for the Western form of CPE.

Procedure

Delimitation

This research intends to investigate the methods and procedures in the Westernized form of CPE in

order to adapt it to the Igbo traditional methods of pastoral care. The Igbo society of Nigeria, like any other society, experiences many problems and also has different methods of addressing them. Since human problems are vast and cannot all be addressed at the same time, only those that will be helpful in portraying the kind of problems that emerge from the Igbo worldview and their method of coping with them will be discussed. Since CPE is Western in origin, the aspects of Igbo religious and cultural worldview that will facilitate the adaptation of CPE to Igbo society will be verified. Though there are other aspects of Igbo worldview that may be interesting, including them in this research would be beyond the scope of the research.

Clinical Pastoral Education is a vast discipline. Since it is not yet incorporated into Igbo society, this research will focus on the basic stage of CPE. Other aspects such as pastoral supervision, accreditation process, specialty training and different levels of CPE, may be mentioned, but will not be discussed in detail, since they are not the focus for this thesis.

Theoretical Framework

Starting from a theoretical position, the research was conducted through the formulation and development of related presuppositions on the key issues of the study. These include the following:

1. The Igbo, like other societies of the world, face a variety of existential problems such as illnesses, insecurity, poverty, HIV/AIDS and loss of identity and have a desire to address these problems.
2. They had different traditional approaches of addressing their problems prior to the advent of Christianity and Western culture in their society. Some of these systems may have worked well for them, while some have failed.
3. Some of their old ways of coping with their problems were lost through many changes in their lives. Some of those changes included missionary enterprises, colonialism, modernization, civil war, urbanization and other global forces of integration.
4. Clinical Pastoral Education is Western in origin, but it has a scientific method of enquiry and education that can help the Igbo pastoral caregivers return to the roots of their pastoral approaches.

5. Since Clinical Pastoral Education was designed from a Western worldview to address their specific problems, it can be remodeled to the Igbo worldview in order to address the problems of the Igbo within their own local contexts.
6. Since Igbo society is a family/community-based society, an educational model that can effectively serve them will take into consideration the nature of their family and community life. This can lead to a family/community-based CPE model which integrates the scientific methods of enquiry in CPE with the traditionally inherited elements of pastoral care in Igbo society. This can emerge into an effective strategy in caring for the Igbo within their communities.

Methodology and Data Collection

This research was based on primary and secondary sources. The primary sources included field research in hospitals and in Igbo society. Data was collected using verbal and non-verbal instruments through dialoguing, conversations, observations and interviews. The secondary sources were extensive library research on Igbo society, Clinical Pastoral Education and cross-cultural counseling.

Primary Sources/ Field Research

The primary sources and field researches are interviews and participant observation:

Participant Observation

The researcher has participated in CPE programs for a period of six years in different contexts. He has experienced the CPE process as an insider at Grey's Hospital Pietermaritzburg, South Africa in 1999 and 2001, three different hospitals in the State of Rio Grande Sul, Brazil, in 2000, Groote Schuur Hospital, Cape Town, South Africa, 2002, Co-supervisor for CPE at Grey's Hospital and at the University of Natal in 2003, and at WellSpan Health, York Hospital, York, Pennsylvania, USA, since August 2003 (two years CPE residencies). While participating in the CPE program, he was also collecting data for this research from his firsthand experience in the program.

Interviews with Non-Christians in Different Igbo Communities

Interviews were conducted within non-Christian Igbo traditional communities like Anam area and Ngwo. The researcher's aim was to identify the Igbo religious worldview and their approach to

sickness, diseases and their causes. Also, the traditional Igbo approach to healing and caring for the sick was investigated. See the research questions in appendix C on page 367.

Interviews with Christians in Different Igbo Communities

Interviews were conducted with an archbishop, bishops, rectors of theological institutions, denominational elders, clergy, Knights and Lady Knights, and some church members at Awkuzu, Awka, Enugu, Aba, Abakaliki, Nnewi, Onitsha, and other areas in Igboland. In these interviews, the researcher traveled across Igboland to make sure that the views of different Igbo communities are represented.

Interviews in Igbo Initiated Churches (All Christian Practical Praying Band, Sabbath Mission and Christ Healing Church at Ufuma, Awkuzu, Ogbunike and Issele-Uku)

Some of these Churches approach sickness and healing in a traditional manner. In most cases, the difference between their practice and the traditional ones may be the use of Christian names and terminology in place of the traditional ones.

Interviews with Directors of Pastoral Care and Education Departments and CPE Supervisors in the USA

Interviews were conducted with different directors of pastoral care departments and CPE supervisors in Pennsylvania, USA, in order to gain a clear understanding of how CPE has been helpful in the pastoral ministry in the USA.

Interviews with Counseling Consultants

Some counseling consultants in York County of Pennsylvania were interviewed. Their responses helped the researcher investigate the methods of training pastoral caregivers and those of secular counselors.

Interviews with Some CPE Students and Seminary Students in the USA

Interviews were also conducted among some CPE and seminary students in Pennsylvania, USA. Their contributions helped the researcher evaluate the CPE program from a critical perspective.

Hospital Visits

There were visits to some hospitals like Iyienu Hospital Ogidi (Mission hospital), General Hospital, Awka (Government hospital) and University of Nigeria Teaching Hospital Enugu (tertiary hospital). There were also visits to different categories of hospitals in Pennsylvania, USA. Interviews were conducted among different people to determine their approach to crisis and their method of coping. People visited were Christian and non-Christian patients as well as Christian and non-Christian medical doctors. In the USA, interviews were conducted among different classes of physicians, who gave their views of pastoral ministry in the hospital setting.

Case Studies

As a CPE student in different CPE centers, the researcher conducted case studies among the patients to verify how effective pastoral ministry was in meeting the needs of the patients and family members. The results of the case studies showed that CPE is an effective program in training pastoral caregivers. These case studies helped the researcher conclude that CPE will be helpful for the Igbo society.

Secondary Sources

Secondary sources consulted are materials already published about Igbo society and their cultural and religious worldview. Books, journals, magazines, internet websites and available publications about CPE, pastoral care and other relevant information were helpful in determining pastoral education requirements for the Igbo society.

Unpublished Documents

The unpublished documents are seminar papers, theses, dissertations and lecture notes.

CHAPTER ONE

The Concept of Clinical Pastoral Education (CPE)

1.1 Introduction

After the creation of humanity, the book of Genesis says, "And God blessed them, and God said to them, 'Be fruitful and multiply, and fill the earth and subdue it; and have dominion . . .'" (Gen. 1:28). This text is not chosen for historical, hermeneutical or exegetical reasons. It is chosen to highlight humanity's creative attempt to work with God to enhance the quality of life. The words *bless*, *subdue*, and *dominate*, words of authority and empowerment, are intended for humans to explore ways to make life better on earth. Sarah M. Reith, writing on supervision in CPE, says that "the Creator of the mystery of life's infinities, who is in differentiated solidarity with all of creation, loves the seed into becoming the tree" (in Giblin ed. 2002:216). Her view refers to the outcome of the creative process from humanity's small efforts. What Reith is saying is that God approves human efforts. In this regard, Clinical Pastoral Education (CPE) is seen in this research as one of the possibilities for executing God's plan for humanity. Following the current trend in globalization, multiculturalism and interfaith dialogues, it is necessary for CPE to be in touch with diverse peoples, cultures and religions – to enrich them and to be enriched by them. As a result, the researcher intends to bring the Igbo culture in touch with the whole world of CPE.

In this study, the researcher believes that CPE has a lot to contribute toward enriching the pastoral care of the Igbo society. Reciprocally, the Igbo culture can also contribute toward the further enrichment of CPE. The Igbo is a cultural group in Africa situated in the southeastern part of Nigeria. Like other African cultural groups, they have some elements of pastoral care in their culture that are unique. Some of these aspects can be beneficial to others. Halligan, citing Raymond Panikkar, says that "to live at the meeting point of several traditions is the destiny of a large portion of the human race" (in Giblin ed. 2002:62). This means that several traditions can enrich each other in order to make life easier and better for human existence.

In this chapter, it is the hope of the researcher that understanding what CPE means and involves will be necessary in order to discover what it can contribute to the pastoral care of the Igbo. Also, looking into

the content of CPE and its practice so far will be of use in determining what the Igbo culture can contribute toward the interculturality[2] of CPE. As a result, the researcher intends to look into the concept of CPE and its essential elements. Included in these are the definitions of CPE, explaining the principal words and phrases that accompany it like *clinical*, *pastoral*, *education*, *ministry*, and *supervision*, and investigating how CPE is helpful in the caring of persons.

1.2 What is Clinical Pastoral Education (CPE)

Clinical Pastoral Education (CPE) is seen as a professional and theological training in pastoral care that brings the pastoral caregiver together in a supervised encounter with a troubled person or persons. It is a professional education for ministry that has been undergoing a series of changes since it started. The perspective has continued to change, and this has affected its definition. Hunter says that "CPE links theological education and ministry with the world of health, welfare and penal organizations, primarily" (1990:178). This definition means that CPE is a practical way of expressing theological education in a real life situation. He goes on to define CPE as "professional education for ministry which brings theological students, ordained clergy, members of religious order and qualified lay persons into supervised encounter with 'living human documents' in order to develop their pastoral identity, interpersonal competence and spirituality. The skills of pastoral assessment, inter-professional collaboration, group leadership, pastoral care and counseling and pastoral theological reflection will also be developed" (1990:177). CPE, as seen in this definition, supports the idea of putting what is learned in theology into a real situation of a patient[3] under supervision. Theology is mentioned here as human understanding of God's self-revelation. It is expressed in CPE in the form of love and care for other human beings. The student remains a student while with the supervisor, peer group, smaller and larger groups but becomes the chaplain or pastor as soon as he or she resumes ward visiting and other visits outside the CPE group. The CPE student, while among the CPE group including the supervisor, co-supervisor, peers, during informal sessions, and smaller and larger group sessions, is helped to shape the ministry which will be offered to the troubled persons during the visits.

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[2] Interculturality, according to Kathleen J. Greider is the coming together of the good elements in different cultures in a multicultural environment in order to make for common good (in Giblin ed. 2002:41).

[3] Patient: For the purpose of this research, patient is used to represent all manners of troubled persons who require help from the pastoral care giver. It can be a sick person in hospital or at home and can also be a parishioner that needs pastoral attention.

Hunter goes on to say that "at the core of CPE is the process of supervision which takes place in a bipolar field" (1990:178). Hunter's point is that the pastor[4] is at one extreme while the patient remains at the other extreme of the situation. Both of them may not see the situation from the same perspective, but the pastor has to listen to the extreme experience of the patient. In order to sharpen the ministry, the supervisor and peers stand in the middle to examine critically both the situation of the patient and the response of the pastor. CPE, therefore, fosters competence in ministries to deeply troubled persons and psycho-social and spiritual growth in supervisees (Hunter, 1990:178). It is the bipolarity between the student and the patient and how the supervisor critically examines the ministry of the student that brings about growth in the student. The supervisor enables the students to communicate effectively within themselves and the world of troubled persons with an insight from the Scriptures and a clearer understanding of God in human situations.

Many life stories tend to emerge while a person is in pain. Lester regards these stories as "sacred stories" (1995:39f). Boisen referred to them as "living human documents" (Thornton 1970:58). The student, as a pastoral caregiver, therefore, requires the skill of active listening to life stories, delusions, fantasies and hallucinations. He or she also interprets and confronts the life situation of the patient with a free mind without enforcing his or her own ideas on the patient (Hunter 1990:179ff). A deeply troubled person has some burdens in the heart[5] that he or she would like to relieve. This can be done through storytelling to a willing and skilled listener. Some of these burdens may be mistaken ideas or beliefs or even believing something that is not true. The stories being told may be far-fetched ideas or imaginations unrestricted by reality. The fears of a troubled person may even be daydreams or fiction with largely a fantasy content. CPE helps the student acquire the skills of hearing these situations and experiences in a supervised context. The supervisor examines whether the student actually heard the patient's story. Vicky Cosstick says that CPE focuses in detail on encounter, even the precise words used, between student and client (in Sanders ed. 2001:303). This happens during the presentation of

[4] Pastor: This will be used interchangeably with minister, chaplain and all clergypersons who offer pastoral care to the patients and other troubled persons. The terms will be discussed later in this chapter.

[5] Heart: Heart is seen from the same perspective as described by Carolyn Gratton. She explains heart to be the inner core of the human person: the source of intentional wholeness that can integrate all the dimensions of life (1993:1).

the verbatim, theological reflection, large and small group discussions, the informal peer group sessions and also during the one-to-one sessions with the supervisor. In any of these occasions, the very words used between the client and the student can be discussed, and the student receives more insight about the ministry that has taken place.

Therese M. Becker, being critical about the traditional view of CPE, writes that the definition of CPE so far is rooted in individualism. She further argues that "classically, clinical pastoral education has been defined as a supervised encounter with people in crisis, with 'living human documents'" (in Giblin, ed. 2002:5). Here she points out that "this definition is under the assumption that it is the person of the minister that is an important tool in the ministry other than the Holy Spirit of God" (in Giblin, ed. 2002:5). Becker, therefore, goes on to define CPE as "a method of experiential education for professional ministry for practitioners from all faith traditions" (in Giblin, ed. 2002:5). On this issue of individualism, "the minister, supervisor and the entire CPE group should be open to the Holy Spirit of God. The ideas of the supervisor, prejudices, worldview, limitations and personal mannerisms can be communicated to the student during the process of supervision." Becker's view also means that "CPE training should look beyond Christianity and include other faith traditions" (in Giblin, ed. 2002:5). The researcher assumes that other faith traditions will not be restricted to Islam, Judaism, Hinduism and other popular faith traditions. African Traditional Religion, which includes the Igbo traditional religion and their belief and practice system, should also be recognized when CPE is organized in the Igbo context.

The most recent definition of CPE, as published by the ACPE on its Website, includes Becker's idea and is more embracing, showing the current situation in CPE. The ACPE definition says that "Clinical Pastoral Education is an interfaith, professional education for ministry which brings theological students and ministers of all faiths (pastors, priests, imams and others) into a supervised encounter with persons in crisis" (www.acpe.edu). The definition goes beyond the Christian faith and includes people of other faiths. It also gives some openings for other faiths that were not mentioned. CPE students get involved with persons in need, present their visits in form of verbatim and receive feedback from peers and teachers. Through this process, the students develop a new awareness of themselves as persons and an understanding of the needs of their patients. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of

helping persons, the CPE students develop skills in interpersonal relationships (www.acpe.edu). By implication, CPE, as a training program, is open to what can be gained from other cultures. From a wide variety of valuable resources, it provides opportunity for the students to learn and grow on their own. Through their own interaction with the situation created by the training program, they take the direction of their own personal growth in the ministry under the guidance of a supervisor.

The ministry provided through CPE can be offered to individuals, families and small groups of persons. The setting of a CPE program may not be hospital alone. It can be offered in any setting where ministry happens. A CPE center can be in a school or college or university, in hospices, nursing homes and even in the Igbo village setting where people can face crises in their lives. The important thing is to be in a position, under supervision, of listening and hearing sacred stories of persons. John Gilman says that "the success of a professional interaction depends upon how well the professional, in this case the chaplain, first establishes a meaningful personal relationship with the one to be served" (in Giblin ed. 2001:185). In other words, no matter where the CPE setting is, what matters is how the students establish personal relationships with the people who need the ministry.

According to Vicky Cosstick, "CPE takes place in a communal context" (in Sanders, ed. 2001:303). It means that "both the minister and the recipient of pastoral care are members of a community and a context. The context can be ecclesial, social, political or economic. It may also be where the ministry offered by CPE is needed" (in Sanders, ed. 2001:303). The researcher, therefore, proposes a family/community-based model of CPE for the Igbo where the CPE student would be part of the context and the community. While learning amidst the people, the student should be able to handle his or her own dark experiences before he or she is able to help other people with their own problems.

Becker says that CPE includes "pastoral reflection, pastoral formation, and pastoral competence. Pastoral specialization is not compulsory but may be offered as an option in some centers" (in Giblin, ed. 2002:5f). The content of CPE, here, makes it possible for a student to see clearly what his or her ministry is and, as such, to go further to develop it. Through pastoral reflection, the student looks critically into his or her ministry. The student goes on to develop skills in that gifted area and may advance to specialization, if that is his or her desire. In developing a family/community-based CPE model, the researcher sees pastoral specialization as being necessary for those who would be

ministering in special places like hospitals, prisons, churches, and different places that require special attention (See chapter 8).

The curriculum for CPE, according to Becker and as published in the ACPE Internet Website, is designed to facilitate the student to address these objectives:

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

The above CPE objectives are almost a summary of the definitions of CPE as seen above (Becker in Giblin and www.acpe.edu). It addresses all aspects of human development, which will be communicated while a student undergoes the training provided by CPE program. From this, the student can proceed to pastoral specialization. According to Becker, "the objectives of pastoral specialty, if selected, are to develop:

11 Familiarity with the theories and methods for the ministry specialty;
12 One's own philosophy and methodology for the ministry specialty;
13 Pastoral competence in the practice of the specialty" (in Giblin, ed. 2002:5f; www.acpe.edu).

The above objectives agree with ACPE's publication on its Website which says that "clinical pastoral education includes the goals of pastoral reflection, pastoral formation, and pastoral competence" (www.acpe.edu). In view of the above objectives, Pyle and Seals see CPE as "field-based experiential learning, which has distinctive features in different centers but still shares common understandings of

theological field education" (1995:xiii). CPE can have a diverse approach in different centers but still be blended in its content. It suggests emphasis on contextualization of CPE. Each CPE center must be aware of the needs where it locates and should create a program that can address those needs. As a result, the CPE program in different centers may not necessarily be the same. The CPE program for the Igbo society may be different from that in Europe or America, due to differences in needs. Though approaches may be different, the idea behind CPE is to prepare pastors to respond meaningfully to the needs of people in their own environments.

The ACPE recommends essential elements of CPE as follows:

1. The actual practice of ministry to persons
2. Detailed reporting and evaluation of that practice
3. Pastoral supervision
4. A process conception of learning
5. A theoretical perspective on all elements of the program
6. A small group of peers in a common learning experience
7. A specific time period
8. An individual contract for learning consistent with the objectives of CPE
9. The CPE program must be conducted under the auspices of an ACPE certified supervisor.

(www.acpe.edu)

The researcher has used bullets to indicate these elements for the purpose of clarity. These essential elements of CPE are means through which growth is facilitated in the students through the constant interaction between the students, supervisor, patients and peers. CPE programs offer these services in order to make ministry to troubled persons rewarding.

The above discussion shows the current position of CPE and how broad it has gone as a professional education for ministry. As a result of this broad and all-embracing position, many people think more of a "blended CPE program," which is the bringing together of people of varied life experiences for this professional education in ministry. The hope of the researcher is also achievement of a culturally blended CPE model that will address the needs of the Igbo families and individuals in their local communities.

1.2.1 John Gillman's Idea of *Blended CPE*

John Gillman brings up the idea of a blended CPE to describe a diverse group of students. It is a CPE group made up of people from different cultures, ages, genders, interests, experiences, and educational diversities. According to Gillman, "blended CPE creates opportunity for the students to relate in a different way that can bring out different characteristics in the relationship." He points out that "when experiencing two languages and two cultures within one circle of learners it seems natural to use the image of the blended family as a metaphor for the CPE group." There can, therefore, be a blended CPE family and a culturally blended CPE (in Giblin, ed. 2001:180f). The blended CPE, as seen in this definition, "gives the opportunity of mutual benefit to the members of the group in the areas of cultural, faith, language, age, experience and gender differences." As Gillman goes on to explain, "blended CPE offers the members of the group the ability to converse fluently in the language of pain, suffering, growth and faith" (in Giblin, ed. 2001:183).

In agreement, Fredrica R. Halligan points out how the world community is formed when people from diverse areas learn counseling skills under the same supervisor. She cites an example with Fordham University's Graduate School of Religion and Religious Education. Here, pastoral counseling is taught in a Christian setting to students who come from every corner of the globe. These include African and Indian priests who mingle with Irish sisters and missionaries to Hong Kong. Also, South American Catholic priests join forces and discover similarities, as well as differences, with Protestant ministers from Korea and female clergy from the South Bronx in New York City. According to her, "this international mix of students, with eighty percent from foreign countries, represents a major resource of the program." She goes on to say that "the challenges in supervising such heterogeneous trainees lies not only in teaching psychological theory and counseling skills, but also in melding the student body while helping them to hear and understand one another. By so doing, a sense of world community is formed" (in Giblin ed. 2002:59f). Blended CPE, therefore, responds to the problems emerging from the current trend of globalization. Since the world is unavoidably coming together, emotional crises can erupt in different forms. The benefit of blended CPE is that it can offer students the opportunity to see the world of other people. Fitting CPE into Igbo context will be an additional effort toward enriching the cultural pool of the program.

1.2.1.1 Culturally Blended CPE

John De Velder, K. Samuel Lee and Annari Griesel, in their symposium on multiculturalism in the student-supervisor/teacher relationship, point out that "culture will be an increasingly important consideration in the practice of pastoral and spiritual care, and counseling and education." They further argue that "pastoral practitioners and educators have been on the 'front lines' of ministry with people of cultures different from themselves" (in Giblin, ed. 2002:3). One of the points made by these scholars is that culture is essentially important in every human interaction. This implies that, as human beings increasingly continue to come together, various cultures meet each other and people see life differently from the way they used to see it. From a clinical point of view, Jenkins and Karno define culture as "a generalized, coherent context of shared symbols and meanings that individuals dynamically create and recreate for themselves in the process of social interaction." They go on to express that "in everyday life, culture is something people come to take for granted." Culture includes people's way of feeling, thinking, and being in the world. It also includes "the unself-conscious medium of experience, interpretation and action" (in John C. Nemiah ed. 1992:10). By implication, people unconsciously create new cultures as different cultures meet together. The idea is that in a culturally blended CPE, no particular culture is emphasized. What is practiced is what suits everybody. As people adjust to living with each other, a new and more embracing culture emerges.

"The different sub-cultural and cultural groups in the blended CPE share their cultural similarities rather than their chronological age in determining a group" (Gillman in Giblin ed. 2001:182). Halligan says that "all pastoral counselors need exposure to diverse cultures in order to develop and refine their listening skills and to appreciate the struggle of their clients within the context in which they have grown, developed, and lived" (in Giblin ed. 2002:59f). Culturally blended CPE, as presented above, advocates addressing the needs of the present changing world in which different cultures interface. The deficiency of the above view by these scholars is that CPE will still be primarily organized within an institutionalized setting. In order to embrace the cultural elements of a people and apply it in pastoral ministry, the researcher proposes a "family/community-based CPE program" in which the center will be located in the very local communities where different families live (see chapter eight).

1.3 Various Components that Make up CPE

By discussing various elements that make up CPE program, the researcher hopes to highlight what makes CPE a worthwhile professional and educational tool for pastoral care. The words and phrases, from which the name CPE is framed have various functions in the pastoral ministry. They are clinical, pastoral, and education. Some of the components that appear in the definition of CPE will be discussed in order to verify how they project CPE as a field education, operational human science, and a theological discipline.

1.3.1 Clinical

Richard Cabot sees clinical theology as "theology brought to the bedside, to the bereaved, to the dying, to the invalid, to the aged and to the delinquent." He further says that "every theologian should be able to apply his or her theology for the assistance of those who need God to help them face their sufferings" (Thornton, 1966:48f). Cabot thinks of applying the human experience of God's love in the care of fellow human beings. He wants theologians to be more practical over what they preach about God's love and also demonstrate God's love in relationships with other people who are in need. Atkinson and Field, reflecting on the concept of clinical theology, say that "'clinical' refers to radical synthesis of theological and psychological ideas" (1995:236). It means exploration of the pain that living brought to many people from different perspectives using psychological and theological theories. It creates an avenue to find help in the Christian faith for those suffering from psychological problems. The clinical approach can help in the recovery of repressed memories (Atkinson and Field eds. 1995:236). The authors bring out the need for the integration of psychological and theological principles in solving human problems. Instead of the two disciplines being hostile to each other, they should agree in the process of handling human situations.

Edward Thornton says that "clinical training began as a reaction against traditional theological education in 1918." It started with the question of to "what extent the 'Case System' or 'Clinical Method' be used in practical training for the ministry?" What is important is "taking seminarians into health and welfare institutions under theological supervision to begin the process of integration and development of adequacy for pastoral ministry" (1970:24). Clinical training helps the theological students get to the spot where people face crises. It creates an opportunity for the students to face real life situations and to find solutions to them on the spot instead of sitting in the lecture room describing

the situations. Frank Lake says that "the clinical pastoral resources pay attention to specific diagnosis of the disease of the spirit and the specific remedies which are relevant to them" (1966:15). Clinical, therefore, means the use of a diagnostic method in approaching spiritual problems. Lake notes how a clinical situation creates an opportunity to reach in-depth person-to-person sharing with a patient. He quotes Dr. Paul Tournier who says that "at this level the language of dream is spoken." He further notes that "the moment deep personal contact is made, the very style of discussion changes. Images spring spontaneously to the mind, the discussion moves over to the parables, and the two people understand each other better than when the tone of the conversation is intellectual and didactic. The conversation becomes anecdotal, as the Bible is anecdotal, but the anecdote is no longer merely a story; it is an experience, a personal truth" (1966:1). The opportunity of coming closer to the troubled person and building a trust makes sense out of whatever the person says. At this level, the pastor is able to hear beyond ordinary human words. He or she now understands the language of pain and is able to interact with the real person who is in pain. In this study, the researcher believes the Igbo are close to their families and communities, and, for a pastor to reach them at a deeper level in order to bring out that clinical experience, the pastor must also come closer to their families and communities. The "family/community-based CPE model," as the researcher proposes, can be a good approach to that.

According to Lake, "the crux of therapy is not merely to bring the ultimate forms of mental pain to doors of consciousness, but to endow the ego with supernatural fortitude to endure them"(1966:27). At this point, the patient is jointly carrying the burden of pain with the pastor who now applies the theological tools to make it easier. Lake's view also supports what Cabot sees as the central goal of ministry. According to Cabot, "ministry cultivates in patients, a new sensation, the sense of growth" (Thornton, 1970:48). Clinical training teaches the pastor how to use the ministry to help the patient see beyond the painful experience to the unseen presence of God. The function of the ministry, as Thornton sees it, "is to help people move beyond their preoccupation with failure and success into a new concentration upon what they may learn from their experience or how they may grow" (Thornton 1970:48). Thornton goes on to explain that "the pastor, using the tool of psychology, enters into the world of the patient; and using the tool of theology, offers the ministry of hope and strength to the patient." He further adds that "the mainstream of the clinical training movement flowed into the channel of healing" (Thornton, 1970:45). As medical treatment brings healing to the body, pastoral care brings healing, sustaining, guiding, reconciling and redeeming to the soul.

Cabot did a rigorous search for a differential diagnosis and used his bold self-exposure as a diagnostician to provide a model for the clinical teaching of seminarians and clergy as well as for the medical students. This effort by Cabot became the origin of the verbatim (to be discussed in chapter three). Instead of an autopsy, clinical pastoral educators substituted the verbatim transcript of pastoral conversations (Thornton, 1970:47). While medical attention brings healing to the physical body of the person through the use of medicine, clinical pastoral attention brings healing to the spiritual aspect of the person through listening to his or her story. In CPE, students are helped to grow in the clinical method through clinical supervision during case studies and the presentation of the verbatim.

1.3.2 Pastoral

The word pastoral is seen as "an art which uses a wide range of sources to encourage reflection – including the Bible – in order to help people discover the meaning and sense of their experiences and to connect them with the Christian tradition" (Atkinson and Field eds. 1995:43). This definition sees pastoral work as requiring creativity in order to enable people to discover God and the meaning of life in their daily struggles. In the present usage where other religious and cultural traditions are included, the art goes beyond the Christian tradition. Hunter defines the word pastoral as "a relationship, both in the sense of responsibility and of attitude." Hunter goes on to say that "originally, and still sometimes, pastoral refers to the ministerial oversight of the total area or group for which one is responsible." The term also refers to "the pastor's responsibility for one or more persons who are in some way estranged, by illness or other life circumstances" (1990:850). Pastoral, therefore, gives a sense of showing concern for other people, seeing others as fellow human beings, and finding a way to make life easier for them. It refers to a ministry of caring for persons. Jesus commands His followers to do unto others what they will expect from them (Matt.7:12). Pastoral care involves "tender and solicitous concern to persons in need" (Hunter, ed. 1990:337). The ministry of Jesus is full of what can be done for others up to the point that Jesus gave His life for others (John 15:13).

1.3.2.1 Pastor, Minister, Chaplain, Caregiver

The pastoral function is seen as a function of caring carried out by a pastor. As noted earlier, the CPE student becomes a pastor as soon as he or she leaves the group to visit troubled persons. Pastoral function begins immediately and places the student in the position of a pastor. According to Hunter, "a

pastor is a minister, particularly one whose actions show care for an individual or group." As he goes on to explain, "'pastor,' is a Latin word for 'shepherd' and conveys the image which is disclosed through the work of the sheepherder: God's loving protection and guidance of God's people, the flock, Jesus Christ, the good shepherd (John 10:1-18)." Hunter says that this metaphor adopted by Jesus sets a standard for the pastoral ministry (1990:827). Pastoral function becomes effective not because of the title but because of the quality of ministry of the person carrying out the function. Ted Trout-Landen posits that the crisis a sick person faces can make him or her lose the ability to reason constructively. The pastor helps to guide at this time when certain decisions are necessary (September 10, 2003). This is where CPE comes in with a qualitative training. Now that CPE emphasizes interfaith ministry, the same function that originally belongs to Christianity extends to other faith groups.

Some people also prefer to use the word, "minister" or "chaplain," or "caregiver" for pastoral visitors. Kay and Weaver, point out that "the job of the Christian minister is to help members of the congregation balance their lives between the competing demands of family, work and Church" (1997:12). In other words, a pastor has a duty both to the rich and the poor, young and old, male and female, sick and healthy, single and married, widows and widowers, irrespective of tribe or race or country of origin. In the story of the Good Samaritan, the Samaritan did not inquire about the type of person he was going to help. There was no question of nationality, religion, culture, race, tribe, economic position, political affiliation, or social status. He assisted the injured person simply because he is a human being and needed help (Luke 10:25-37). Jesus ended that story with a command, "Go and do likewise" (Luke 10:37c). Pastoral calling demands service to every person that has life no matter whom the person is and where he or she belongs. It is not a concern for a particular people or a concern for only people and places where the pastor will be richly paid or hopes to be greatly rewarded and have his pockets filled with donations. A pastor should move into the areas where people who are actually suffering need help as in the Igbo families and communities. On this note, CPE, with its diverse cultural elements, can move into the rural Igbo society in order to understand their needs.

Browning says that "pastoral care in more recent times has more to do with the assistance of persons in handling certain crises and conflicts that have to do with existential, developmental, interpersonal, and social strains." He comments that "social systemic conflicts have been handled in pastoral care courses from the perspective of how they place certain personal and interpersonal strains on private lives."

According to him, "the present emphasis seldom deals with historic goals of pastoral caring which includes the incorporation of members and their discipline in the group goals and practices of the church" (1976:20). The above comments point to the present interfaith and cross-cultural outlook of pastoral ministry. Persons should be seen as human beings and be treated as such and not as members of one group or another. Though there may be group influence on individuals, the first thing is to recognize the members as persons who want to live, be comfortable, eat, be safe and meet other basic needs of life. When a person feels good, he or she will then start considering the group, culture, gender, religion and denomination to which he or she belongs. According to Roger Hurding, "pastoral care is a ministry directed to the curing of souls." It consists of "helping acts, done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons whose problems arise in the context of ultimate meanings and concerns" (1992:44f). When a person is troubled, he or she hardly remembers where he or she belongs. The pressing need at that time is to come out of that trouble. Healing, guiding, sustaining and reconciling become necessary. The pastor must minister with these skills in a specialized way.

Hunter lists the basic functions of a pastor as healing, sustaining, guiding and reconciling (1990:827). As pastors interact with people in need, they discover the function of pastoral care needed and then respond accordingly. It was Seward Hiltner who first used the terms healing, guiding and sustaining as the functions of pastoral care. He used this concept to replace the traditional concept of shepherding, namely discipline, comfort and edification. He dismissed the term edification completely in the area of caring with the reason that it is both superficial and ambiguous. According to Hiltner, "discipline and comfort have lost their original meaning and go beyond what could be said to be shepherding in the present notion of caring" (1958:52). He, therefore, adopted the words healing in the sense of binding up wounds, sustaining in the sense of giving courage, upholding or standing with one who suffers in a situation that cannot be altered except by a change in the person's attitude, and guiding to mean helping to find the paths when that help has been sought (1958:57). Clebsch and Jaekle added a fourth function, which they call reconciling. This aspect constitutes a return to relationships both with God and with human beings (1964:56f). Lester added a fifth function which he called liberating. Liberating refers to freeing people who feel trapped in one event of life or another. Pastoral care must offer liberation to them. He says that "when people are wounded and in need of healing, confused and in need of guidance, overwhelmed and in need of sustaining, alienated and in need of reconciliation, or

trapped and in need of liberation, it should be obvious that hope and despair are major psychological and theological dynamics" (1995:1). Lartey recommends additional two functions, namely "nurturing" and "empowering" (2003:58f). CPE uses the psychological tools to discover where the person is and theological tools to bring hope to the person.

Looking at the Igbo traditional approach to their crises, the researcher wishes to add a eighth function which could be "deliverance." The Igbo see the things happening to them as related to the spiritual, supernatural world. Most of these events have links with evil spirits from which they seek to free themselves. Deliverance is, therefore, necessary as a pastoral function to replace the African view of exorcism. It may constitute empowering the person to feel stronger and able to face the opposing evil spirit. In view of the above discussion, pastoral ministry for the Igbo society should focus on healing, sustaining, guiding and reconciling, liberating and delivering. These eight strands overlap in all aspects of pastoral care. The family/community-based CPE model is hoped to help the students embrace the people's worldview and pastoral functions and as such minister in line with their expectations.

A pastor can be a chaplain when he or she is commissioned to offer pastoral services in a given place. In CPE, the term most frequently used for a pastor is chaplain because that ministry is within an institutional setting. Hunter defines chaplain as a clergyperson or layperson who has been commissioned by a faith group or an organization to provide pastoral services in an institution, organization, or governmental entity. Chaplaincy refers to "general activity performed by a chaplain, which may include crisis ministry, counseling, sacraments, worship, education, help in ethical decision-making, staff support, clergy contact, and community or church coordination" (1990:136). A chaplain is a pastor engaged in a sector ministry but authorized by a faith group. Sector ministry includes ministries to hospitals, arts and recreation centers, airports, armed forces, agricultural setups, industries, police, prisons, shopping centers, schools/colleges/universities, and seafarers. These are ministries that are not parish or congregational based. A sector ministry, according to Paul Avis, is related to "individuals largely removed from the context and background provided by the family and the community" (in Legood ed. 1999:4). A chaplain falls into this category. Though there may be a senior chaplain, principal, matron, governing body or any head of institution to whom the chaplain may be accountable, he or she is not bound to excessive doctrinal requirements within an institutional

church setting. The chaplain has the freedom to apply effective pastoral care skills with creativity within the sector ministry. From the above explanations, the researcher believes that there is a need for two distinct sets of clinical training in pastoral care – one for general or parish ministry and the other for specialization or sector ministry that requires a great deal of art and creativity (See chapter eight).

Using the available human and material resources of the person effectively, the pastor or chaplain, as a trained pastoral caregiver, facilitates the healing, sustaining, guiding, reconciling, liberating and the deliverance process of the person in need. These functions, performed by the chaplain as a pastoral caregiver, will be discussed in the following paragraphs.

Healing is both a restoration to a state of wholeness and a deepening of spiritual awareness. Seward Hiltner applied healing along with sustaining and guiding to replace the traditional tripartite notion of the function of shepherding, which used to be "discipline," "comfort" and "edification." Healing, seen as binding up wounds, reflects the good-Samaritan story (1958:57). Quoting Bernard Haring, Pellegrino and Thomasma, "the whole redemption is a work of healing." As a result, the whole of theology, and particularly moral theology, has an essential therapeutic dimension. Christ, who is seen as the Savior, is also the healer. Christians have both the mission to heal themselves as well as joining hands to create a healthier world (1997:39). In line with Louw's idea, the spiritual dimension of healing must be understood as being close to a blessing of God. It is a condition of peace. According to him, "blessing implies a meaningful life and a source of vitality which not only determines spiritual life but also the physical, psychological, social and mundane dimensions of life." It empowers the human and the world and also brings about dynamic development (1994:65). Healing is not only for the physical but needed in all dimensions of life.

Sustaining is necessary where healing is improbable. It seeks endurance and access to the redemptive life of suffering. The work of the pastor is not to bring about healing but to help the person face the obvious condition courageously. According to Clebsch and Jackle, "it is an act of helping someone whose restoration is impossible or improbable." The condition includes bereavement, divorce, irreversible injury or sickness. "The pastor helps the person to endure and transcend the hurt" (1983:42ff). The work of the pastor is to help minimize the feeling of loss. The pastors also helps in

consolation, which means preventing what is lost from stopping the person from achieving his or her destiny under God. There is consolidation in which "the remaining resources are used to build a platform to face a deprived life." There can also be "redemption in which the pastor helps the person to embrace the loss and find in it a new basis for fulfillment" (Clebsch and Jaekle 1983:42ff). The pastor helps to keep the person moving despite the irreversible experience.

Frank Lake says that, "the sustenance of the life God gives to His adopted children is not something they have to work for or could merit." It is "struggling in the power of the Cross, against the impetus and inertia of your flight, to turn round with Him and return to Life in Him" (1966:207). The pastor's duty is to enable the patient to turn around, out of the situation which cannot be changed again, to look forward to a future which has already been provided by God.

Guiding is helping perplexed persons make confident decisions through listening and advice. It can also be helping people to find direction in life. According to Clebsch and Jaekle, "guiding is that function of the curing of souls which arrives at some wisdom concerning what a person ought to do when faced with the difficult problem of choosing between various courses of thought and action" (1983:49f). Guiding consists of helping people to choose between alternative ways of thinking or acting and helps them express their own values and experience and to make a decision using those criteria. This aspect is more of a deductive guidance in which the pastor does not impose his or her own values on the other person. The work of the pastor in this situation is like that of a midwife who helps a pregnant mother deliver her baby rather than attempt to bring out the baby from the womb by herself. Traditionally, pastoral guidance had tended to be inductive in the form of teaching Christian standards as the basis for all life. Inductive guidance is not advice but teaches a set of moral criteria on the basis of which the person can make a decision. Advice, on the other hand, suggests a particular decision in the mind for the person (1983:49f). CPE looks at what the situation demands and applies what is needed. If a situation needs deductive guidance, it is applied, and, if it needs inductive guidance it is applied. The pastor starts with the reading of the "living human document" and develops a method of approach.

Guidance also includes spiritual direction. It is in the form of a guided retreat in which the retreat director supervises several people in spiritual exercises over a period of time (Clebsch and Jaekle,

1983:51f). The pastor acts as the spiritual director. In a CPE setting, the supervisor acts as the spiritual director. Don Browning describes "spirituality" as a term which in general refers to "that dimension of Christian living that emphasizes various disciplines and practices designed to deepen a person's sense of being related to the divine" (1985:7). It does not just refer to inner subjective feelings; it has primarily to do with the total integration of life. In this case a person tries to relate his or her life with the life of the Creator Himself. It is the function of religion to integrate experience and spirituality with the diverse facets of our ordinary experience in the disciplined involvement with the Divine toward the end of gathering together into a coherent whole (Thayer in Browning ed., 1985:8). Human life and experiences are linked with God's involvement in human affairs. The pastor leads the troubled person into seeing God even in the worst circumstances of life.

Reconciling occurs during forgiveness and discipline in which persons are enabled to gain deeper relationships with God and neighbor. Louw sees reconciliation and peace with God as "the true healing and recovery, viewed from a faith perspective and in terms of the Scripture" (1994:65). Following Louw's view, reconciliation also means peace with God, and the awareness of this brings about healing. The term "reconciling," according to Clebsch and Jaekle, describes both the accomplishment of God in Christ and the service of all Christians. It means "helping alienated persons to establish or renew proper and fruitful relationships with God and neighbor." As they go on to argue, "the function of curing souls stands alongside healing, sustaining, and guiding – appearing in two modes – forgiveness and discipline" (1983:56). Reconciling requires sacrifice. Someone has to let go for the sake of peace and true happiness. Letting go can also be associated with forgiveness. Forgiveness is associated with confession, the assurance of forgiveness and absolution, and reconciliation with God and the Church, often through some form of symbolic self-denial showing penance. Discipline is the way in which people who are separated from God or each other are brought into situations in which good relationships can be re-established (Clebsch and Jaekle, 1983:57ff). The process of reconciliation sounds difficult, but it is necessary for the sake of healing.

1.3.3 Education

Education has been defined in many ways. The definition to be adopted here is the one that relates to CPE program and makes up the last component of the abbreviation "CPE." Atkinson and Field (eds.) say that "the meaning of education can be seen in various ways. Some focus on 'rearing' or

'nourishing,' perhaps by 'drawing out' potential gifts" (1995:334). In CPE it means that the group helps the student to nourish the already inherent caring potentials. The students come with some vision of caring, and, during the CPE process, this vision is drawn out very well, seen clearly and nurtured to be a "super vision." Atkinson and Field go on to say that "others see education as concerned with seeing children or adults as empty vessels to be filled with knowledge, and, yet, some see it as a process by which a person of any age grows in knowledge, awareness and life skills" (1995:334). Knowledge is added to the old vision of the CPE student. The training program reshapes the pastoral vision of the student and brings about growth in knowledge, awareness and the skills of doing ministry. At the end of CPE, the student goes with a new vision of ministry.

In line with what Atkinson and Field said, Hunter writes that "education is the systematic and intentional effort to transmit, evoke, or acquire knowledge, attitude, values, or skills." From the idea of Hunter, education "will not be viewed exclusively in terms of schooling or the promotion of cognitive competencies but focused upon a wide range of items that are intentionally taught and learned" (1990:336). In CPE, the supervisor provides the environment in which the student will interact with the real life situation. While interacting with such situations, participating in inputs, working with large and small groups and having special sessions with the supervisor, learning takes place. New awareness is created and visions are sharpened. Atkinson and Field also say that "formal education in the Western sense is for producing adequate factory workers to perpetuate the materialist society, to teach the values of a loving community, and to help individuals develop their own potentials as valuable human beings" (1995:334). Not only is the pastoral ministerial tradition preserved and perpetuated, it is also re-examined and contextualized. In order to develop them, CPE helps students identify their pastoral gifts as well as specific areas of pastoral calling.

1.3.3.1 Theological Education

Theological education has been seen as a means of spiritual, ethical, political, social and economic empowerment and transformation. According to Atkinson, "the Hebrew Christian tradition is committed to moral education to enable people to love and serve both God and neighbor" (1995:334). It means all-round human development. Theological education as seen in CPE trains the pastor for service to the society by combining theological, sociological, psychological, anthropological, economic and even medical knowledge. Walter C. Jackson sees theology as "a conscious work at the task of

doing ministry through the leading of the Holy Spirit" (in Pyle and Seals eds. 1995:8). In other words, though the pastor has given himself or herself to the ministry, it is the Holy Spirit that determines the direction of the ministry. What is important is the ability and willingness of the pastor to submit to the leading of the Holy Spirit. The pastor does not do the work alone but works together with God.

There are increasing efforts to bring theology to real human situations. In his forward to Pyle and Seals (eds.), Doran C McCarty says that "theological field education is beginning to emerge from the alchemy stage.[6]" He goes on to say that "as a new science emerged from alchemy experiments, a new field of study (field education) is emerging from previous practical theology courses and field training." Psychology, according to him, "is the study of the way a person behaves, and field education is the study of ministers' (would-be ministers') behavior in a religious system." Field education also tries to help a minister function appropriately in ministry. "A person needs inner subjectivism to discern what happens in field education. Often those influenced by field education are unaware of this influence and praise (or blame) someone else" (Pyle and Seals, eds. 1995: xi). The above idea by McCarty points to a revolution in theological education, which strives for increased relevance of theology in people's daily lives. Theology is no longer an isolated field which looks only for a future life in heaven, but it also looks at the context and applies available resources from different fields to respond to the context. This is a change from the medieval conception of theology to understanding of theology from the modern scientific point of view. Field education also means applying the principles of field-based learning in creative ways in the study and application of theology.

1.4 Other Components Associated With CPE

In addition to the above discussion, there are other components associated with CPE through which the training program is understood and shaped. These include education for ministry, supervised encounter, the living human document, pastoral identity, psycho-social growth, interpersonal competence and spirituality/spiritual growth. Others include pastoral assessment, inter-professional collaboration, interfaith professional education, world of health, group leadership, and pastoral theological reflection. These components appear in the definition of CPE and need to be defined.

[6] Alchemy stage can be said to be the period when fundamental and primal theories were emerging. It is associated with the early fundamental chemical theories and experiments. In this sense it means the early stages of theological field education.

1.4.1 Ministry

Looking at the definition of CPE, it is seen as an effort to prepare the students for ministry. According to Wynn, ministry means service. Etymologically, it is a translation of the Latin *ministrare* which means service, from which the English word ministry was derived. Wynn says that "ministry has the same meaning as therapy, which was derived from the Greek word *therapeia,* also meaning service." Both ministry and therapy highlight the pastor as one who serves (1982:20). CPE aims at training people who will be skilled and competent in serving others. Hunter adds that "the roles given the general title 'ministry' *diakonia* carry the fundamental understanding that they are services within the life of the Church and community" (1Cor. 12:5, 28; Eph. 4:12). He goes on to say that literally, ministry of *diakonia,* is feeding the lamb, care for the guests (Luke. 8:3; 10:40; 17:8; Acts 6:2) (Hunter, 1990:730f). It does not mean that the lamb cannot feed itself but does assist others where they need assistance to be of help to themselves. Hunter, further, describes ministry as "employing the various gifts (*charismata*) which God bestows (1Cor. 12:5; 1Pet. 4:10) as well as an offering (2Cor. 8:19-20), personal help to one in prison (Philemon 13), apostleship (Rom. 11:13), and aid to a congregation" (1Cor. 12:7-11,14ff), (Hunter, 1990:730f). Hunter's ideas affirm the aspect of education which says that people have potential gifts to be developed. If CPE is seen in this sense of ministry, it is open to a wide variety of services. It will also need an integration of a variety of skills in order to meet various needs.

Ministry, in the sense presented by Hunter, does not end with the Church. It refers to service given to both the Church and community. Pastoral ministry can take place outside the Church and in the real life situation of the community. Sharing the same viewpoint, Joan Hemenway points out that "the goal of ministry is community formation, whether in seminary or the parish" (1996:24). The idea of service is not restricted to a faith community. Similar to this, Becker says that "ministry has two faces: one that is directed toward the nurturing of the internal life of the religious community; the other turned toward service to the world" (in Giblin, ed. 2002:5). Atkinson also says that the term "ministry" is used in both a broad and a narrow sense. Broadly, it refers to "the mutual acts of service performed by members of the Church towards God and one another." Narrowly, it refers to "the service of those recognized, usually by an act of ordination, as leaders of the Church" (1995:593). The aspect that concerns CPE is the broad sense. The broad sense, as presented by Atkinson, includes both the ordained and the non-ordained, serving both the Church and the wider world.

Though ministry in the wider sense includes service rendered to the entire society, it does not exclude God's revelation and the Church tradition behind it. Walter C. Jackson, thus, says that "ministry begins with the received text and the received tradition" (in Pyle and Seals, eds. 1995:8). This means that it follows a model that has been passed on. There is a point of reference. The point of reference is the Scripture and the tradition which is the Church. The Church authorizes the offering of ministry to the community. Jackson goes on to say that "the values derived from these rich resources are constantly applied in ministry service to individuals and congregations, as well as to cultural and international issues" (in Pyle and Seals, eds. 1995:8). Jackson's idea suggests that the service offered in CPE has a root and base for a purpose. The root is the Scripture, and the pattern of service is based on the faith community. The service is not only applicable to individuals or faith communities but also to the wider world. The received text and the tradition need the skills of reaching out beyond the minister's cultural setting in order to make him or her competent in diverse situations.

In summary, the ministry in which CPE trains the students has its root in Jesus' own ministry and has to follow the examples of Jesus. It is service within the life of the Church, families, community and the wider world. It is a ministry of feeding the lamb, caring for the guest, the sick, the hungry, the thirsty, the stranger, the prisoner and the naked. Binh Nguyen notes that "ministry begins wherever we are and consists of making ourselves gifts to others" (in Fichett 1999:189). God has bestowed various gifts on the pastor to enable him or her to meet with people's needs. As catalysts for personal, spiritual, and theological growth, they need to see God alive in their ministries. The pastor should work with the authority of God and as an instrument in the hand of God.

1.4.2 Supervised Encounter

Supervision is one of the pillars of CPE. It is a strong component that makes CPE a unique field education. According to Sarah M. Rieth, "the *sine qua non* of supervision is a process of building a trusting relationship with the student." This is first made through contact with emotional responses and empathetic listening. Empathy, through the pastoral-supervision relationship, creates the environment in which the students feel free to bring their questions, anxieties, mistakes, dilemmas, and successes. It also models for the students the way they will respond to the patients (in Giblin ed. 2002:210). The first task of the supervisor during supervision is to build up trust with the students. A trusting

relationship enables the students to feel free to communicate their inner selves during the process of supervision. Rieth goes on to say that "supervision is a privilege as well as a responsibility that carries potential liability." CPE method is designed so that the supervisor will be responsible for both teaching and modeling an ethical way to practice psychotherapy and pastoral care and for instructing students about standard practice. The supervisor has oversight toward "the welfare of the patients and the learning of the students" (in Giblin ed. 2002:211). The students follow the standard set by the supervisor. The supervisor is, in turn, responsible for any mistakes the students make.

Reith further highlights how emphasis shifts when supervisory relationship progresses and solidifies. According to him, "as a supervisory relationship solidifies and develops, supervision from a self-in-context perspective shifts to paying more attention to transference, counter transference, the managing of projective identification, parallel process, developmental process, cognitive process, cognitive learning issues, and integration of spirituality with psychotherapy or pastoral care" (in Giblin ed. 2002:212). The change in emphasis depends on the outcome of the supervisory relationship and the nature of the CPE group. As a result, there are different stages students come across during the group process and the supervisor takes note of what happens at each stage. Reith goes on to say, "the supervisor is attentive to the students' current stages of development and competence throughout the duration of the supervision" (in Giblin ed. 2002:212). Attention is given to both personal transformation and development of skills during supervisory relationship, but this happens at different stages during the supervisory relationship. According to Reith, "at the beginning of supervision, attention is given to all that affects the students, their experiences and how these experiences affect their ministry. As supervision progresses, attention shifts to the actual performance of ministry and what goes on in it" (in Giblin ed. 2002:212).

At the beginning of CPE experience, particularly, during the first stage in the supervising relationship, the supervisor finds out what "dwells" within the student – what goals, experiences, assumptions, knowledge, empathy, and internal objects, including images of God dwelling within the students that can make them reactive or receptive. The supervisor thesn assists the students to make their goals and visions clear. Because of the importance of being sure of what the supervisor is supervising and what the students need, it takes some time to work out clearly the students' vision for the CPE program. The moment the vision is clear, both the supervisor and students are aware of what they are working on.

pastoral work. This is assured not by the supervisor or the student but through the outcome of the supervision (See Model III in chapter eight).

1.4.3 The Living Human Documents

The "living human documents" is a phrase associated with pastoral ministry that is offered through the CPE. It refers to the outpouring of the inner self of a person in need. It is a term initiated and pioneered by Rev. Anton T. Boisen to help capture the idea of the case study method in theological education (www.acpe.edu). It is human beings who have stories to tell about their lives. Many life stories emerge while a person is in pain. Edward Thornton notes that "Boisen was intent upon the construction of a clinical theology by the use of empirical methods." This implies that clinical theology should be based on experiment, experience or observation. For this reason, he believed "there were no better laboratories than mental hospitals and no better libraries than 'living human documents'" (1970:58). A mental hospital is where people who are already experiencing problems are, and the stories they tell become the available sources of reference instead of theories in the textbooks. The stories they tell to describe their experiences are the "living human documents." According to Thornton, "Boisen wants whatever change will occur in CPE to concern itself with the 'living human documents' of persons in trouble. It was a passion for him to read the 'living human document'" (Thornton, 1970:59). Boisen expects the changes in CPE to be how to respond to the situation of the troubled person. In Boisen's own words:

> Let me also emphasize the fact that our movement, as I have conceived of it, has no new gospel to proclaim. We are not even seeking to introduce anything new into the theological curriculum beyond a new approach to some ancient problems. We are trying, rather, to call attention back to the central task of the church, that of "saving souls," and the central problem of theology, that of sin and salvation. What is new is the attempt to begin with the study of living human documents rather than with books and to focus attention upon those who are grappling desperately with the issues of spiritual life and death (Thornton 1970:64).

Boisen maps out the method of clinical pastoral education and where the emphasis lies. It still pursues the same goal of Christianity but with a direct and a central focus of the stories that emerge from the person rather than what has been written in books. From what Boisen said, the central task of CPE, just as the central task of the Church, is the saving of souls. The problems that souls face could be understood through the outpouring of their inner selves, which he calls "the living human document." In line with theology, the central problem, which CPE tackles, is that of sin and salvation. Through the

reading of living human documents or listening to the inner self of a troubled person, the pastor can hear where the problem of sin and salvation lie and then follow this directly in order to resort to theories for assistance. CPE approaches the task of the saving of souls with priority for the person being saved. It starts with the reading of living human documents. According to Edwina Ward, *living* implies that the person is alive, articulate and in daily struggle with life's situations. *Human* shows him or her as a human being who has needs and experiences like other human beings. *Document* implies daily experiences that confront the person, the way he or she sees it, and how it affects his or her life (PhD Seminar, November 13, 2001). CPE introduces a method of communicating the Gospel which is dependent on as much information as the pastor is able to gather from the patient. It is what the patient provides that the pastor works with and, through this, proceeds to other documents.

CPE helps students journey with patients in their daily problems within their environment. Living human documents are expressed in stories, joys, fears, assumptions, and the way patients see their situations. Jenkins and Karno see the living human documents in a global index of particular emotions, attitudes, and behaviors expressed by relatives about a family member diagnosed with schizophrenia. It is marked by criticism, hostility and emotional over-involvement (in Nemiah ed. 1992:9). The living human documents are the stories persons or families tell and the totality of their expression of their life experiences. It means that the living human document is not restricted to verbal expressions. A dumb person can tell his or her life's story through visible signs. People can tell their lives' stories in different distinct manners that need to be understood. A baby may express its inner self through crying, smiling or any other way. Stories can be told through verbal, non-verbal and extra-verbal expressions. Joan Hemenway shows how even the physical appearance of a person can communicate a story about that person. In a yearlong CPE residency she supervised in the summer of 1993, Hemenway highlights how "physical proximity" can influence formation of groups within groups. "Eye contact, coughing, bodily smells and posture" convey messages about a person and determine how people will relate with each other. As she puts it, "The physical proximity in a very small group VSG (eye contact, coughing, bodily smells, and posture) initially raises sexual fantasies and anxieties about intimacy." According to Hemenway, this can lead to "personalization" that "can preclude or tamp down unconscious manifestations such as identification, splitting, projection, and projective identification" (1996:167). Living human documents can be affected by age, physical appearance, gender, culture and any other emotional, religious, social, political and environmental factors.

you told. People who are looked down upon are those who have committed an abomination (*ndi mere aru)* or those who live with a dangerous or communicable disease (*ajo oria).* Traditionally, such people are abandoned in an evil forest (*ajo ohia*) as a way of bringing sanctity to the society. An evil forest in Igbo traditional society is a forest where people believe evil and dangerous spirits live. Culturally, one of the most demoralizing experiences a mature Igbo person can have in his or her community is to be looked down upon. The person can ask, "Have I committed any abomination?" (*emere m aru?)* Another factor that can affect the living human document in the Igbo culture is their proverb that says, *a tuchasia aji di n'akwa, onye nwe akwa ga-agba oto* (If the whole material with which a cloth is woven is gradually picked out, the owner of the cloth will be stripped naked). For the fear of being stripped naked, the Igbo can often be compelled to be reserved and hesitant in narrating their lives' experiences. Hemenway explains that "intimacy and frustration can develop due to emotional state" (1996:169). Another proverb says, *dimpka adighi agba ama.* (An adult does not reveal a secret). This compels a mature Igbo person to think twice before he or she utters a single word or makes any statement publicly.

The Igbo have the tendency to be very defensive. Jenkins and Karno point out that "culture plays a role in creating the content of targets of criticism." "Culture is also influential in determining whether criticism is a prominent part of the familial emotional atmosphere" (in Nemiah ed. 1992:10). There is a proverb which says, *o nwere ihe a na-agwa nwanyi si ya agwala di ya.* (There is certain information a wife will be restricted from telling her husband). This proverb shows the belief of the Igbo that the person closest to another is his or her spouse. If spouses can hide things from each other, it then means they may not narrate it elsewhere. Jenkins and Karno say that "given variations in cultural definitions of behavior and emotion, it is also reasonable to expect substantial differences in the things family members feel they can appropriately tolerate" (in Nemiah ed. 1992:11).

1.4.4 Identity/Pastoral Identity

Pastoral identity stems from the idea of the need for personal identity. The need for identity helps a person understand that he or she is a pastor and, therefore, needs to know what makes him or her a pastor. The concept of identity is seen as a heartfelt human need to have a sense of who one is and where one belongs. According to Roger Hurding, "The sense of identity is made up of both an awareness of being reasonably 'together' as a person and valuing, at least to some extent, who we say

we are" (1992:29). Hurding goes on to say that "our sense of who we are has bearing in the world around us." The sense of who a person is makes a person feel disconnected or connected to the group. Hurding further explains that "where we are loved and affirmed, our sense of who we are is strengthened; where we are neglected and rejected, we can feel lost and fragmented as a person" (1992:30). The senses of who persons are also determine how they interact with their environment and how they relate to people around them. In the words of Hurding, "when we know we are loved, we can also learn to be more at peace with our environment, with the situations in which we are placed and with the natural order that surrounds us" (1992:30). The need for identity concerns both patients and the pastor. Both have the need to strive for the sense of who they are. The pastor helps the patients establish who they are. Generally, pastoral care is concerned with making connections and helping others to see how they fit into the order of things.

How other people view a person has a lot to do with the person's identity. Pastors need that inner awareness of who they are as pastors, and how who they are justifies their ministry to troubled persons. William Hulme says that "the word pastor carries a symbolic role with a long tradition." The role is that of authority (1981:13). Sense of authority gives a boost to personal confidence in relating to other persons. John Patton sees pastoral identity as "inner awareness of being a duly authorized representative of a Christian community of faith." According to Patton, "pastoral identity has no necessary connection with a leadership role in a church vocation." It has to do rather with a religious attitude toward life, with an effort to reflect upon experience in religious categories. Quoting Edward Thornton, Patton says that "pastoral identity is an insatiable appetite for the presence of God" (1993:75f). Supporting the above understanding, Hunter sees pastoral identity as "the relative pattern of attachments, behaviors, and values characteristic of persons providing religious ministries." Hunter further describes pastoral identity as, "usually but not necessarily referring to seminarians and ordained clergypersons" (1990:567). Pastoral identity may not be meaningful if not recognized and valued by the world around the pastor. Whoever does not recognize and value the pastor may not also recognize and value his or her role. Pastoral identity can be meaningful only when the community of the pastor values it. For a community to recognize and value a pastor, they need to understand the meaning of pastoral function, see its relevance in their midst and accept it.

During CPE, the supervisor helps the students shape their pastoral identities. The supervisor helps them understand their role and place as pastors. Hulme says that "the function of a supervisor is to assist the students to perceive their symbol-bearing function as an asset to the counselee." Because they are pastors, they can minister with an authority that can liberate people from their "religious legalisms, distorted pieties, and secular limitations that imprison them" (1981:13). Pastors need not be locked in a myopic view of faith. They need to be open to people of all faiths in view of their authority as pastors. Their training and skills as pastoral caregivers will enable them reach out to people beyond their faith without proselytizing. Patton says that "discernment is very close to what CPE has called pastoral identity." He explains that "pastoral identity has been a central element in CPE" (1993:75). During the supervisory relationship, the supervisor spends major part of the time in the discernment of the student's pastoral identity. Dorothea Lotze-Kola says that "once a person is born, that person discovers his or her identity through primary relationships" (in Giblin, ed. 2002:191). CPE offers the opportunity of relationship with troubled persons, peers and supervisors from which students can discern their pastoral identity.

1.4.5 Psycho-social Growth

The increasing rate at which different cultures come together as a result of globalization and other forces of global awareness and integration gives concern in pastoral care. People of different cultural backgrounds are brought together in a living relationship within a geographical area. There is an increased cosmopolitan settlement and multiculturalism. Regarding this situation, Kathleen J. Greider, expresses great concern in the movement from multiculturalism and cross-culturalism to interculturality. Multiculturalism, which means "people of different cultures living together in a geographical area, may be unyielding and may require a more supple interculturality for a genuine relationship" (in Giblin ed. 2002:41). Interculturality in this senses means bringing together the good aspects of each culture for a common good. It requires acceptance by people living within the given area. Greider goes on to say that "growth from multiculturalism to interculturality requires a spiritual capacity for receptivity that is enabled by engagement with and effectiveness in the interfacing of personal and social dynamics" (in Giblin ed. 2002:42). By this she implies that it is often difficult for people to give up their personal and social ways of doing things. To achieve interculturality requires some spiritual capacity, which might mean the ability to see the good in others and their ways of life. As a result of this, Greider says:

> Conceptual and strategic polarization of personal and social dynamics decreases human capacity for interculturality. Supervision and training can help ministers in the increase of their spiritual receptivity through focused attention to the interface of what has come to be referred to as "the personal" and "the social." All humans are forced daily to and thus struggle mightily to navigate the complex interaction of personal and social realities. Such distinctions can reinforce guardedness and resentment in personal and group identities (in Giblin ed. 2002:42).

The above idea implies that some people are extremists in their approach to their personal and social dynamics. This attitude can reduce the level of interculturality. Through supervision, the minister could have increased ability to see the good in others and also be in a better position to accept it. The ability of the CPE students to overcome extremism in personal and social dynamics and be able to reach out to others in their own world and situation marks an increase in the psychosocial relationship. As a result, psychosocial growth occurs. Through the CPE group process, the CPE student is provided with the experiences that will bring about this growth.

1.4.6 Interpersonal Competence

Interpersonal competence is seen as the ability to reach out to the real person in ministry. Cabot's vision in CPE has been perpetuated in defining the central purpose of CPE as "the achievement of pastoral competence in ministry." Students need to learn how to "talk with patients, tackling difficult problems and often failing" (Thornton 1970:54). The way a person is received and responded to determines how that person will receive and respond to the world and form secondary relationships. In this regard, it means that the ability to relate at a deeper level with people is connected to the developmental process of a person. There are people who can naturally relate well to others, while there are those who are hindered due to experiences they passed through in their early stage of development. The CPE group process can identify this and accord a training that can facilitate interpersonal competence. Commenting on this, Lotze-Kola says:

> As a person grows up, certain fixations might occur during the maturational process. These fixations influence and limit a person's relational abilities. However, an awareness of the spiritual dimension of life can lead to an awareness of a deeper relational capacity within every human being, which is essential. We can think of these qualities as already in us, an imprint of wholeness and divinity that is fully encompassing, but we must also see it as 'potential striving to become realized in us.' It is this essential human relational capacity that gives hope and affirms a person's potential for maturation and wholeness beyond the essential primary relational experiences (Lotze-Kola in Giblin, ed. 2002:191)

By the above statement, Lotze-Kola means that relational ability is inborn in human beings though suppressed during the maturation process. It can be enhanced through the spiritual dimension of training. Since it is a potential quality in human beings, its complete realization marks a person's maturation into wholeness. An important area of growth in pastoral ministry is, therefore, an ability to reach out to others or to move beyond the primary relationship. The CPE group process helps the students realize where they are in interpersonal relationships (IPR), or as some CPE centers call it, interpersonal group process (IPG) (see chapter three). It also guides them toward a spiritual capacity of moving beyond primary relationships.

1.4.7 Spirituality/ Spiritual Growth

Spirituality refers to the search for the inner meaning of life and a clearer understanding of and relationship with the Supreme Being. Human beings have always made attempts to understand the source and reason for their existence. As such, Carolyn Gratton says, "to be human means to be spiritual." She points out that "human beings have longings and aspirations that can be honored only when the person's spiritual capacity is taken seriously. These aspirations include and go beyond our longing to be whole, our desire for growth and development in all the dimensions of being human" (1993:2f). What people grapple with is not only to be whole but also to understand other factors related to their existence. Gratton goes on to say:

> Human beings from time to time look for some type of guidance when life feels overwhelming by reason of its complexity, or its pain, or its loss of meaning, or even its breath-stopping wonder. At such moments, they search for a trustworthy wisdom that will connect them with the large purpose and meaning of everyday events. Spiritual guidance must be able to affirm our personal capacity for participation in an ultimate mystery that is more than any of these parts. We are looking for a trustworthy way for human hearts . . . (1993:1).

By the above idea Gratton says that people believe there is another source of wisdom and power beyond that of human beings, which they believe is capable of giving more meaning to their lives, particularly at difficult moments. The source is believed to be trustworthy, and people need to be guided toward proper conception of this mystery. She describes the heart in this sense as "the inner core of the human person: the source of intentional wholeness that can integrate all the dimensions of life" (1993:1). By implication, the relationship with the Supreme Being is something internal, which involves the inner core of the human person.

To understand the mysteries of life also means understanding the outer world and reaching out beyond self. Kathleen J. Greider points out that "the present multiculturalism and interculturality of the society requires the development of, among other gifts, the spiritual capability of receptivity"(in Giblin ed. 2002:41). Spiritual gifts can be sources of wisdom which can enable the CPE student to see the value of another person's life and to be able to accept the person as he or she would like others to accept him or her. It also involves self-giving for others, just as Jesus Christ did. A CPE program makes the effort to understand the students, patients and contextual variables. The spirituality of the students determines how they respond to the patients' physical and spiritual needs.

The religious or spiritual experience of the patient has a significant influence on his or her outlook on life, attitudes and interpretations of past events, and expectations and hopes for the future (Halligan in Giblin ed. 2002:61). If the spirituality of the student is not properly guided, he or she may not be able to guide the spiritual growth of the patient. Greider also says that "the spiritual receptivity required for interculturality is made more difficult by naiveté about humans' psychosocial capacities, minimization of the spiritual demands of multiculturalism, and ideological distinction between personal and social dynamics" (in Giblin ed. 2002:42). There are people who are extremists in their approach to religious issues. They fail to accept the spirituality of others and, unless things are done the way they see it, it can never be the correct way. This attitude can lead to religious extremism and proselytization. CPE guides the spiritual growth of the students to see meaning and to accommodate the spirituality of other people.

1.4.8 Pastoral Assessment

Pastoral assessment refers to the feedback from peers and teachers. Through it, students develop a new awareness of themselves as persons and the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. This will be discussed further in chapter three in the actual training situation in CPE (www.acpe.edu).

1.4.9 Inter-Professional Collaboration

Inter-professional collaboration refers to the ability of the pastor to work with other professionals toward achieving the same goal. According to Loughlan Sofield and Carroll Juliano, collaborative ministry is "the identification, release, and union of all the gifts in ministry for the sake of mission."

The three key elements they see in collaborative ministry are gifts, ministry and mission. According to them, these are the essence of collaboration (2000:17). Ministry is done for the sake of mission. To do this, different gifts are recognized and pulled together for increased effectiveness. Mission implies that the group concerned has a specific task or duty they want to achieve. In collaborative ministry, it is believed that each person has a gift which can be useful toward the achievement of the set mission. As a result, Sofield and Juliano note that "the concept of gift is at the heart of collaboration." They go on to say:

> Collaboration is a form of ministry that is based completely on the concept of *gift*. The goal of collaborative ministry is to further the mission of Jesus Christ. The criteria to measure the effectiveness of any collaborative effort are the extent that it furthers the reign of God. The essence is the identification, release, and union of all the gifts in the Christian community (2000:21).

All individuals are recognized as having gifts to contribute for a common good. These gifts have to be identified, released and knit together. It requires skill, spirituality, process and developmental readiness. The gifts are brought into union, for the purpose of the mission of Jesus Christ. Inter-professional collaboration points to the union of various gifts in different professions. Since the mission of Jesus Christ is the saving of souls and the furtherance of the reign of God, whatever is done still ends up in the same mission. Every healthy profession works for the good of human beings. When things go well, the reign of God is established. Inter-professional collaboration goes beyond the Christian community as Sofield and Juliano noted above. It includes the whole human community, extending beyond religious, cultural and professional boundaries. In the helping profession, the pastor joins hands with other helping professionals for the good of all persons.

1.4.10 Interfaith Professional Education

Interfaith professional education refers to the ability of the pastor to minister among people of other religious faiths. It can also be the ability of the pastor to work with professionals of other faiths without trying to convert them. According to Halligan, "the importance of religion in defining cultural attitude and entire worldview cannot be over emphasized"(in Giblin ed. 2002:61). Religion is seen as a strong factor in determining how people see things and how they live their lives. It can be the basis for disagreement, hostility and the inability to relate to other people. Halligan goes on to say that "God is far greater, far more inclusive than we can imagine." He cites a quotation that says that "there is no need to exhaust ourselves in search for God." "He is there like butter in milk, like the chicken in the

egg, in every atom of creation. God does not come from somewhere or go elsewhere. He is here, there, everywhere. From the atom to the cosmos, from the microcosm to the macrocosm, He is everything"(in Giblin ed. 2002:61). It is particularly important to listen to the wisdom that has been invested in other faiths. Each faith has some coping mechanisms it applies to its members during crisis. If the CPE students study the pastoral care approaches in other faiths they will embrace their wisdom. CPE becomes a forum to see the good in other faiths and apply them in caring ministry. Igbo traditional religion can have wisdom and resources that can further enrich the interfaith quality of CPE. The CPE students can embrace these wisdom and resources if they interface with the Igbo culture.

To be effective in cross-cultural counseling, the pastor must be aware of the various religious contexts of the patients in the present religiously pluralistic world. The pastor needs to be cognizant of and effectively attuned to the religious context in which the patients grew up and in which they are currently living. Pastors must identify some of the key variables to consider when working with individuals of other cultures and religions (Halligan in Giblin ed. 2002:62). Pastors must be readily equipped to meet with the situation of any person in need, no matter the faith to which he or she belongs. Religion should not be an obstacle in the collaboration among human beings. Halligan, quoting Karl Rahner, says that "there will be no peace in the world until there is mutual understanding among the world religions." This means that the moment people start seeing the real person in other human beings and accepting them instead of seeing them as people of other religions, there will be increased chances of peace in the world. It is important for pastors to understand the main tenets of other religions. Pastors must work at great depth, using all their creativity to comprehend and integrate the meaning of the different belief systems (in Giblin ed. 2002:63).

1.4.11 World of Health

Health has been viewed and defined in many ways. According to Paul Murray, the World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being"(in Sanders, ed. March 2001:89). Though he feels that this may not be possible to attain, it is necessary for healers to try their best. It might mean that whatever method is adopted which may seem very effective for ensuring health will be good. What matters for a sick person is the end result of whatever approach was adopted for the achievement of this person's good health. Igbo patients can prefer to achieve good health before looking back at the process undergone. They thus say, "It is better to save a

chicken before turning back to blame the hawk." This implies that the solution must come first before looking back at what happened. The Igbo approach is similar to the "Good Samaritan," who first tried to assist the injured man without first asking for the cause of his problem (Luke 10:25-37). Holistic health is needed for any sick person no matter the cause.

For a person to be in complete health may be difficult. Roger Hurding says that health can never be equated with human wellness and the absence of disease. It can rather do with the totality of creation, with the Creator Himself (1998:220). Health is something to be valued and well cared for since it can be farfetched. Paul Murray, for his own part, sees health as "one of life's greatest gifts, which is something almost miraculous" (in Sanders, ed. March 2001:87). He affirms that complete health may be so far reaching that whoever has good health should see it as a miracle. He goes on to say that some sick persons in hospital beds are gripped by the deepest anxiety on occasions and especially at night with the cold hand of fear. "It is not necessarily the dread of death but more like being haunted by the fear that, as a result of the almost continual tiredness, the patient would never again be back to his or her old self, never again perhaps be able to relax enough to enjoy, for example, the company of family and friends" (in Sanders, ed. March 2001:87). What Murray points out here as one of the dangers of ill health is being alienated. It means that health is not restricted to the healing of the biological ailment alone but also the restoring of broken links at both human and spiritual levels. David Sanders confirms this by saying that "a Christian's vision of health has to integrate the physical, spiritual and social dimensions" (in Sanders, ed. March 2001:86). Beside physical or biological illness, there can also be social, psychological and spiritual ill health.

1.4.12 Group Leadership

Group leadership, in this sense, refers to playing a leadership role in pastoral matters. According to Hunter (ed.), "In the early Church there were some clearly recognized leadership roles that, when named, carried a clear identity and were recognized as essential for the functioning of the Church. These roles were rooted in and derived from the public ministry of Jesus Christ" (1990:730). Jesus Christ, in His ministry, had to take the initiative by Himself in the nature of care to offer to a person. He stood on the authority of God to face any situation of care and to answer for it, being sure of what He was doing. Pastors must play leadership roles in giving care to people. They must be confident and bold in their ministry and must be able to take initiatives in their pastoral approaches. Elements that

are identified in these ministerial roles include the source of authority, a life setting for exercising the role, a way of performing the task, a content of the faith related to the function, and the desired result or the goal. Pastors should be confident of their authority and skill. Though a religious body is often the source of pastoral authority, the highest authority is God. Pastors require the assurance of a proper spiritual maturity and clear understanding of working with God. Jesus faced His own ministry successfully because He was aware of the source of His authority.

1.4.13 Pastoral Theological Reflection

Pastoral theological reflection is the process of reflecting on the pastoral ministry carried out and relating it with the scripture, tradition or culture. On his own part, John Patton sees pastoral theological reflection as "thinking theologically about pastoral care" (1993:237). Pastoral theological reflection requires the pastor to use his or her available resources which include the church tradition, scripture and culture to give theological meaning to the experience of ministry. One of the methods of theological reflection is that of practicing ministry in the "three sources of religious relevant information." According to Patton, "these are the religious tradition, the experience of the community of faith, and the resources of the culture." Patton goes on to explain that "cultural information includes the historical and contemporary analyses of culture, philosophy, political interpretations of human community, social sciences of the person and society, and information from other religious traditions" (1993:239). Theological reflection uses a wide variety of resources to give meaning to pastoral ministry. These resources also consider past and present history, information from other religious faiths, philosophy, psychology, political situations and whatever happens around the situation where the ministry is carried out. According to Patton, "theological reflection involves a theological journey or a search for God when God seems absent. Such a journey can be affirmed and supported by other members of a caring community and be inspired by other searching theologians" (1993:245). In a crisis situation, people may think that God is absent. There may be a reason to ask "where is God in this situation?" Theological reflection takes the pastor into a journey through a wide range of resources in order to locate God in the situation. In CPE, other members of the CPE group can help the student affirm this reflection.

1.5 Conclusion

In this chapter, the researcher has looked into the concept of CPE, or clinical pastoral education. All of the components that make up CPE are discussed in order to see what CPE is and what it can offer. From what has been discussed, CPE is a training program that looks at the student's essential personal qualities which are the key to being a healer and a growth enabler. It guides the student toward a mental wholeness and spiritual vitality in his or her own personality in order to be capable of reaching out to other people. CPE aims at enhancing wholeness-enabling personality strengths when the student becomes the pastor. Some of the qualities being inculcated include authenticity and genuineness, personal integration, and self-awareness. A pastor needs to have non-possessive warmth and the ability to enter, to an appreciable degree, into another's inner world of meanings and feelings. CPE also gives a true sense of caring, respect, empathetic understanding, pastoral identity, self-worth, personal aliveness, continuing growth, and openness to one's self and others. At the end of the program, it is hoped that the students accept themselves as pastors and as wounded healers.

Boisen said that the central task of CPE is the same as that of the Church, which is the saving of souls, and the central problem is the same as that of theology, which is sin and salvation. The concern of CPE is, therefore, the care and cure of souls. The destination of the soul is an important factor in CPE. It also focuses on how to identify and approach the problems lying between where the person is and where the person is going. CPE combines the past and present situations to determine the future. CPE has a mission, which is also to further the mission of Jesus Christ. This mission is the salvation of souls. As mentioned in the opening paragraph of this chapter, the Creator of all mystery of life loves the seed into becoming a tree, CPE aims at regaining the purpose of creation. CPE uses various methods to further the reign of God in human life. Fairchild says:

> The pastoral task as it comes to every minister and every Christian is to respond to the wonder of God's care for the soul and share with others such knowledge as he has of God's healing power (1980:47).

God is central in the healing and redemptive process of a person. The pastor communicates God's redemptive experience to the troubled persons. What makes the difference between CPE and other theological disciplines lies in the statement of Boisen that CPE brings a new approach to ancient problems. In CPE, students begin their studies with the "living human documents." To enhance the effectiveness of the training, it is carried out in real life situation under supervision. There is also the

case study method and experiential learning with peers. Through working with people facing crises, peers and supervisors and with God, the potentials of the pastor are developed. CPE recognizes that God has given gifts for service for others to every person and also recognizes that the Father, Son and Holy Spirit are present during the training. The pastor is only an instrument in the hand of God because pastoral ministry belongs to God.

CPE can be helpful in training pastors for the Igbo society. Its experiential method of learning can enrich Igbo pastors greatly in their local communities where the crises take place. CPE can also introduce its method of setting personal goals for learning, the importance of pastoral identity, inter-professional collaboration, and the method of approaching living human documents. There can be interfacing between Igbo spirituality and spiritual growth taught in CPE. The Igbo pastors can benefit from the pastoral theological reflection, group leadership, interpersonal competence and interfaith professional education as communicated in CPE.

Pastoral care is a service given in the name of God. God is always at the giving end in human affairs, while human beings are at the receiving end. Pastors offer services because God has enabled them to do so. Roger Hurding points out that "all compassion; justice and wisdom ultimately come from the Lord Almighty" (1992:41). It is God's love that motivates and empowers His people. All of our actions to reach out to other people are full of inadequacies. People can only love outside, but God can love right to the inside. The self-giving love of God typifies the inspiration that brings about pastoral ministry. It is also through the inspiring and inbreathing of the Holy Spirit that the faithful are given power and motivation to follow the divine example. Because of God's own example, the people of God are called and empowered to befriend, love, be fatherly and motherly, to heal, sustain, guide, reconcile, deliver and to shepherd others (Hurding 1992:41f). A pastor called by God does not work alone but is inspired by God and works with God. The Igbo are also included in the love of God and will benefit from any measures taken to realize the fullness of God's love in the human life. If that is the mission of CPE, then the Igbo society will benefit from it. The next chapter looks at how this caring ministry has developed over the years and how people have journeyed in the pastoral ministry with God.

CHAPTER TWO

The Evolution of Clinical Pastoral Education (CPE)

2.1 Introduction

CPE, as a clinically based educational program and a method of experiential learning, is a journey of self-discovery. It is a field of specialty that evolved out of an existing system and has continued the process of self-awareness and self-actualization. Like other educational programs, this has not been an easy process, but the good thing is that it has been progressive and rewarding. As Hemenway puts it:

> In navigating our way through these waters, it is important to recognize and accept the fact that the specialized craft called CPE rides within the rich and sometimes rapid confluence of many different streams of influence: psychology and religion, education and therapy, experience (intuition) and knowledge (cognitive), faith and culture, modernity and tradition, the individual and the group. Sometimes it steers too enthusiastically and quickly toward one particular attractive shore; sometimes it becomes too careful or vague in order to stay afloat and in the middle of the river; sometimes it overreaches itself and is in danger of tipping over or being swept out to sea. It requires the ability to look below the surface and patiently map out both the old and new contours (1996: XIII).

Hemenway emphasizes that CPE is still in its evolutionary process. It is undergoing a period of formation, enriching itself with some fields of study and adjusting to environmental and situational influences. At times it moves to one field of study to the detriment of others, and at times it remains balanced. The program fails in some places and succeeds in others. The journey is not easy, but it always continues to move ahead. As the author suggests, there is need to "look below the surface and patiently map out both the old and new contours" (1996: XIII). This implies looking back to and even beyond where the journey began in order to see the failures and successes. This can lead to more progressive moves for CPE in the future.

The aim of this chapter is to investigate what is practiced today as the CPE program developed over a period of history. It begins with the caring ministry of Jesus Christ and attempts to look at the similarities and differences between the ministerial method of Jesus and that of CPE today. Other areas of concern in this chapter include the development of pastoral care from the apostolic age to the ages of the church fathers up to the century that ushered in CPE. Since the care and cure of souls is the central task of CPE as a training model in pastoral ministry, what have different epochs in church

history contributed to pastoral ministry and how has this informed the CPE programs? The weaknesses of the traditional pastoral ministry that led to the evolution of CPE will also be investigated.

While reflecting on this historical aspect of CPE, characters associated with the founding of CPE, their contributions, and the most important developments in CPE over the past few years will be highlighted. As a result, the information in this chapter will be narrowed down to such questions as, how did pastoral care develop in the Church to the stage where CPE came in? What was the contribution of early Christianity and the church fathers? How did CPE start and how has it progressed to the present day? What were the motivations, life styles, and contribution of the founding fathers of CPE? What is the current situation in CPE? What place do these developments have in the Igbo religious caring system?

By looking critically into these questions, the researcher hopes to shed more light on how the training provided through CPE can be relevant toward the pastoral care in the Igbo society. It is also hoped that the information gathered from this survey will help the researcher articulate methods that will be effective in addressing the pastoral needs of the Igbo. However, this chapter does not aim at investigating the whole history of pastoral ministry and CPE, as this is too broad and beyond the scope of this research. Only those aspects that are informative to the research will be discussed.

2.1.1 The Care of Souls

The care of souls is associated with the cure of souls in the classical tradition of pastoral care. It is out of the care of the souls that curing is achieved. The soul, which is cured, needs continuous guidance and protection. Under the classical tradition, cure of souls is administered in the Word and the Sacrament through a person's lifetime. Hiltner writes about pastoral practice during the reformation:

> The means by which man receives faith through the power of grace are, Protestants held, the Word and the sacraments. The Word is the revelation of God in Jesus Christ, which are both an actual historical event and a continuing message evoking belief and faith. When the Word is received, the man becomes a Christian and a new being. He lives by faith rather than works. For most Protestants . . . "the sacraments add nothing to the 'word'; they merely bring it, as it were, directly and personally to the believer." This function of driving home the truth and power of the Word made the sacrament enormously important in Protestantism. It was for this

> reason that early Protestantism regarded the sacrament, especially the Lord's Super, as the principal means of the care of souls (1958:59f).

The Word and the Sacrament administered by the church are the pastoral ministry for the soul in the classical tradition. Clebsch and Jaekle note the situation in the pastoral ministry during the Enlightenment and say, "As education cultivated the mind and as hygiene helped the body toward this flowering, so the pastoral ministry nurtured and sustained the soul for its higher and eternal destiny" (1983:29). The attention of the church in the care of souls is eternal destiny.

Care of souls may at times lead to acts of social responsibility. The interest of the individual being cared for goes beyond that of the society. The individual may need support against the claims of the society. The society may be the source of the hurt to the individual. As a way of help, the troubled person may need some temporary protection against the oppressive system. There may be the need to restrain a severely disturbed person from the rest of the society. This will not only benefit him or her but also protect the society. Clebsch and Jaekle write:

> Nevertheless, the proper ministry of the cure of souls cannot be dictated by managerial, institutional, or societal rights and needs, for it finds opportunities for its exercise only to the extent that the welfare of the individual person can remain the paramount interest (1983:5).

Since part of the system that troubles the individual comes from the society, the individual needs protection against this system. This can go either way, which means the individual being oppressed needs protection, and the individuals within the social system also need protection.

As the founding fathers pointed out, the central task that CPE is committed to is the care and cure of souls. A pastor who is well equipped can be seen as a physician of the soul (Thornton 1970:64). Emphasizing the same concern, Charles Gerkin refers to Boisen's use of troubled souls whom he described as "persons whose inner world had become disorganized so that their world had lost its foundations" (1984:38). The troubled soul needs care and cure. Care and cure of souls have been the concern of Christianity right from the onset. Though the dimensions have continued to change, the central task remains the same.

2.1.2 The Cure of Souls

The cure of souls consists of helping acts by a religious person that is largely directed towards the ministry of healing, sustaining, guiding and reconciliation (Clebsch and Jaekle 1983:1). It involves troubled persons whose problems arise in the context of ultimate meanings and concerns. According to Clebsch and Jaekle, the entire pastoral care is the Christian ministry of the cure of souls. It can be exercised on innumerable occasions and in every conceivable human circumstances and "aims towards relieving a plethora of perplexities." It also besets persons of every class, condition and mentality (1983:1). In the cure of souls, specific problems facing individuals are addressed directly. Effort is directed towards identified problems. The ministry brings healing to the internal wounds of the mind and memory. In the classical tradition of pastoral care this is marked by new life resulting from God's grace and forgiveness (Hiltner 1958:30). Clebsch and Jaekle thus say, ". . . the cure of souls stands alongside healing, sustaining, and guiding, but it is distinguishable both historically and analytically" (1983:56). CPE aims at identifying and addressing specific problems as well as looking for ways and means of guiding and sustaining the troubled persons.

2.2 A Reflection on How the Care and Cure of Souls in the History of Christianity Gave Rise to CPE

Arguing on the dangers confronting the church, Clinebell sees the major problem facing the church's ministry as that of irrelevance. At times, the ministry offered by the church to a people may not be relevant to their deep needs. As he puts it,

> . . . the only relevance that really matters is relevance to the *deep needs of persons*—relevance to the places in their lives where they hurt and hope, curse and pray, hunger for meaning and for significant relationships (1966:14).

The ministry Clinebell looks at is that given to the inner world of persons. The inner world may be joyous or depressing. The inner world, in every way, needs a ministry that will be practically relevant to its deep needs. It is this relevance that will cause such ministry to be desired. Reflecting back on ministry, especially in the time of Jesus Christ, both in the nature of the ministry and the method of approach, a high level of relevance can be noticed. As a result, people sought Jesus wherever he could be found (Mark 1:37). Pastoral care which Clebsch and Jaekle also refer to as care and cure of souls, 1983:4) occupied a prominent position in early Christianity. Christian ministry was relevant to the deep needs of the people from its inception, due to method of approach. CPE emphasizes methods of

approach to the pastoral ministry. It aims at enhancing a ministry to the deep needs of people today. CPE wants the pastor to be sought by the troubled people. CPE tries to make pastoral ministry as relevant and desirable as it was in the time of Jesus.

2.2.1 Pastoral Care in the Time of Jesus Christ

The ministry of Jesus Christ exemplifies what the caring ministry to troubled persons should be. Jesus' approach to caring for the deeply needy of Palestine during His earthly ministry made them seek Him at all times and in all places (Mk. 1:32-37; John 6:22-24). McNeill notes,

> Crowds press upon him, both to witness his miracles and hear his teaching. A definite impression is conveyed, however, that he preferred not to be attended by great numbers, but to minister to a few. But this preference is repeatedly overborne by the demands of the situation. He goes before daybreak to pray in "a lonely place," but the message comes: "Everyone is searching for you" and he begins preaching in Galilee (Mark 1:35-39) (1977:69).

McNeill notes the interest of Jesus in working with small groups, though great crowds who sought his help would not allow this. Here the success of his earthly ministry is attributed to his method of approach and absolute devotion to the will of God. Three points were highlighted: his miracles, teaching and preference to work with small groups. Though he preferred to minister to a few, great crowds went after Him. CPE also uses the small group method after the examples of Jesus.

Jesus ministers in His miracles to the very needs of the people who approached him. Few examples from the Scripture can highlight the nature and content of his pastoral ministry. To the depressed and anxious he gives hope (Matt. 6:25-34), to an enemy and the despised he gives love (Matt. 5:43-48; Luke 6:27-28, 32-36), to the guilty and offender he gives forgiveness (Matt. 6:6, 14; 18:15-35; Mk. 11:25; Luke 23:34). All these were done without discrimination or regard to the nature of the trouble or ailment a person had. As McNeil puts it,

> The leper he cleanses is charged to tell nobody; but he spreads the news, whereupon Jesus withdraws from town to the countryside (Mark 1:40-45). When he enters Capernaum, a crowd assembles, and when he goes to the seaside many throng about him once more (Mark 2:2, 13). When he again "withdraws" to the sea with his disciples, "a great multitude," follows out of Galilee, "also from Judea and Jerusalem and Idumea and from beyond the Jordan and from about Tyre and Sidon, a great multitude," so that he orders a boat to be in readiness for his escape, "lest they should crush him" (Mark 3:7-9) (1977:69).

McNeil highlights the effectiveness of Jesus' ministry that made people seek him wherever he went. This ministry goes beyond ethnic, racial, and cultural boundaries and is relevant to all people, no matter where they belong. The caring ministry of Jesus is popular and includes healing of the sick and all manner of diseases, feeding of the hungry, confronting and challenging the oppressive systems of the society, acceptance and re-member of the social outcasts, being present at troublesome periods, listening and hearing the inner cries of the distressed, deliverance of the spiritually possessed, being available at all times of need and a host of others. The pastoral acts run through the whole gospel. The message is that Jesus attended to the very needs of the people at a dialogical level. Those who received it made Jesus' ministry popular. Sharing the same viewpoint McNeill writes,

> The conversation of Jesus as given in the Synoptic Gospels exhibits his method and power in the guidance of souls. Much of his teaching was uttered in dialogue. Apparently he preferred this personal and conversational method . . . A conversation is often so turned that it is the other person who voices the point to which it leads. In some instances, as in the case of Peter's declaration in Matthew 16:16, this result is obtained by direct questions (1977:72).

In this observation, McNeill refers to the ministerial method of Jesus. The method of Jesus is not based on a written document or on an experimental result. It is not even based on his experience with other troubled people in the ministry, but on person-to-person contact with the troubled persons, or in CPE terms, "living human documents." His responses depended on the need at that very time. McNeill affirms this by saying, "Numerous incidents are reported in which Jesus deals with individual spiritual needs" (1977:74). He tried to address any situation based on the needs of that particular situation. Jesus depended on the dialogical outcome between him and the troubled persons. According to Frank Lake,

> How greatly we would impoverish the Gospels if we took away from them the dialogue of our Lord with individuals. In these He is quite specific. What He said to Nicodemus by night and what He said to the Syro-Phoenician woman are specific communications, which could not be transposed (1966:1f).

Jesus approached the problems of people directly without referring first to a group of ideas or applying a system of religion. Even when the Jews confronted Him on failures in their system of religious observance, Jesus responded by letting them know that the restoration of the wholeness for a person counted more than religious laws (John 5:10, 15-17; Mk. 3:1-6; Matt. 12:9-14; Luke 6:6-11; 13:10-17). Jesus also ignored the Jewish law concerning leprosy and touched the people affected, overlooked the ceremonial washing of hands and feet by the Jews and attended to the very needs of the individual

(Matt. 15:1-9; Mark 7:1-13), allowed his disciples to pluck corn and eat on Sabbath days contrary to their Jewish religious laws (Matt. 12:1-8; Mk. 2:23-28; Luke 6:1-5), and publicly forgave the sins of people against Jewish teachings (Luke 5:17-21). In Mark 2:27, Jesus openly said, "The Sabbath was made for the good of man; man was not made for the Sabbath." This means that any system of religious observance can be good to the extent it is able to serve the needs of humanity. Any religious laws or system of teaching and practices that cannot solve human problems becomes irrelevant and often oppressive. Pastoral ministry must look beyond religious and cultural restrictions and work directly with the "living human documents." The CPE program must not be bound by religious or societal restrictions but must focus directly on what restores the dignity of humanity.

The method of Jesus is also to approach the problem directly before considering the causes and the consequences. In Jesus' ministry, the restoring of wholeness counts first before addressing any other problem. For example, in the story of the woman caught in the act of adultery, the teachers of the law and Pharisees condemned her in view of the Law of Moses. Jesus refused to condemn her and said, after clearing the misunderstanding, "I do not condemn you either. Go, but do not sin again" (John 8:1-11). In this story, Jesus did not pretend that nothing wrong had happened, but, first of all, gave her the assurance of forgiveness before admonishing her to sin no more. In the story of healing at the pool of Bethzatha, Jesus was moved with compassion and healed a man who was sick for thirty-eight years despite his inability to give a rational response to the interview of Jesus. After the healing, Jesus asked him to go. It was later, in the feast, when the man has been reintegrated into the system, that Jesus found him and warned him to sin no more so that something worse would not happen to him (John 5:1-14). This highlights a method of identifying and attending to the problem first before looking back at the history of the causes and the consequences.

The concern of Jesus, as it rings through the Gospel, is the restoration of wholeness first, which is also attending to the deepest needs of a person. It is not the history, not religious laws or Jewish traditions or consequences but the "living human documents." McNeill notes that in the cases of healing by Jesus, "healing of the body is frequently associated with the healing of the soul" (1977:76). He had to break the Jewish law in order to attend to the needs of persons.

2.2.1.1 Jesus' Healing and "Living Human Documents"

Looking into the method of Jesus in responding to the needs of the troubled persons, he attacks the crisis first and then sets the person free before considering any other factor. In the present terms used in CPE Jesus starts with the "living human document." This is the aspect where many pastoral theologians argue that pastoral ministry must be started. Frank Lake argues that "theological training should not lose its Galilean accent on persons encountered by roadsides or on the rooftops in favor of libraries and essays in the schools" (1966:1). His statement affirms that listening and responding to the deep needs of persons should come first in pastoral ministry. Boisen envisioned this method in CPE for the saving of souls, and this means beginning with "living human documents" rather than with books (Thornton 1970:64). Jesus acted on the "here and now" of the deep needs of the people.

In analyzing Boisen's concept of "living human documents," Charles Gerkin writes,

> Boisen gives primacy to the question as to how religious experience functions to give shape to the encounters of individuals with problems of living . . . This is more than simply the study of religious experience . . . Boisen's research interest was accompanied by a passionate concern for the welfare of the troubled souls (1984:37).

Looking at "living human documents" means looking at the welfare of troubled persons. Jesus had direct encounter with the troubled soul for the purpose of its welfare. He did not consider any religious theory or apply the study of any religious experience. Similarly, as in Jesus' ministry, what CPE strives to achieve is the direct encounter with the needs of the troubled persons for the purpose of their welfare. The proponents of CPE have not introduced something new in pastoral ministry as such. They have rather drawn the attention of caregivers to the original methods of Jesus in the caring of troubled persons. The question lies on whether what CPE is doing now is in line with the original intention of Jesus as well as that of its proponents? This is why it might be necessary to go back to the roots of Christian ministry and apply the old principles in the language of the present age. Hiltner relating CPE to the ministry of Jesus Christ warns,

> This reformulated pastoral theology must be grounded, like anything Christian, in Jesus Christ as an historical event and continuing saving reality in the lives of men (1958:39).

The concern of Hiltner is that CPE has to maintain the stand in the eternal truth and principles of Christian faith. Despite working collaboratively with other social sciences, CPE should remain the shepherding instrument rooted in the life and teaching of Jesus Christ.

In summary, certain similarities can be seen between Jesus ministry and the vision of the proponents of CPE. This can be seen in the small group method of Jesus. Despite the large crowd of people who followed Jesus, he had a smaller group of twelve around him who formed a kind of support group and a group he trained, who then go on training others. Among the twelve disciples, he also had a closer group of three that had a more intimate relationship with him and stayed around him at the times of deep concerns (Matt. 17:1-13; Mk. 14:32-42). CPE needs to examine how the small group is used to facilitate growth in the ministry and also encourages use of support groups. There are aspects of theological reflection in the ministry of Jesus. He often engaged His disciples in the outcome of their ministry and why certain ministries they offered failed. There is also concern for pastoral identity in Jesus' ministry where he asked, "But who do you say that I am?" (Matt. 16:15). This is already in CPE and needs to be taken seriously. The training method of Jesus will be analyzed alongside that of CPE in chapter eight and the similarities and differences will be considered while determining a CPE model for the Igbo society.

2.2.2 Pastoral Care during the Apostolic Period

The Apostolic period immediately followed that of Jesus Christ in ministry. It was the time when the apostles of Jesus, who continued his ministry, demonstrated what they had observed and learned from him. They had the opportunity of continuing with His ministry when Jesus had left them. Some of these accounts are in the Acts of the Apostles. In Acts 1:12-26, it is reported that the disciples of Jesus, together with Mary his mother and his brothers, including the women that followed him, altogether one hundred and twenty, formed a community of believers that stayed together in the Upper Room. This might be referred to as the first Christian community, and they formed a support group among themselves since the Scripture says, "All these with one accord devoted themselves to prayer, together with the women and Mary the mother of Jesus, and with his brothers" (Acts 1:14). With one accord suggests the formation of a support group.

The empowerment that came to the disciples of Jesus on Pentecost day was in the event of their staying together (Acts 2:1-13). What followed this was the expansion of the community of believers. McNeill observes the closeness of the early Christian community and comments:

> Lying deep in the experience and culture of the early Christian communities are the closely related practices of mutual edification (*aedificatio mutua*) and fraternal correction (*correctio fraterna*) (1977:85).

They needed pastoral care because of variety of needs of the people. As a result, there was mutual edification whereby they encouraged and supported each other. There was also fraternal correction whereby they corrected erring members in love. These acts need be seen when CPE members gather together as a group within a training program. The situation in the community was reported as follows:

> And fear came upon every soul; and many wonders and signs were done through the apostles. And all who believed were together and had all things in common; and they sold their possessions and goods and distributed them to all as any had needed . . . (Acts 2:43-45).

Wonders and signs of growth can occur in a group when fraternal correction and mutual edification are present. The ability of the group to respond to the needs of the community is pastoral care. According to Carroll Wise, pastoral care is the communication of the Gospel to persons at the point of their needs (1966:9). A similar report as above was given in (Acts 4:32-37). In Acts Chapter 6, the church had continued growing and people from diverse backgrounds started coming with their needs. This situation called for a review of their caring strategy. As a result, there was the election of the seven deacons who further enhanced the caring ministry of the community. The apostles at this period were also able to adjust to cultural matters, especially when Christianity further included people of other cultures. The outcome of the council of Jerusalem in Acts 15:1-35 was more of interculturality[7]. The apostles had to amend some of the Jewish cultural standards in order to accommodate the non-Jews.

Though pastoral care during the apostolic period was not structured, the needs of people, in whatever form, were attended to. The apostles and their successors were able to sense the needs of the members of the church and were able to respond accordingly. The more complex the church continued to be the more they continued to seek ways and means of meeting the complexities of the time. Clebsch and Jaekle see this period as concerned mainly with sustaining. Christians of this time were expecting the speedy end of history and, as a result, tried to keep the faith of the disciples to the end. As they put it:

[7] Interculturality: This according to Kathleen J. Greider is engagement by a multicultural population in cross-cultural communication characterized not only by careful differentiation and measured collaboration but also by vibrant interrelatedness and, ideally, day-to-day cooperation. This requires the development of, among other spiritual gifts, the spiritual capability of receptivity. (Also see chapter one or read Journal of Supervision and Training in Ministry vol. 22 pp. 40-47 of 2002).

> Two characteristics mark Christian pastoral care in the earliest epoch: extreme diversity of functions and modes and means, and a general pervasion of this diversity by a concern to set all helping acts within the context of the supposedly brief period of time until history met its end. That concern naturally led pastoral care to emphasize the function of sustaining (1983:14).

One clear observation during this period is that there was no systematized form of pastoral care. Though care was given, there was no pastoral theology or principles guiding the system of caring. It was dependent on the love for one another and the need to see to the welfare of others so that the Church would continue to exist. Pastoral care of the present time needs to apply some elements from this early period in order to improve the validity of caring at the present. One important contribution of pastoral care during the apostolic period that will contribute to Igbo society is the response to the people's culture. CPE, as a means of pastoral education, must respond to the demands of the Igbo culture as well as identifying their needs to be addressed. By locating the venue for the training of pastoral caregivers in the communities where the Igbo live, the trainees will participate in the daily lives and events of the Igbo. This will enable them value their life-style before they can minister meaningfully to them.

2.2.3 The Classical Tradition of Pastoral Care

The classical tradition of pastoral care, as Thomas C. Oden sees it, has some ancient pastoral wisdom that it needs to include in the pastoral practice of the present (1984:17). The care of souls has been a matter of concern since the history of Christianity. It stems from the belief in the immortality of the soul and the need to guide it aright toward eternity. As Clebsch and Jaekle put it:

> The first era of Christian pastoral care lasted until circa AD 180 and was characterized by an emphasis on sustaining souls through the vicissitudes of life in this world, believed by the early Christians to be running swiftly towards its end (1983:13).

Other eras that followed were the eras of persecution (AD180-306), "Christian" culture, Dark Ages, Medieval Christendom, Renewal and Reform, Enlightenment and the Post-Christendom Era. These eras were marked by different emphasis on pastoral care. In the classical tradition and even till the present era, pastoral care is the ministry of the cure of souls (Clebsch and Jaekle 1983:4). The soul is seen as going beyond the mindset and different functional parts of the body, and it co-ordinates the activities of the whole person. To do this in the classical tradition, pastors need scriptural wisdom and historical awareness of Church's tradition. Thomas Oden, being very supportive of the classical

tradition of pastoral care, sees scriptural wisdom as the fabric of pastoral work. This means that it is the structure that holds Christian ministry together. As he argues:

> The fabric of effective pastoral work involves the constant interweaving of scriptural wisdom, historical awareness, constructive theological reasoning, situational discernment, and personal empathy. It is best studied by examining case materials of concrete problems of pastoral counsel, viewed in the light of scripture and tradition (1984:12).

Oden holds that examination of case materials of concrete problems of pastoral counseling must be done in the light of scripture and tradition. By implication he is suggesting the integration of the modern and classical approach to cure of souls. Oden is critical of modern approach to pastoral caring, seeing it as being more inclined to psychotherapy and paying little attention to the wisdom of the scripture. It is in this modern approach that CPE finds itself today. He sees the classical tradition of pastoral care as very relevant to the ministry today. Classical tradition of pastoral care does not approach the care of persons through psychological methods. Reference is not made to psychotherapy or to psychoanalysis. It is, rather, based on the Scripture, in church doctrine, and understanding and interpretation of the Scripture. He is not against modern methods but upholds that both scripture and church tradition must not be overlooked.

The teaching and prescriptions of the Church fathers play a role in the classical tradition. Among the powerful and prominent models in the classical tradition of pastoral care are John Chrysostom, Ambrose, Augustine, Ignatius of Loyola, Luther, Calvin, Richard Baxter, Wesley, and Kierkegaard. Of them all, Oden sees the key classic exemplar of pastoral integration as that "remarkably effective Augustinian Bishop of Rome of the late sixth century, Gregory the Great (AD 540-604)." By this he means that Pope Gregory "gathered up the pastoral wisdom of the patristic period and energetically set in motion the basic direction of the medieval pastoral tradition" (1984:12). According to Oden, the work of Gregory is necessary for the pastoral wisdom of today. However, Oden is not totally against psychological methods or psychotherapy because he, too, was, to some extent, involved in it (1972:17f). What he is kicking against is neglecting the wisdom of the classical tradition and going completely for modern psychological methods for pastoral care. Agreeing to the contributions of Pope Gregory in the sixth century, Clebsch and Jaekle note that he "codified, regularized, and stressed the work of pastors as that of guiding troubled people into Christian belief, the Christian cultus, and Christian morality" (1983:23). This means that since the sixth century, interest has grown in defining the work of the pastor and the approach that will be adopted. Pastoral office impinges on pastoral

care. In these early ages, there was not a systematized form of pastoral care. All caring ministry depended on attention given to fellow Christians and other humanity for the sake of being human and for belonging to the family of God.

Notable in the pastoral care of the fourteenth, fifteenth and sixteenth centuries was the effort of the Church toward reconciling individual persons to a righteous God. This comprised helping individual persons to achieve forgiveness from God. The Church also used this as a reconciling mode of discipline (Clebsch and Jaekle 1983:26). As Hiltner looks critically in the pastoral practice of sixteenth century, he points out that the major contribution of this time was in attitude and motivation. The caregivers must be exemplary of what Christianity stands for. Because of a minister's calling, he or she must "follow up the proclamation of the Word and administration of the sacraments with personal contact and good counsel or instruction" (1958:32). By this period, elements of counseling have started to be an integral part of pastoral care. Clebsch and Jaekle affirm this claim by saying, "The variety of expressions of reconciling function that the Reformation evoked demanded that pastors understand and be involved with the common life of ordinary men and women (1983:27). Being involved implies personal examples and being able to hear the yearning of the hearts of ordinary people. The life the pastor lives also enhances his or her ministry to those concerned. The succeeding seventeenth century added a step forward but was devoid of a theory of pastoral practice. On this, Hiltner commends the work of Richard Baxter in his book, *The Reformed Pastor*. Baxter, George Herbert and Gilbert Burnet were seen as the main pastoral theologians of the seventeenth century (1958:32).

In spite of all the contributions of the seventeenth century pastoral theologians, they were not concerned about a theory of pastoral care. Baxter, for instance, called for "a reformation of the ministry, mainly in the form of systematic house to house calling within the parish." This was only a proposal that was not heeded to by the Church during Baxter's life time (1958:32). Baxter was able to appeal directly to every minister's sense of responsibility. He advocated serious spiritual preparation of the pastors and insisted that pastors must spend their time upon those in need without restriction. A pastor should be ready to attend to those in need at all times without feeling over burdened (Hiltner 1958:32). This expectation from pastors is contrary to what is seen in the ministry today. Many people no longer see the ministry as a calling that requires selfless service. They, therefore, resort to

scheduling hours of work outside of which people are not free to contact them. Being critical of this present attitude, Jean Stairs notes with dismay the attempt of pastors in handling spiritual calling like other public services. Pastors are now delighted to keep office hours in place of listening to the Spirit of God whenever this is needed. As Stairs argues:

> Ministers once occupied a study, usually at home, a place where daily prayers, scriptural meditation, and reflection on the movement of God's spirit were not only routine, but also clearly expected by the public and the people of God. Now, many clergy have begun simply "keeping office hours" (2000:5).

The keeping of office hours in the present pastoral practice can limit the chances of a pastor listening to God and even giving full time to the practice of the ministry. He or she is only available to listen to God when the chance occurs and can only attend to those in need at stipulated office hours. By this observation, Stairs is, in this twenty-first century, reflecting back on what Baxter spoke against in the seventeenth century concerning ministers giving their full attention to spiritual matters and events of the needy. Her argument justifies Oden's call for a flash back on the wisdom of the classical tradition of pastoral care.

Still relating the pastoral practice of the seventeenth century with the recent one, Hiltner notes the ability of Baxter to get to the depth of people's needs. According to Hiltner:

> Baxter seemed to have an ability to move into any type of situation with an attitude that enabled him to meet the needs he found there. Sometimes the dominant need was for shepherding; sometimes, for instruction; at other times, for reproof or correction. His attitude seems to have been the same in all the situations. Beyond the practical ability to recognize different types of need, he was unconcerned about theory (1958:33).

The ability to move into any type of situation and meet the needs found there that was emphasized in the seventeenth century seems to be part of what CPE of today tries to inculcate in its participants. The difference between the seventeenth century pastoral care and CPE of today is the application of different approaches in different situations and backing up praxis with theory after reasonable reflections on the praxis. The major criticism of Hiltner in what was done in the seventeenth century is the absence of different approaches to different needs and the absence of theory. Hemenway also criticizes CPE of today for not being well grounded in theories (1996: VII). Pastoral practice today, therefore, needs a variety of approaches to different needs and situations, and these approaches need to be backed up with theories.

One of the early concerns of the pastoral care during the Reformation was the restoration of a new personal relationship between a person and God. In the view of Hiltner, Protestants were, at this time, worried about how a person could have divine assurance that sin had been forgiven. As he puts it,

> For all Protestants conviction about how the true cure of souls is wrought was central. "The grace which Protestants believe to receive from the 'word' is . . . the divine assurance of the forgiveness of sins which freely given by God through Christ makes possible a new personal relationship between man and his maker" (1958:29).

In agreement with the idea of Hiltner, Clebsch and Jaekle mention the contribution of Baxter in this regard during this period. As they put it:

> . . . Baxter set the aim of "showing men the certainty and excellencies of the promised felicity, and the perfect blessedness in the life to come, compared with the vanities of this present life" so as to "turn the stream of their cognitions and affections, and bring them to a due contempt of this world, and set them on seeking durable treasure" (1983:28).

Baxter's concern for care of souls in this regard is more preparation for eternal life. For this to be achieved, people must be prepared for a complete union with God. It means that sin and evil must be disgraced. The administration of the Word and Sacrament were seen as the principal means for care of souls because it makes the believer a new creature. The Christian, therefore, begins to live by faith instead of by work. What is sought for is new life, which can only be achieved through God's grace and forgiveness. The care received in the Church occurs among those who have come together as a result of God's favor. They uphold and help one another, share their problems together and rejoice together for their successes (Hiltner 1958:30). Pastoral theology gradually continued developing in this manner with changes in details and emphases in different ages.

The first use of pastoral theology was in the middle of the eighteenth century. The first work on pastoral theology was published in 1830 in Germany, while in America it was in 1847, and these laid emphases on the cure of souls (Hiltner 1958:31). The content was to draw back those who are alienated to Christ, to lead back those who are drawn away, to secure amendment of life in those who fall into sin; to strengthen weak and sickly Christians; to preserve Christians who are whole and strong, and urge them forward in all good. It was the proposition of Zwingli, who held that this is to be done both in public and from house to house and should be the duty of all Christians and not just the ordained ministers (Hiltner 1958:31).

By the eighteenth century, pietism came into Christianity as a reaction against orthodox formalisms. Pietism was marked by the interest of some people in seeking to build significant fellowship among them. They involved themselves in personal appropriation of religious truth, religious experiences, personal devotional and ascetic discipline (Hiltner 1958:34). Asceticism of this time helped pastoral theologians to review the approach to Church life and practices. It influenced the concept of shepherding and pastoral theology of that period. As Hiltner notes:

> Toward the end of the eighteenth century some "practical advice" books for the minister began to appear. A minister should possess many qualities such as prudence, knowledge, piety, prayer, and self-denial. He should visit his people, since this practice has "so greatly fallen into disuse in many places" (1958:34).

Pietism of the eighteenth century challenged the Church practices and led to the re-visiting of the pastoral ministry. Clebsch and Jaekle see pietism of this period as "a broad tendency to regard religion and religious commitment as an inviolably private aspect of the individual, personal life." As they argue, this was prompted by cultural confidence that erupted in the western nations between the French Revolution and the First World War (1983:30). The same act was carried into the nineteenth century. Theologians of this time started to see reproof spoken with freedom and boldness as an expression of love. It does not matter even if a faithful reproof wounds a person. The success of pastoral ministry began to be seen as depending on the ability of the ministers to cultivate reciprocal love between ministers and their flocks. According to Hiltner:

> The study of pastoral theology came into the nineteenth century through the Germans and was taken up systematically by the British and Americans only after the Germans, beginning in 1837 but pre-eminently with Friedrich Schleiermacher a little later, developed what they called "practical theology" (1958:34).

At this period, the concern of pastoral theologians was the method of maintaining and perfecting the Church. On the British side, the pastor's work toward the end of eighteenth century was seen as "preaching, praying, administering the sacraments, visiting the sick, conduct toward people in general, and conduct toward people in particular" (Hiltner 1958:34). The concern in this period was distinguishing practical from pastoral theology. Pastoral theology was then seen as only a part of the study of the total work of the minister and Church.

Before the end of the eighteenth century and by the early nineteenth century, four pastoral functions have emerged as concepts. There was the ministry of reconciling in the form of forgiveness. Healing, guiding and sustaining became part of an individual's distinct needs served by the pastor. As Clebsch and Jaekle put it,

> The four pastoral functions of healing, sustaining, guiding and reconciling have alternately and variously risen to prominence amidst the changing cultural, psychological, intellectual, and religious circumstances of men and women throughout the Christian era. Although in any given historic epoch one function polarizes the entire pastoral endeavor around itself, it has been seen that in each era all the four functions remained in operation (1983:32).

By the early nineteenth century, "pastoral science" was seen as constituting liturgics, *Seelsorge*, homiletics, and catechetics. By middle nineteenth century, when pastoral theology had started taking a stand in America, it was seen as "study of the minister's visiting, his catechizing, and his personal and prayer and intellectual life; while practical theology includes these plus homiletics and liturgics" (Hiltner 1958:35). Pastoral theology, at this time, was largely regarded as the study of *poimenics*, which is also the "theory of pastoral care" (Hiltner, 1958:35). The association of practice with theory started coming into the pastoral ministry.

Alexander Vinet of the nineteenth century and Baxter of the seventeenth century, who were Swiss and British theologians respectively, agreed that pastoral theology deals with all kinds of activity to which the pastor is called, except public preaching and catechizing. Vinet, on his own part, sees practical theology as a useful application of knowledge gained in other branches of theology in a purely scientific way. Pastoral theology to him is a branch of practical theology and, on this, Vinet is noted for approaching theology through intellectual discernment, sympathetic tenderness and general humanity (Hiltner 1958:36). The approach to pastoral theology in the nineteenth century and the emergence of practical theology with the ideas behind it gives a clue to the concepts that led to the evolution of CPE. Theologians started thinking about a scientific approach to theological issues. This was boosted in the USA when pastoral theology had gained full ground in the late nineteenth century. CPE evolved out of the consistent change in the conception and approach to pastoral theology.

In the United States, where CPE was born, approaching pastoral theology through a systematic period started at the middle of nineteenth century (1847-1907), which is a period of sixty years. Enoch Pond was the first in the USA to see pastoral theology as relating to minister's "more private intercourse

with people" (Hiltner 1958:36). More theologians took a leap from this and started making impacts on what later became the shape of pastoral theology. In 1898, Washington Gladden, writing about the working Church, saw it as where the pastor is fully involved in the day-to-day life of his or her members. As Hiltner writes:

> In the conditions of our time, he wrote in 1898, "it is a large part of the pastor's business to find work for the members of his church, and to secure their general and hearty co-operation with himself in teaching and shepherding and saving men and women and children" (1958:36).

It was at this time under Gladden that a basic theory of group work, which was to spring up later, began. He was basically concerned with applied Christianity. The past centuries of pastoral theology contributed to the twentieth century developments that ushered in CPE. There was a pointer toward the study of methods but principles were derived from the study, practice and tradition. Principles were derived from the examination of situations in the light of tradition. Intellectual tools and models in pastoral theology sprang up in the nineteenth century.

The events of the twentieth century, which include increased interest in science and technology, ushered in fresh looks and approaches to pastoral theology. There was an increased interest in the nature of the work of the pastor. Appeals were made in various publications for more pastoral work. In his publication, *The Ministering Shepherd*, Charles E. Jefferson analyzed the work of a pastor as a shepherd and assigned some functions to the pastor. These included watchman, guard, guide, physician, savior, one who feeds, and lover of sheep (Hiltner 1958:37). In the same early twentieth century, John Watson published a book, *The Cure of Souls*, which further emphasized the practical aspect of pastoral theology (Hiltner 1938:37f).

Psychological theories of the twentieth century also posed a big threat to pastoral theology. In Europe, there was resistance against these new disciplines, and, as a result, pastoral theologians became concerned with the definition and understanding preservation of the uniqueness of the Christian faith. There was a kind of division in the way of viewing the nineteenth century way of viewing practical theology and that of modern psychology (Hiltner 1958:38). Gradually the theological significance of psychological theories, especially of personality, were seen and analyzed.

In the United States, the religious education movement made the first move toward studying the "actual people engaged in a form of religious activity and the attempts to draw basic theory out of this participant observation." Gradually the clinical approach to pastoral theology, for which the USA is known, emerged (Hiltner 1958:38f).

The social gospel emerged in the twentieth century. It considered "the nature of social institutions, their effects upon human life, and the concern of the gospel for institutional as well as personal relations" (Hiltner 1958:39). Shepherding, which was seen more in one-to-one relationships now extended to the organized life of groups. The factors that gave rise to the clinical pastoral education (CPE) movement came into play. Some models that later became informative to the present model of CPE started emerging. Hiltner gives highest credit to Anton Boisen for this transformation in pastoral theology in the twentieth century. In his words:

> The person who has done more than any other in our century to prepare the soil for a new pastoral theology is Anton Boisen . . . Boisen's radical thesis is gradually gaining the recognition it deserves. Behind the particular form of his thesis, we should note, is the assertion that the study of actual and concrete forms of human experience, especially where ultimate issues are at stake, is theological if we bring theological questions to it. It is not merely psychological or psychiatry incorporated by theologians. It is a point in theological method (1958:39).

Through the writings and actions of Boisen and other proponents of clinical training, pastoral theology started taking a new shape in the twentieth century. Psychological issues were understood from a theological point of view, and psychology shed more light toward understanding religious experiences. Instead of divorcing psychology and other operational social sciences from a theology, they collaborated to give more meaning and a clearer understanding of human experiences. CPE became one of the models that started transforming pastoral theology from the classical tradition to an operational social science. Following the warning of Hiltner and Oden, this transformation must not lose sight of ancient pastoral wisdom of the care and cure of souls (1958:39; 1984:17). While adjusting to changes as a result of scientific insights, the scriptural roots of the care and cure of souls must not be overlooked.

2.3 Setting the Stage for Clinical Pastoral Education (CPE)

The circumstances that led to the setting of the stage for CPE grew over a period of time. It was propped up by the political, economic, educational, scientific and religious changes in the USA over a period of forty years, between 1860 and 1900 (Hemenway 1996:1ff). According to Holifield, this period is marked by relationships among theology, psychology, and the changing social and economic patterns in America (1984:11). The events of this period, which include the American Civil War, Industrial Revolution, the publication of Charles Darwin's *Origin of Species* (1859), Sigmund Freud's *Interpretation of Dreams* (1900) and other factors, brought about changes in the understanding of the human situation. There was change in the way people conceived the origin and meaning of life, its relationships and its destiny (Hemenway 1996:1). According to Hemenway, the crisis of life during this period brought about psychological and emotional upsets among people. There were increased quests for "what" and "why" (1996:1f). Also in the words of Holifield:

> Between 1919 and 1929 literate America, and much of illiterate America, were more deeply interested in the whats and whys and wherefores of the human mind than they ever were before, and than, it seems likely, they ever will be again . . . The ten years that followed the First World War seemed at the time to be "the Period of the Psyche" –a period of "psychological revival" that left no institution untouched (1984:210).

The psychological revival that brought about changes was the outcome of the crises of the period. It increased the question about the relevance of the institutions and what they did. It also led to the questioning of the relevance of the Church and the ability of the method of the Church to meet people's needs. Other helping professions that emerged proved superior to what the Church could offer. In their own argument, Clebsch and Jaekle note that pastoral care of the Church failed to meet with other emerging helping professions of the nineteenth century. It was relegated only to a position of a junior partner. As they argue:

> Since the dawn of a new awareness of man, traceable to seminal thinkers of the nineteenth century like Dostoyevsky and Freud but fully articulated only in our own era, we have witnessed the rise of non-pastoral professions capable of healing, sustaining, guiding, and reconciling troubled individuals. In this circumstance, the ministry of pastoral care has fallen into the position of a junior partner to many other helping professions. The reaction to this circumstance of pasturing has been to raise serious questions about its own validity while at the same time borrowing techniques from psychology, law, medicine, education, and social work (1983:14).

There were changes in the educational programs of other professions. This situation also led to a gradual shift in the understanding of pastoral counseling. As changes were occurring in the way people approached other professions like law, medicine, psychiatry, engineering, that of pastoral care also became affected. In the words of Holifield:

> The movement toward clinical education for clergy paralleled educational changes in other professions. As early as 1871 some instructors at Harvard Law School had decided that improved pedagogy demanded the abandonment of lectures and the substitution of case studies. By early twentieth century, the best medical schools and the new schools of social work had expanded the notion of case studies to include various forms of supervised clinical training. The founders of clinical pastoral education looked on with interest, for they, like earlier ministers, believed that the clergy had failed to keep pace with other professionals (1984:232).

Clinical Pastoral Education or CPE became a response to the changes that occurred in other professions in the early 1920s. It was an attempt to keep pace with the cultural and educational changes in America in the early part of the twentieth century. This highlights the need for pastoral care to respond to the cultural changes and to the cultures of different places in order to maintain its relevance. The needs of the people and their situations should determine the type and content of training given to its caregivers. Without responding to the actual needs and situations of a people, the ministry may not be keeping pace with the context.

The above factors and some other ones contributed toward setting the stage for CPE. There was an increased quest for a clearer understanding for the care and cure of souls, especially in America. It can be argued that CPE grew out of the dynamics of an improved understanding of humanity and its environment. The changes going on all over the western world and in America opened more doors for improved pastoral care. The response of pastoral care to the needs and contexts, for which CPE is known, marked a journey toward a holistic ministry.

2.4 The Emergence of Clinical Pastoral Education (CPE)

In chapter one, the concept of CPE and the definition of the components that make up CPE were discussed. This section will go directly to how CPE started and those responsible for it. Looking at CPE historically, Hunter describes it as being "rooted in the psychology of persons and the supervised practicum of law, medicine, and social work that emerged at the turn of the century" (1990:182). It

was one of the new innovations that brought in legal, medical, and social science principles into the pastoral ministerial training at the beginning of twentieth century. The inability of the church and seminarians to deal with the "messy world and even understand religion within it" called to question the relevance of the ministry provided by the Church to the needy people (Hunter 1990:182). Within the church, people carried heavy burdens in their lives and the church was unable to attend to them. CPE became one of the responses to deal with the inner conflict of people. According to Stephen Pattison, CPE came in as one of the most important developments in pastoral care in the USA. It emphasized the importance of examining closely the individual pastoral conversations. It emerged as a result of the dominance of the counseling and pastoral psychology movements (2000:19).

In CPE the supervisor and peers examine how the student handled the "messy world" of the patient. This is done through the tools provided by psychology. The principal motivating force behind the emergence of CPE is the dawning of new psychology of persons between the late nineteenth and early twentieth centuries. As Hunter puts it:

> With the dawning of a psychology of persons, the uses of case study practicum, and the publication of Freud's lectures on psychoanalysis, pastoral education and care began to revise and enlarge its focus (1990:182).

CPE was influenced by the Freudian theories of personality and other early twentieth century psychological movements (Hunter 1990:182, Hemenway 1996:4). These movements also brought about revision of the approach in the pastoral ministry in America. Pattison, looking critically at the whole concept of CPE, points out that CPE based its assumption on the supervised verbatim records of pastoral conversation during the ministerial training in America. As he further highlights, the founding of CPE was based on the psychotherapeutic theories of Freud and his followers, which had gained widespread acceptance in North America (2000:20). Hemenway also notes that Boisen, who is noted as one of the founding fathers of CPE, was on the psychiatric hospital bed when his friend, Fred Eastman, brought him some excerpts from the introductory lectures of Freud. This motivated him so much and led him to the conviction that Freudian psychological principles hold the key to understanding human and divine situations. He then started thinking of approaching theology through psychological methods (1996:11). Pastoral care took the dimension of "psychoanalysis, psychopathology, clinical methods of treatment and the whole string of therapeutic approaches that were followed by Freud" (Pattison 2000:20). The clinical approach and collaboration between doctors

and theologians in CPE wouldn't be a big surprise since Freud, whose approach was adopted, was a medical doctor. Some of the founding fathers were also medical doctors.

For pastoral care of the Church to meet the demands of the day, it needed to verify and use what other professionals in similar ministries do. The founders lamented that other allies in the struggle against suffering hardly value the presence of pastors and did not recognize them as trained enough to meet the situations of the suffering. The above situation motivated them to seek for ways of responding to the educational needs of the time. According to Holifield:

> They lamented that doctors "seldom welcomed" clergy as "allies in the struggle against suffering"; they argued that psychologists and social workers received "more adequate training in meeting of human problems than the seminary offers"; they optimistically described the clinically trained pastor of the future as an "officer of health" who would be welcomed as an ally by physicians" as perhaps never before." Indeed, they hoped that clinical training would "deepen the community's respect for the minister" during a period when pastors who ministered to the urban middle classes felt most deeply the absence of public esteem (1984:232).

As the founders observed, the clergy were losing respect because they couldn't measure up to the expectations of the people. The desire of the founders of CPE for inter-professional collaboration between pastoral caregivers and others in the helping ministry was, possibly, to keep them at equal or near equal footing. As Holifield argues above, other professionals in this field neglected pastors. The founders of CPE, therefore, looked toward a time when these professionals would see pastors as allies in meeting human problems. This would be possible through the nature of training given to them and in their ability to keep pace with the changes of the time. The educational program for pastors should, therefore, be reviewed.

The quest for relevance, keeping pace, and winning acceptance for clergy and pastors in the society led the founders to search for alternative ways of training for ministry. As a result, the movement for clinical training gained momentum in the early twentieth century beginning with some denominations. According to Vicky Cosstick, the CPE model developed in the USA and is used in training for ordination for some denominations (in Sanders, ed. 2001:302). Though it started with Protestant denominations, it did not immediately go into their mainstream of academic curriculum. It first took off outside the academic circle. Pyle and Seals (eds.) say that, "Beginning in 1922, a small group of Protestant ministers outside the academy developed what we have come to know as the Clinical

Pastoral Education (CPE) model." As they noted, "By 1925, the Council for Clinical Training and the Institute of Pastoral Care launched CPE as a new method of theological education" (1995:6). CPE was conducted almost exclusively in general and psychiatric hospital settings. Its ministry and learning focused on self-discovery, self-identity, and practicing the arts of responsive care for hospitalized patients suffering from illness, injury, abuse, and neglect. According to them, CPE had two major educational emphases. These primary emphases were

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 (Pyle and Seals eds. 1995:6).

The considerations are the competence of the minister, which starts from personal growth and development, and then the minister's relationship with suffering patients and God. These early clinical innovations were seen as expressions of the progressive social gospel. Emphases at that time were laid on ethical issues. The concern was on how simple moral perceptions could interfere with the intention to restore health and wholeness. Some social workers propagated the need for sympathy and objectivity in the restoration of health and wholeness, while others saw the uniqueness of the clinical education as the formation of moral judgment. The concern of Elwood Worcester, then, was making moral and spiritual guidance scientific. As a result, Richard Cabot established a medical social service where the study of character was the chief responsibility of the social worker and the pastor. William Keller, a physician in Ohio, organized a summer school in which pastors were taught ethical values through social action (Holifield 1984:232f). The early period of CPE highlighted the level of interest shown on ethical and moral issues. It also showed the intermingling of moral values with scientific methods.

The first official CPE program began in 1925 at Worcester State Hospital in Boston under the supervision of Anton Boisen. Richard Cabot played a key role in this. As Hemenway notes, Cabot suggested that the seminary students at the Episcopal Theological School in Boston meet Boisen for a summer course of "clinical training." This they did and it marked the first official unit of CPE (1996:9). Over a period of five years, it became a progressive movement. Thornton notes the immense contribution of Boisen in the history of CPE. As he puts it, "Boisen's place in the history of

CPE is instrumental but not intentional in the genesis of clinical pastoral education." He also points out that Boisen was peripheral in the organizational development of CPE, significant in its dynamics, internal development, and its identity as a profession (1970:56). The observation of Thornton is supported by Hemenway's argument that, "the specialized craft called CPE rides within the rich and sometimes rapid confluence of many different streams of influence" (1996: XIII). Up to this point, it was not yet known as CPE. It was known more as clinical training for theological students.

The Council for Clinical Training of Theological Students (CCTTS), which later brought CPE into existence, was formed in January 1930. The first signatories to this were Richard Cabot, Anton Boisen and William A. Bryan (Hemenway 1996:12). The commencement of a council for clinical training became a great move towards establishing a lasting program of CPE. According to Thornton:

> On January 21, 1930, a group met in the study of Dr. Samuel A. Eliot of the Arlington Street Unitarian Church of Boston to adopt a constitution and bylaws and sign the incorporation papers. Among those present, in addition to Guiles and Boisen, were Cabot and Dr. William A. Bryan of Worcester State Hospital (1970:62).

It needs to be noted that this inaugural meeting was not in a hospital, seminary or church, but in the private home of an individual. Cabot became the first President of the CCTTS, while Philip Guiles became the Field Secretary as well as the first Interim Director until the fall of 1930 (Thornton 1970: 76, 78). CPE did not immediately emerge as an education, clinical or theological program. It gradually evolved out of different clinical concepts and field training approaches of different interest groups. Some started in the church premises while others started in private homes. The phrase "clinical pastoral education" came about as a way of bridging the gap between the two conflicting factions in the offering of clinical training (Hemenway 1996:16ff, Thornton 1970:137f).

2.4.1 The Conflict

The main conflict that tore the movement apart was the introduction of the psychoanalytic principles. The older and more traditional members of the movement could not comprehend psychoanalytic principles very well. As Holifield sees it:

> It was a matter of at least symbolic importance that Richard Cabot, the patriarch of clinical training for pastors in Boston, scorned Freudian theory, while the matriarch of the movement in New York was a psychiatrist named Helen Flanders Dunbar who had worked with Boisen at

> Worcester State Hospital and had studied psychoanalysis in both Vienna and Zurich (1984:246f).

Conflict erupted as soon as the Council for the Clinical Training of Theological Students, Inc as a corporate body was founded. Boisen's influence diminished, and Cabot and Dunbar, the first executive directors, differed in their approaches, and to worsen it, Philip Guiles had an open confrontation with Dunbar. In the words of Thornton:

> Philip Guiles was Field Secretary and Interim Director until the fall of 1930. He then welcomed to the post of director a woman, Helen Flanders Dunbar. Co-operation turned quickly into conflict. The relationship between Guiles and Dunbar became so bitter by 1932 that Dunbar simply declared the headquarters to be New York City rather than Boston (1970:76).

Clearly this conflict contributed to the growth of CPE. It also helped to raise its standard in order to keep it on a sound footing. Each of these conflicting factions had its own ideas to establish without restriction from the other. By the time the two re-emerged, the CPE program became rich in ideas and approaches out of which the foundation of the present CPE program was laid. According to Pyle and Seals, by 1930, the two original CPE groups were established and receiving students from many denominations (1995:6). At the end of the twentieth century, CPE reflected careful integration of Biblical and theological heritage (Pyle and Seals, eds. 1995:7).

Seward Hiltner masterminded the first national conference of clinical pastoral education, and this took place in June 1944 at Western Theological Seminary in Pittsburgh, Pennsylvania (Hemenway 1996:16). According to Hemenway, "This meeting heralded the development of the clinical pastoral education movement as it is known today" (1996:16). Hemenway further notes:

> The most significant accomplishment of the 1944 meeting was a statement of agreement about CPE by the three major organizations offering training: the Council of Clinical Training, the Institute of Pastoral Care, and the Graduate School of Applied Religion. Issues around which consensus developed included supervision by an ordained and trained person, student work in a clinical situation, student note taking which is discussed with the supervisor, didactic instruction, and integration of training into the seminary curriculum (1996:17).

By this 1944 conference, CPE started to receive its shape as it is now. The conference has looked critically on the excesses and limitations of each group and has come out with a CPE program that

might be considered to be more universal. It means that events and circumstances surrounding programs matter in their growth and development. This was also the case with CPE.

2.4.2 Later Developments in CPE

The phrase "Clinical Pastoral Education" emerged during the final ratification of the first leg of the journey towards the unification of the program. Part of the outcome of this meeting was the substitution of the phrase "clinical pastoral education" for the phrase "clinical pastoral training." This substitution came from pressure from one of the professors, who, along with other professors, argued that "training," relates more to the healing perspective while "education" relates to the shepherding perspective (Thornton 1970:137f). Thornton also points out that "The first full discussion of the Committee of Twelve occurred at Buck Hill Falls, Pennsylvania, on April 25-26, 1952" (1970:136). It was during this meeting that the movement for "clinical training" took the name "clinical pastoral education" for which it is known today. Other developments relating to standards and accreditation continued in the subsequent discussions. As Thornton notes:

> Both clinical pastoral education agencies were undergoing pressure from seminary professors generally and from Lutheran supervisors and theological educators in particular to reach a consensus on standards and accreditations. The result was the formation of the Committee of Twelve, a series of meetings and debates, and on October 13, 1953, the final ratification of the first leg of the journey towards the unification of the field of clinical pastoral education started (1970:136).

The standards by which the CPE program is organized and what the training will be aiming at were discussed by this committee. Some of the issues that featured in their debate were:

> CPE as an educational program versus CPE as a therapy, training for specialization versus training for parish ministry, sorting out issues of program content (accreditation) versus the dynamic process of interpersonal supervision (certification), and administrative location of programs (Hemenway 1996:19).

Another important development in this meeting of the Committee of Twelve was the formation of a national association. Various denominations mounted pressure for an association recognized at a national level for clinical training. For this association to stand at the national level there had to be an agreement by the two bodies offering clinical training that "supervision is the key element in this type of experiential theological education." The Association for Clinical Pastoral Education (ACPE)

became officially incorporated in the fall of 1967 at the Uniting Conference held in Kansas City, Kansas, (Hemenway 1996:20).

The first paid Executive Director of ACPE was Charles E. Hall. He was a United Methodist minister and had his CPE training at the Menninger Foundation in Topeka and was certified by the National Council. He had extensive involvement in the formation years of the CPE program. Hall took over this office in the fall of 1968. At this time, the national organization was assigned the duty of certifying supervisors and accrediting institutions, while local training centers did the actual CPE training (Hemenway 1996:22).

CPE has since then continued to grow both in method and content. It also has a wider acceptance now. According to the ACPE publication on their Website, there were about 3,300 members that have membership in the ACPE in 2003. ACPE Accredited CPE Centers number 350. There are also about 600 ACPE certified faculty members (called CPE Supervisors), 118 Theological Schools Members and 15 Faith Groups who are partners with ACPE. The present ACPE Executive Director is Rev. Dr. Teresa Snorton (www.acpe.edu).

CPE has also gone beyond America and is recognized as a method of providing excellence in theological education in other continents. According to Edwina Ward, it has spread to Canada, Netherlands, Australia and South Africa (2001:34). Other international affiliates as published in the ACPE Website include centers in Hong Kong and Kenya[8]. As a result, CPE now looks beyond the American environment to other areas of the world and what their pastoral needs would be. The recent concerns are multicultural, cross-cultural and intercultural dimensions in CPE (Giblin ed. 2002:1). It is through cross-cultural dimension in CPE that the researcher hopes the Igbo culture will benefit from the program.

CPE training is now offered at general hospitals, multi-institutional centers, children's hospitals, psychiatric hospitals, counseling centers, parishes, community, theological seminaries and other possible settings[9]. This shows that CPE is diverse in its approach now and can be offered in multiple

[8] For more details on international affiliates see www.acpe.edu/directory-mem/intl_dir.htm
[9] For more comprehensive list see www.acpe.edu/directory-ctr/acpe_directory_codes.htm

centers. The major collaborating and networking group with ACPE is the International Pastoral Care Network for Social Responsibility (IPCNSR)[10]. All these networking and collaborating moves point to how vast the CPE program has gone and it forms part of the later developments in the science of education and theology.

2.4.3 Characters Associated with the Founding of CPE

There are many characters associated with the founding of CPE. All of them will not be discussed since this is not the focus of this research. The few that will be discussed are those whose contributions will be informative for CPE in the Igbo society. Only those aspects of their contributions which will be helpful in this research will be highlighted. Among the characters associated with the founding of CPE who will be discussed under this subheading are Elwood Worcester, Reverend William Palmer Ladd, William S. Keller, Richard C. Cabot, Anton Boisen and some others whose contributions gave meaningful shape to the concept of CPE (Hemenway 1996:5ff). Among all of these people, Thornton sees William S. Keller, Richard Cabot and Anton Boisen as the three main founding fathers of CPE. They brought to CPE their different interests, motivations, situations and skills (1970:40).

The majority of Igbo people are torn apart by their "messy world" but probably will not be found in any hospitals. "Messy world" here represents unpleasant situations around the Igbo that preoccupy them and often tear them apart. For the Igbo, the hospital is for the rich and is a place of alienation. It separates them from their closer and wider community, thereby denying them a sense of identity. Since a great majority of the Igbo are poor, they prefer to seek for solutions for their problems in churches, prayer houses, healing homes and villages. They have a religious world-view that makes them prefer religious solutions for most of their problems. In the discussion below, more space is given to those whose contributions take CPE closer to these solutions for the Igbo. One of them is Elwood Worcester, whose base was the church and who "did not practice CPE," but his activities gave clues and motivation to the founding fathers of CPE.

[10] For full detail of this organization and for other collaborating and networking organizations see www.acpe.edu.

class, rich and that of people in different professions. They also attended to physical, material, mental and spiritual needs of the people. The concern was how to bring psychology together with theology in this ministry of cure of souls. It was called Emmanuel Movement because the movement started in Emmanuel Church. The movement became so popular that it moved far and wide within United States and to Europe, Asia and Africa (Holifield 1984:201f). The interest and speed at which people embraced it caused it to create a journal *Psychotherapy* by 1908. It was the first time when inter-professional collaboration became visible in ministry. People of different fields of study and professions had to write articles focused on the cure of souls, applying ideas from their professions, areas of specializations and interests. According to Holifield:

> By 1908 the movement had its own journal, *Psychotherapy*, which carried articles not only by theologians, biblical critics, and historians, but neurologists and psychologists, medical materialists and orthodox Freudians, philosophical idealists and European therapists (1984:201f).

What started as a church movement within a parish setting had sprung up to be of world-wide and multiple professional interests. People of different schools of thought could bring together their ideas toward finding solutions to human problems. The ability to think of applying psychological methods to the problem of religion in the cure of souls prompted the interest of other professions toward the same goal. The wide acceptance the experience shows that this integration has been a long yearning in the hearts of many people, waiting for someone to put it into motion.

The major contribution of Elwood Worcester, who was the rector of the parish, and his associate, Samuel McComb, was the acceptance that the Church should choose to approach the cure of souls through scientific principles instead of remaining with tradition. Richard Cabot and James Jackson Putman were among the first people who worked together with Worcester to sponsor a series of lectures on the moral and psychological treatment of nervous and emotional disorders. In the words of Holifield:

> They concluded by inviting to a special meeting anyone interested in further counseling. The next day, 198 people crowded into the lecture room, like inquirers pushing toward a mourner's bench. For years, middle-class Bostonians visited the physicians who conducted diagnostic sessions at the church each week. The doctors referred some cases to physicians, others to the ministers at Emmanuel (1984:203).

The success of this meeting and response to the invitation to counseling afterwards shows that what the people have been yearning for has been touched. Richard Cabot had, at this time, been part of the Emmanuel Movement started by Worcester. Their introduction to counseling attracted this big response. There was collaboration among doctors, theologians, psychologists and church historians. Working together, they could make use of referrals, depending on the needs of an individual.

Emmanuel Movement re-echoed the importance of counseling, collaboration, small group work, team ministry and the use of referrals in the pastoral care. Though Elwood Worcester was not directly involved in the clinical training that gave rise to CPE, his efforts, ideas, pastoral approaches, publications and contributions in the early twentieth century inspired those who later founded the present CPE, particularly Richard Cabot. Other ministers embraced the techniques he and McComb recommended. He highlighted the therapeutic value of religion. He was critical about "irrational healing cults" that attracted people away from the church (Holifield 1984:203). The Emmanuel Movement was, to him, a means of uniting doctors and ministers in an alliance to win souls.

Both Worcester and McComb had backgrounds that affected their actions and decisions. For his own part, Worcester was a graduate of General Theological Seminary in New York. He had a doctorate degree in philosophy from Leipzig. He embraced the pragmatic religious idealism of Theodor Fechner as well as the experimental psychology of Wilhelm Wundt. Samuel McComb being a Church historian had studied abnormal psychology at Oxford. This gave both of men the credentials to stand with physicians, psychologists and philosophers (Holifield 1984:202). Clearly, the contributions of previous studies and training background can make a difference in a person's interest. If McComb and Worcester had not had these training opportunities and the mentioned courses of studies, their contributions may not have been possible. It is important that pastors who will be involved in the care and cure of souls be vast in their studies and cultural awareness. Elements of different cultures of the world, no matter how small, can further enrich the pastoral ministry for future generations.

Reverend William Palmer Ladd

According to Edward Thornton, Reverend William Palma Ladd articulated the push behind the fieldwork program in 1913. His words while addressing the General Convention of the Protestant Episcopal Church were as follows:

> The theological courses in our seminaries need to be supplemented by some kind of practical training. We all know how we found ourselves the week after our graduation and ordination face to face with problems with which our seminary courses had not prepared us to deal. Most of us floundered across the gulf and sooner or later got on our feet, but with some of us it was later rather than sooner, and only after costly perhaps bitter experiences. Can we not do something to eliminate this waste? (Thornton 1970:31)

What Ladd was pushing at was to enable those being prepared for pastoral work to have enough field experience. To do this there would be need for a fieldwork program for pastors being prepared for ministry. Being a parish minister in the Episcopal Church, he was sincere about the level of bankruptcy of ministerial skills which ministers experienced because they were not well prepared for the ministry ahead of time. Hemenway affirms that the suggestion of Ladd to the Episcopal Church in Boston for some kind of clinical training for seminarians "reflected the spreading interest in various sectors of the church and the culture for new types of education and training for ministry" (1996:6). Some of these suggestions and movements contributed immensely to the yearning for an educational and ministerial program that would meet the demands of the time and keep pace with the changing situations in the society.

William S. Keller

William S Keller is seen as one of the progenitors of CPE. He was a physician based in Cincinnati, Ohio. Keller aimed at training theological students to be social engineers equipped "to create a new world, not alone to hand on a religion" (Thornton, 1970:40). His vision was for equipping pastors with the skills of responding accurately to the demands of the new world. For this to be achieved there was a need for practical field experience. As Hunter notes, he invited theological students to participate in a social casework practicum in 1923. As a result, the clinical training of theological students began in Cincinnati in the summer of the same year (1990:182). Keller pursued his vision of clinical training for theological students in Cincinnati, engaging them in practical ministry through social casework.

Hemenway describes Keller as an "active layman in the Episcopal Church who was convinced that people in ministry had much to learn from the fields of social work and community organization if they were to be effective in bringing about improved social conditions" (1996:8). By implication, being an active layman in the Church, he had seen the weaknesses and ineffectiveness of the pastoral ministry offered by the Church and as such came out with an idea. Hemenway notes that Keller

"joined forces with Dean Samuel Mercer of Baxley Hall, an Episcopal Seminary in central Ohio, to start a program of clinical training" (1996:8). This means that in his own vision, too, he valued the place of collaboration in the field training of ministers. This first clinical training, which was called the "Baxley Hall Plan," began with five students as houseguests in his own home, and the program later grew into the Graduate School of Applied Religion (Thornton 1970:41). In the words of Hemenway:

> They were assigned to work in various social agencies (mental hospital, human relations court, public welfare agency) in Cincinnati. On the weekends they reported to Keller on their work and explored its relevance for the ministry (1996:8).

Keller started an in-house training program in his own home and acted as the supervisor, examining how relevant the students' ministry was. It was not a situation of waiting for people in need to come to them but instead a reaching out to them where they could be found. In this situation, Keller approached the ministerial training through an action-reflection-action model. The researcher hopes to see a similar model of training for the Igbo pastors, whereby students would visits families in their community settings and learn how to help the people through the visits. Some of the principles that grew out of Keller's approach are as follows:

1. "Ministry in the modern community had much to learn, both factually and in terms of skills, from social work, medicine and community organization" (Thornton 1970:41)
2. Ministry should be dedicated to putting "Christian love in action in the observable social situation" (Thornton 1970:41)
3. Social vision needs to be matched with the sense of the value of "learning by doing" (Thornton 1970:41f)
4. In many professions, "doing it" has been the method of "learning it" (Thornton 1970:41f)

These methods that were featured in Keller's clinical training have continued to be in practice. They include supervision of the participants, reflection on the ministry, in-house small-group supervision, working with various social agencies, an interdisciplinary model of supervision, a year-round residency program, a social casework/case-study approach, individual healing and quality pastoral supervision (Hemenway 1996:8, 28). As Hemenway further notes, the aim of clinical training organized by Keller at this time was "to bring about social change" (1996:9). Holifield comments that, "Keller organized a summer school in social services with the hope of teaching pastors ethical values

through social action" (1984:233). The need for ethical values in pastoral ministry was emphasized at this time. The pastoral ministry of today, especially in Igbo society, needs to recognize the place of ethical values in their lives. What made Keller's method of training a springboard for the present CPE is group work and the use of case-study method to learn pastoral skills. They also reflected on their ministerial outcome together (Hemenway 1996:37). These aspects also featured in the contributions of the other progenitors of CPE.

Richard C. Cabot

Richard Cabot was born May 21, 1868, in Brookline, Massachusetts, and he died in the spring of 1939. He was committed to a holistic healing of a person and, in 1905, introduced social workers into Massachusetts General Hospital (Thornton 1970:46). Hemenway describes Cabot as "a prominent Boston physician at Massachusetts General Hospital" and as the "second father-founder" of CPE (1996:9). These two authors see the contributions of Cabot as being vital in the genesis of CPE. According to Holifield, Cabot was an early associate of Elwood Worcester and Samuel McComb in the Emmanuel Movement. When Worcester founded Emmanuel Movement in 1905, Richard Cabot and James Jackson Putnam joined hands with him in 1906 to sponsor a series of lectures on the "moral and psychological treatment of nervous and emotional disorders" (1984:202). Richard Cabot was one of the first people to embrace the efforts of Worcester toward transforming the cure of souls through psychological and theological methods. Being a medical doctor, he had to bring in his own method of medical practice (Case Study method). As Thornton notes, he "sought for the clergy the achievement of professional competence in their pastoral ministry" (1970:40). As medical practitioners are competent in the care of the body, so shall ministers be competent in the care of the soul. Hemenway notes, "Cabot had special interest in 'the growth of souls'" (1996:9). Being a medical doctor, Cabot cared for the body and wanted pastors to give a reputed level of care for the soul.

Though Cabot was a medical practitioner, he was concerned about the effectiveness of pastoral ministry offered by the clergy. He tried to bring in the perspective of his medical profession. In 1925, he urged theological schools in Boston to include a clinical year in their curriculum (Hunter 1990:182). He did this through the introduction of a clinical year into theological study in 1925 when he was 57 years old (Thornton 1970:46). Cabot campaigned relentlessly for physicians and ministers to pull their weight together in the healing of the sick. Hemenway notes the interview he had with the *Boston Post*

in December 27, 1908. In this interview, he argued that "someone who can doctor his moral as well as his physical ills" must carry out the work of helping the sick. Both the physician and the pastor should cooperate in healing the body and the soul. To succeed requires a school that will provide the opportunity for pastors to take the required courses (1996:9).

Thornton reports that "during his final illness in the spring of 1939, his students met at his bedside, working out 'a theology by which one should face the solemn and inevitable experience of death'" (1970:46). Cabot had to use his own experience of sickness and dying and what it meant to be at a person's bedside to teach his students. He gave this as one of his final gifts to CPE before he died in 1939. As Thornton goes on to say, "He had the humility of paying careful attention to his failures, even risking the exposure of his errors before his peers and students" (1970:47). Cabot had to show the example of learning from failures and giving other participants the opportunity of seeing one's failures in order to learn from it. Learning through failures later became a means of growth in the ministry while working with the supervisor and peers during CPE programs. The visions of Cabot for CPE included the following:

1. Ministers should work toward nourishing the consciousness of God in the life of persons.
2. There is need for on-the-job training for ministry (Hemenway 1996:9).
3. Pastoral ministry needs to facilitate "the growth of souls" (Hemenway 1996:9).
4. Development of theology, which can be brought to the bedside, to the bereaved, to the dying, to the invalid, to the aged and to the delinquent (Thornton 1970:48).
5. Every theologian should be able to apply his theology for the assistance of those who need God to help them face their sufferings (Thornton 1970:48f).
6. A minister ought to know enough about "insanity," recognize the symptom and make appropriate referral to psychiatrists (Thornton 1970:52).
7. The central purpose of CPE should be the achievement of pastoral competence in ministry (Thornton 1970:54).
8. Students need to learn about "talking with patients, tackling difficult problems and often failing" (Thornton 1970:54).
9. Use of case study method of teaching in CPE (Thornton 1970:59).
10. The method of using case histories combined with professional self-exposure in CPE (Hemenway 1996:10).

Some of these contributions of Cabot will be viewed in relation to the cultural context of the Igbo. Cabot has been the chief determining person in the formation of the goals of clinical pastoral education. According to Thornton "The mainstream of clinical pastoral education has been more fully congruent with Cabot's vision of the goals and methods of the field than with either Keller or Boisen" (1970:54). He brought in his enthusiasm toward the holistic healing of an individual into the theological field and applied his medical skills to work it out. He invited seminarians from the Episcopal Theological School in Boston to meet Anton Boisen for "clinical training" at Worcester State Hospital in the summer of 1925. According to Hemenway, this is "considered to be the first official unit of clinical training" (1996:9). Anton Boisen conducted the first official CPE unit through the sponsorship of Richard Cabot.

Anton Boisen

One of the early leaders and facilitators of CPE, Seward Hiltner, (Thornton 1970:81f) sees Boisen as the person who did more than any other person in the twentieth century in preparing the soil for a new pastoral theology. As he puts it:

> He was not only one of the founders of clinical training for the clergy; a quarter century ago he set forth the thesis that there was a similarity in process between some forms of religious experience and some forms of mental disorder. In studying "living human documents," even those in deep disturbances, one was not, he held, merely studying psychology or psychiatry, but also theology. For it is out of just such experiences, he contended, that great religious insights emerged from prophets and mystics of the past (1958:39).

Hiltner points out that despite the efforts of the co-founders of clinical training to get it off ground; it was Boisen that made this vision a reality. In the view of Thornton, Boisen was instrumental but not intentional for the beginning of CPE (1970:56). Also, Hiltner, having seen the contributions of the other proponents of clinical approach to pastoral theology, considers those of Boisen to rate highest in the twentieth century. Hemenway describes him as "the most beloved by succeeding generations" (1996:10). In other words, other people have been working toward the goal of clinical approach to pastoral care, but the contributions of Boisen made it to be acceptable as a professional training. Hunter sees Boisen as the founding father of CPE. As he puts it:

> Anton Boisen is acknowledged as the founding father of CPE. On being hospitalized, he recognized that his experience was analogous to the religious conversion phenomenon. As chaplain at Worcester State Hospital, Boisen was convinced that theology students and clergy in ministries to, and studies of, "living human documents" could deepen their understanding of

> pastoral ministry and amplify their personal practice. In 1926 at Worcester, with the cooperation of Dr. William Bryan, superintendent, the first CPE group assembled (1990:183).

On experiencing the call to ministry in 1908, Boisen was particularly interested in the psychology of religion as interpreted by William James. Unfortunately, this was not available at Union Theological Seminary where he was trained (Hemenway 1996:10). His parish ministry was not satisfactory to him as his vocation until he came into the chaplaincy vocation well into his life (Hemenway 1996:10f). It was when he came into the ministry to the sick and troubled people that he found his place. Hemenway notes that Boisen was one of the three key pastoral theologians in Boston sponsored by Richard Cabot for "clinical theology" and on-the-job training for ministry. With him were Philip Guiles and Russell Dicks (1996:9).

Some of the factors that affected Boisen's ministerial vision were the loss of his father when he was seven, the loss of his grandfather at the age of twenty, his series of mental breakdowns from the age of twenty-two, his obsession with his unfulfilled love for Alice Batchelder, and his being shy as well as an introverted man (Hemenway 1996:11). Boisen's life experiences show how events surrounding a person can affect that person's ministry. The setbacks in Boisen's life later became important tools in CPE. The introductory lecture on psychology by Sigmund Freud, which Boisen's friend and classmate Fred Eastman sent him in October 1920 while he was on admission for three weeks at Boston Psychopathic Hospital for a serious psychotic episode, excited him so much. It became an opportunity for Boisen to use the psychological method in the study of his own illness. To him, psychological methods held the key to understanding the situation between the human and the divine (Hemenway 1996:11). Boisen used psychological and religious tools to minister to himself and, therefore, became a wounded healer.

Boisen, according to Thornton, "centered on research in the psychology of religious experience" (1970:40). On her own part, Hemenway says that his "focus from the beginning was on research into the human condition, specifically the terror of mental illness as a religious problem rather than solely a medical concern." As Hemenway goes on to say:

> He was convinced that psychotic episodes were emotional efforts to organize and heal the soul, and therefore, no serious student of religion could be in the pastoral field without an understanding of the phenomenon (1996:11).

In his quest for "healing and understanding of the inner life," Boisen took a course on the clinical case conference method organized by Richard Cabot at Harvard. Following this, Dr. William A. Bryan, the superintendent of Worcester State Hospital, hired him as the first chaplain to the hospital in 1924 (Hemenway 1996:12). Thornton commends Boisen for functioning well "as a mental hospital chaplain, researcher, and organizer of clinical training for theological students from 1925 to 1930" (1970:57). He affirms that by 1930, "Boisen had been securely established as a mental hospital chaplain and a clinical pastoral educator" (1970:51). Holifield notes, "Throughout the 1930s Boisen had focused his attention on the dynamics of the inner life" (1984:294). The factors that contributed to Boisen's success were personal experience, interest in psychology of religion and research interest. He applied his personal experiences to his interest in the psychology of religion and used this as reference point for his research.

Some of the contributions of Boisen in clinical pastoral education include the construction of a clinical theology by the use of empirical methods (Thornton 1970:58), the conception that there is no better theological laboratory than the mental hospital and no better library than "living human documents" (Thornton 1970:58; Hemenway 1996:11) and starting pastoral theology through the reading of "living human documents" (Thornton 1970:59) Boisen advocates linking seminarians into direct interaction with mentally ill persons and professional people who care for them (Thornton 1970:59), bringing psychology and sociology of religion into the pastoral ministry (Thornton 1970:60) and shifting the laboratory for the study of the psychology of religion "from the university campus, with students as the typical subject, to the hospital, with patients as the source of observation" (Thornton 1970:60). He highlited the importance of the introduction of "participant observation in therapeutic face-to-face encounters" in replacement of the paper and pencil tests of other researchers (Thornton 1970:61). The concern for what theological education is doing to equip ministers to fulfill their calling as physicians of the soul must be seen in theological training (Thornton 1970:64). CPE is an embodiment of a new authority based on firsthand discovery in the realm of the spiritual life (Thornton 1970:64). It is a means of linking the traditional revealed Christianity with empirical theology (Thornton 1970:64). Clinical training reaffirms repeatedly the calling of the Church to the central task of "saving souls" and its central problem, "that of sin and salvation" (Thornton 1970:65). Affirmation of the possibility of revelation and refusal of relying exclusively upon reason and experience for religious authority is emphasized in CPE (Thornton 1970:65).

Other important contributions of Boisen in pastoral theology are the presenting of empirical data to establish the fact that a successful, religious outcome of conflict is one that moves toward the unification and socialization of person or group; unsuccessful outcomes are those which move toward progressive fragmentation and alienation (Thornton 1970:66). As a clinical worker, he placed great emphasis on social roles and social learning with the aim of a better life for the individual (Thornton 1970:67). He linked seminary and hospital for "cooperative inquiry" in the clinical training of theological students (Thornton 1970:68). He made elaborate use of music as a therapeutic tool for healing in a hospital setting (Hemenway 1996:31) and made emphasis on "'soul cure' through group experience" (Hemenway 1996:32).

Enumerating the contributions of Boisen to CPE would be like writing a textbook on him. However, what pastoral theologians have said so far shows that Boisen's contributions were a vision, both for his own and for future generations. In the words of Thornton:

> Boisen stimulated ministers to covet this new authority for themselves, to explore the inner world for themselves, to know their own inner world, and to become sensitive companions for others struggling with the issues of spiritual life and death (1970:64).

Boisen's contributions brought in a new phase in theological studies, not only for the American environment, but also for the entire world environment. CPE continues adjusting as it moves across the cultures of the world. People like Boisen can be discovered and documented in the Igbo culture.

2.4.4 Other People Associated with the Founding of CPE

Other people whose contributions led to the shaping of CPE and its program include Russell Dicks, Seward Hiltner, Carroll Wise, Helen Flanders Dunbar, Joseph F. Fletcher, Philip Guiles and others.

Russell Dicks

Russell Dicks was a chaplain at the Massachusetts General Hospital (Hemenway 1996:12). He joined hands with Cabot in the 1930s to "emphasize the relationship between the pastor and the person seeking help" (Holifield 1984:294). He was one of the three key pastoral theological leaders in the Boston area who were financed by Richard Cabot for on-the-job training for ministry in 1925 (Hemenway 1996:9). He was one of the first CPE participants whose contributions led to the further

growth of CPE. Dicks is acknowledged to be the first to record prayers made during pastoral conversation at Massachusetts General Hospital in 1933. This was pleasing to Cabot and was later accepted and introduced into the CPE (Thornton 1970:53). Dicks followed Cabot's method of case histories with professional self-exposure introduced by Cabot to develop verbatim as a tool for recording pastoral conversations in the early 1930s. The "Cabot/Dick alliance" exemplified the partnership and inter-professional collaboration between medicine and ministry (Hemenway 1996:10). The collaboration between Dick and Cabot led to such key ideas in ministry as directed listening, rituals of the sickroom, the use of silence in the pastoral visitation, and "note taking as creative work" (Hemenway 1996:10).

Seward Hiltner

Seward Hiltner is seen as one of those who worked hard to give shape to CPE, particularly in bringing it to its present outlook. He had the opportunity to meet Boisen in the Divinity School at the University of Chicago in the late 1920s. Hiltner became the new Executive Secretary of the Council for Clinical Training, Inc, under Helen Flanders Dunbar in New York when the group split in 1932 (Thornton 1970:72, 81f). According to Hemenway, during this time, he was the first to begin pulling "together the frayed strands of the early clinical training movement." Hiltner also did his own CPE first with Don Beatty at Maywood Hospital in Pittsburgh and later with Carroll Wise at Worcester (Hemenway 1996:15f). He earned his Ph.D. in religion and personality and afterward became the executive secretary to the Council for Clinical Training in 1935, where he worked with Helen Flanders Dunbar. This position and his opportunity of working with the Department of Pastoral Services of the National Council of Churches and later as a Professor of Religion and Personality in the Divinity School at the University of Chicago in 1950, helped him to influence the later outcome of CPE (Hemenway 1996:16). Commending the efforts of Hiltner, Hemenway writes:

> It was his intellectual contributions which most helped to establish pastoral psychology and clinical pastoral education as legitimate theological and pastoral enterprises (1996:16).

Thornton says that the first National Conference on Clinical Training engineered by Hiltner in 1944 turned separatism in CPE to unification. This was seen as a great success since it gave a boost to CPE (1970:106f). Thornton admires the wisdom of Hiltner in helping to resolve the two warring factions of the clinical training. In his words, "It was Hiltner who suggested the phrase 'CLINICAL PASTORAL TRAINING' as a title of the first volume to be published on the educational goals and methods of the

profession." He started urging the addition of "pastoral" to "clinical training" as early as 1935 (1970:85).

Hemenway gives credit to Hiltner for the wisdom and ability he showed in the 1944 conference in which CPE was legitimatized. He was able to bring the three major groups offering training together in a conference. These are the Council for Clinical Training, the Institute of Pastoral Care, and the Graduate School of Applied Religion. The outcome of this conference led to these groups working together in providing training for theological students through CPE (Hemenway 1996:17). Hiltner worked with Carroll Wise toward the merger of two points of view in clinical training. They looked toward a third dimension that later saw to the evolution of the present clinical pastoral education (Holifield 1984:294). Organizational ability as demonstrated by Hiltner is a thing of great value in CPE.

Carroll Wise

Carroll Wise was the successor of Boisen as a chaplain at Worcester State Hospital (Hemenway 1996:12; Thornton 1970:67). He was trained under Boisen at Worcester State Hospital, after which he succeeded him as the chaplain to the hospital. According to Hemenway, Wise, who later became a professor of pastoral theology, dealt with questions of defenses in clinical pastoral education. These questions center on the aggressive techniques of some supervisors, which can raise students' defenses. This, consequently, raises anxiety and depression of individuals within the group experience (1996:65). Wise asked an important question concerning CPE supervision, which he could not also handle. This related to having different methodology for each student since his or her goals are different. As Hemenway notes, "He is consistent that CPE needs supervision and not therapy, and he specifically focuses his concern regarding this distinction on the supervisor's (mis)conduct of group work" (1996:65). Wise showed great concern for the relationship between the supervisor and the student.

Helen Flanders Dunbar

Helen Flanders Dunbar was the first Executive Director of the Council for Clinical Training of Theological Students (CCITS). She took over this position from Philip Guiles, who became the Interim Director when the clinical training movement took organizational form in January 1930

(Hemenway 1996:12). Dunbar had worked with Boisen at Worcester States Hospital and had also studied psychoanalysis in both Vienna and Zurich (Holifield 1984:247). As Holifield puts it:

> Having done scholarly research on Dante, medieval literature, devotional exercises, and psychosomatic medicine, Dunbar shared Boisen's hope that the tortured symbolic visions of mentally ill might well be the part to a new and deeper understanding of self, though she supplemented Boisen's ideas with psychoanalytic notions that distressed him (1984:247).

She was closer to the visions of Boisen for what clinical training should be and shared the same view with Boisen about the importance of psychological principles in approach to religious matters. Her academic research and experiences also placed her in a position of leadership in matters of religion, psychology and medicine. As a result, she was offered this post of leadership on the basis of her academic achievements and because of the special regard Boisen held for her.

Almost immediately after she took over the leadership, the movement split because of the conflict between her and Guiles (Thornton 1970:74). The conflict became so open and uncontrollable that Guiles had his own headquarters in Boston, while Dunbar declared her own headquarters in New York City. The two groups operated differently under different names (Thornton 1970:76, 78). The conflict seemed sad, but it later expanded the scope of CPE.

Despite the conflict between Dunbar and Guiles, she worked very hard to see to the growth of her group. Her first achievement was to win the confidence of the medical profession and to establish new centers. In the words of Thornton:

> She interpreted clinical training in pragmatic terms, telling physicians that through the Council for the Clinical Training of Theological Students they were helping the clergy to do better what they must do anyway; they were preventing the clergy from doing what they ought not to do (1970:84).

Dunbar worked with Hiltner to speed up the growth of CPE, though she functioned administratively with absolute authority (Thornton 1970:83). Due to the difficulty in working with Dunbar, Hiltner couldn't continue with her and left in 1938 to head the Commission on Religion and Health of the Federal Council of Churches (Thornton 1970:83f). While they still worked together, the number of CPE centers was tripled from three to nine by 1935 and from nine to twenty by 1940. There was also remarkable increase in the number of seminary affiliations, which ranged from two to thirty-one by

1935, and by the end of Hiltner's term of office, the number increased to fifty-eight (Thornton 1970:84).

Dunbar changed the name of the movement from the Council for Clinical Training of Theological Students, Inc, to the Council for Clinical Training, Inc. in 1938. By this new name, she extended the services of the council beyond the clergy and seminary students to all professions. According to Thornton, Dunbar started to prepare "the future professional man to perform adequately his functions with reference to community health and to know when and how to seek specialized assistance" (1970:81).

Philip Guiles

Philip Guiles was a professor in Andover Newton Theological School (Hemenway 1996:12). He was among those who first sensed Boisen's intention in the psychology of religion and later developed this into the present clinical pastoral education. According to Thornton, he was at the center stage in the organization of the Council for the Clinical Training of Theological Students, which gave birth to clinical pastoral education (CPE) (Thornton 1970:61). Guiles carried the responsibility for the initial financing of this body. As Thornton puts it:

> During the 1928-29, Guiles saw that Boisen needed the support of an organization that would help finance students and enlist the cooperation of both seminaries and hospitals. He secured the needed funds from his father-in-law who "agreed to make a substantial contribution provided those who had been foremost among Boisen's helpers and advisers would form a corporate body to finance and otherwise promote the work (1970:62).

This move was successful, and on January 21, 1930, the CCTTS was born. Guiles became the Field Secretary as well as the Interim Director of the council until the fall of 1930. He had a problem when he employed Helen Flanders Dunbar as the first Executive Director of the council. Instead of working together in cooperation, they turned quickly into a conflicted relationship. This became so bitter that by 1932 both of them had to tear the council apart, with Dunbar heading a group based in New York City, while Guiles continued with the group in Boston. His chief contribution to this group was launching a clinical training program in Boston in 1932. He organized funds from a family foundation headed by his father-in-law, Mr. H. B. Earhart (Thornton 1970:76). He also developed part-time training a few hours a week during the academic year and six-week periods of summer training (Thornton 1970:85).

Guiles worked together with Boisen and Cabot. With Cabot he reorganized the work of the group in 1938 under a new title, "the New England Theological Schools Committee on Clinical Training." This was to symbolize their interest and affiliation to the seminaries (Thornton 1970:81).

Joseph F. Fletcher

Joseph Fletcher was the first Dean of the Graduate School of Applied Religion, which was opened in Cincinnati in the mid-1930s. This was in response to Keller's vision of learning by doing as well as the use of field social work and community organization for improved social condition. The agenda of the school was the desire to bring about social change (Hemenway 1996:9). The program was originally a summer program, but when the school was established with Fletcher as its first Dean, it expanded to a year-round program. Outstanding in the content of the program was the engagement of students in social case work by Cincinnati's Family Service Society, which provided the clinical setting; working in various social agencies; and use of the interdisciplinary model of supervision to sharpen the vision of the students and group reflection on the pastoral conversation (Hemenway 1996:8).

William A. Bryan

William A. Bryan was the Superintendent of Worcester State Hospital, and he had hired Boisen in 1924 to be the chaplain of the hospital. He gave every support and encouragement which Boisen needed and which enabled him to begin a clinical training program in 1925. In January 1930, Bryan joined hands with Richard Cabot and Boisen to sign the paper for the official beginning of the Council for Clinical Training of Theological Students (Hemenway 1996:12). The contributions of Bryan show how the support of other professionals and administrators can make possible a resounding program.

Thornton commends Bryan for the high level of patient care at Worcester State Hospital while he was the administrator of the hospital. He was the first to allow the full-time chaplain in his hospital and did all he could to support the clinical training of theological students in the mental hospital (1970:67). Perhaps, if he had not given that level of support and commitment, CPE wouldn't have progressed the way it did. In the words of Thornton:

> Bryan was an innovator in mental hospital administration. He initiated such things as a cafeteria system, radio and public address systems on every ward, music therapy, and an exciting research program that attracted top scientists to his staff. Bryan supported Boisen in other innovations, such as founding a hospital newspaper; outdoor celebrations on holidays; and granting access to both Boisen and his students to staff meetings, case records, and consultations (1970:67).

The cooperation of the administrative personnel and staff matters in the collaboration of offering ministry to the needy. It determines the inroad into the helpful facilities and required information.

This historical review of CPE may appear to be too broad for this research, but the researcher considers it necessary, particularly bearing in mind that CPE is as yet unknown in Igbo society where the research is needed. The review has shown the motivations of the founding fathers and all those connected to the birth of CPE. Their life experiences, beliefs, practices, organizational style, collaborative strategy and the conditions of their time that led to the founding of CPE can be informative to introducing similar programs in Igbo society.

2.5 CPE in Africa

CPE is yet unknown in Nigeria, but the researcher intends to look at other places in Africa where it has been introduced. This subsection looks at how CPE came into other African countries and how successful it has been. Holifield notes that the Emmanuel Movement, which signaled the advent of CPE, started spreading from the USA to Europe, Asia, and Africa by 1908 (1984:201). Traces of the pastoral techniques imparted through Emmanuel Movement which CPE later took up could only be seen in South Africa from 1970 when CPE was introduced by Arthur Becker. According to Edwina Ward, Arthur Becker from Columbus, Ohio, introduced CPE in South Africa through the Lutheran College at Umpumulo in 1970 (Ward 2001:29). Janson notes that the Rev Siegfried Abranhamse and the Rev. Vivian V. Msomi "were the first two internationally qualified CPE supervisors in South Africa in the 1970s" (in Hunter, 1990:1203f). Both Abrahamse and Msomi were CPE course members under Becker, who was then assisted by E. G. Hestenes, who was a physician and then "the chairman of Lutheran medical foundation" (Koos van der Vyver: 1996). The fire of CPE continued to glow in various places in Southern Africa and was boosted by the formation of the Association of Clinical Pastoral Education of Southern Africa (ACPESA) in the 1970s (Hunter 1990:1203). ACPESA became

the unifying body that coordinated and supervised CPE in Southern Africa (Koos van der Vyver: 1996). Since then, CPE has continued to grow and adapt to the South African environment, but its major weakness, as Ward sees it, is the problem of supervisors and supervision (Ward 2001:29). The importance of a corporate body in the success of CPE as a program should be noted. Just as the support that CCTTS, as a corporate body, gave to clinical training program in 1928 led to the success of CPE program in the USA (Thornton 1970:62), that of ACPESA helped CPE to fully germinate in South Africa in 1977 (Ward 2001:29).

The problem associated with CPE in South Africa, as Ward argues, is mainly the cost of training supervisors in America and the amount of energy and money that the candidate invests into the training. Another problem is the unwillingness of African supervisors to continue with CPE supervision due to poor financial returns in it, which does not justify the energy and money needed for the training (Ward 2001:31). It seems CPE is not yet well understood and accepted into the system, so churches, hospitals, and seminaries and even individuals who could enable it to grow have not yet given it serious attention. As a result, people trained to be supervisors prefer to take up other jobs that they consider more rewarding (Ward 2001: 32f). The advantage South Africa has over other African countries is its multicultural setting. If South Africa, with its multicultural context, could be experiencing problems, it may be more difficult in other African cultures where the populations are more traditionally African.

In an interview with Sister Jacinta Bannon IBVM, she says CPE centers have slowly been springing up in South Africa and other parts of Africa. Some of these centers include the Groote Schuur Hospital Center, Cape Town, University of Natal, Pietermaritzburg and St. Joseph's Seminary, Cedara, both of which are under the supervision of Dr. Edwina Ward. There are also other centers in Johannesburg, Kenya, Tanzania and Ghana (Interview, May 25, 2002).

According to Dr. Vivian Msomi, CPE in Tanzania was introduced by the Evangelical Lutheran Church of Tanzania in the 1970s. The program was located at the Kilimanjaro Christian Center in Moshi. This center was located in a large specialist hospital, The Kilimanjaro Christian Medical Center, that serves almost the whole country and is supported by the Lutheran World Federation, Geneva, Switzerland (May 26, 2005). Supporting the idea of Msomi, Brighton L. Killewa says that CPE is still

offered at the Kilimanjaro Christian Medical Center (KCMC) and it is run by the KCMC administration. Students are required to participate in the program for a period of four months (May 16, 2005). Another prominent center that offers CPE in Tanzania is the Bugando Medical Center in Muanza Archdiocese. This center was started by Fr. John W. Eybel under the sponsorship of The Tanzania Episcopal Conference (TEC) in 1984. The CPE center was part of the projects of Maryknoll Society for reaching out to the suffering people of Tanzania (John Eybel, May 2005).

Professor Kwame Bediako argues that, though CPE is already in Ghana, it has not been taken as a serious model of training for pastoral caregivers. He supports the view of Joseph Ghunney, who sees pastoral counseling in Africa from a traditional point of view (Interview, March 13, 2003). Ghunney, looking at the Akan people of Ghana, says that pastoral care in Africa should involve all stages of an individual's life, which includes birth, puberty, adolescence, marriage and death rituals (in Wicks and Estadt 1993:87). Bediako shares the view that even if a supervisor who will practice in Africa is certified in USA or any place outside Africa, he or she needs to bring in a lot of African context into his or her training. In the same way, a center in Africa, which is supposed to serve Africans, should typify Africa and highlight the African worldview. According to Bediako, Africa is rich in resources and these resources need to be recognized, explored, cherished and used. Africa has always been a continent known for working with "living human documents." The major difference is that their method of approach has not been documented on paper. In agreement with Ghunney (1993:92), Bediako says that CPE can succeed in Ghana and other parts of Africa if it can recognize the traditional methods of counseling and therapies. A CPE student need not remain in a hospital where mainly the rich people who have the financial resources attend. They need to have their training where people are actually suffering (Interview, March 13, 2003).

The interview with Bediako reveals two things concerning the success of CPE in Africa so far. One is contextual and the other is financial. As Ward notes in the case of South Africa, CPE has not been a huge success due to the poor attitude of people toward it and also the inability to justify the huge amount of money put into the training of supervisors in the USA. In line with Bediako's idea, if the certification of supervisors and accreditation of centers could be done in Africa, there might be an increased success. Africans can codify their approach as an African form of CPE and export it to other continents.

Since CPE is as yet unknown in Nigeria, what has been said about it in other African settings will also be the case. CPE must be enriched with local resources if it will succeed among the Igbo people of Nigeria, since they share cultural similarities with other African groups. In order to succeed among the Igbo, CPE must recognize, explore, appreciate and accept the traditional methods that have worked for the people in the past. Possible ways of doing this will further be discussed in chapter eight.

2.6 Conclusion

This chapter has looked at the content of the caring ministry of the Church from the time of Jesus Christ to the evolution of CPE. As the history of pastoral care is not the main thesis of this research, the chapter has not delved into a detailed review of this practice. Only those aspects that are relevant to CPE and can help in determining what CPE in the Igbo situation will be were verified. This chapter has been helpful in highlighting areas where the emphasis will be laid while training ministers for pastoral care in Igbo society through the CPE program.

CPE evolved out of many years of pastoral ministry from the time of Jesus through many ages and centuries that ushered in scientific approaches to helping professions. The caring ministry of Jesus was a model that his apostles followed. The church fathers also tried to follow the footsteps but, in the process, came out with the classical tradition of pastoral ministry. The purpose of care and cure of souls in the classical tradition was preparation for eternal destiny, and this was guided by ancient pastoral wisdom. According to this tradition, the immortality of the soul makes it necessary for the soul to be guided toward eternity through the scripture and historical awareness of the church's tradition.

As the concept of care and cure of souls in the classical tradition progressed, different centuries and epochs laid emphasis on certain aspects to the neglect of others. Some of the emphases were on spiritual and moral life of people, prayer, devotions, labor and love in the name of Christ. These became means of meeting the variety of needs of people. Still on the progressive dimension, pastoral ministry started bringing in elements of counseling between the fourteenth and sixteenth centuries when the emphasis became reconciliation to God.

Pastoral counseling started wearing a formal outlook by the seventeenth century, though without any supporting theory. The works of Baxter and other pastoral theologians of the period gave shape to what started emerging as pastoral theology. Emphasis shifted to the spiritual preparation of the pastor. There was also interest in moving into different situations with people in order to meet their needs. Through these moves, pastoral theology emerged in a formal way both in Germany and America in the nineteenth century. People like Zwingli propagated a pastoral formula of shepherding after proclamation of the gospel. Some of his ideas included house-to-house visits by all Christians and not just pastors alone. Pietism, which sprang up during this period, challenged the relevance of the services offered by the church. Between the end of eighteenth and beginning of nineteenth centuries, the four pastoral functions emerged. They include healing, guiding, reconciling and sustaining.

Toward the middle of nineteenth century, the association of theory with practice in pastoral ministry arose in the USA. The question of relevance of church ministry became strong, and people started aspiring to functional education. The notion that gave rise to CPE started to be articulated in the middle of nineteenth century in the USA. The quest for a scientific approach to theological matters also became strong. There was constant demand for pastors to be more involved in the day-to-day life of their members. George Washington devised the basic theory of group work in 1898, which he termed applied Christianity. As the twentieth century approached, there was an increased interest in science and technology. Psychological theories were introduced and these became a threat to theology. Shepherding moved from one-to-one to the organized life of a group. Human religious experiences were interpreted in line with emerging psychology. This condition cultivated the ground on which the seed of CPE was planted.

The stage for the emergence of CPE was prepared by the political, economic, educational, scientific and religious changes in the USA over a period of forty years beginning from 1860. The quest for relevance made pastoral theology be a junior partner to other healing professions that emerged. There was a call for changes in the educational program for pastoral ministry in order to inculcate the new social sciences and medical and legal principles into the education for ministers (Hemenway 1996:1). The dawning of the new psychology gave rise to pastoral counseling and the pastoral psychological movements. Psychological tools of case-study practicum, psychoanalysis Freudian theories of

personality, psychotherapeutic theories of Freud and his followers, psychopathology and clinical methods of treatment in line with Freud were initiated for the training of the minister. These moves were aimed at keeping pace with other professionals in healing ministry and a response to the neglect of pastors and upgrading pastors toward being allies of other professionals in helping ministry.

Generally, this discussion could be summed up by saying that CPE encourages ministerial training to be field-based and more functional by looking into the aims of the people associated with its founding. As Hunter puts it:

> These developments set the stage for the introduction of the clinical perspective in theological study. The perspective presumes that personal needs and concerns of people are most adequately met in ministries informed by functional education. Because the clinical pastoral perspective has more to do with people than concepts, it is illuminated most clearly by stories of people who forged its shape (1990:182).

The proponents of CPE have functional education behind their minds while thinking of the ways and means of meeting the needs of people whose lives are hurting. The drive of the clinical pastoral perspective is to make the education designed for ministry a more functional one. According to Thornton:

> Men of medicine and men of theology became cooperatively engaged in the education of ministers for the work of healing both in the personal and the societal spheres of life (1970:40).

Since various professions within the society are aimed at serving human needs, CPE has shown that different professions can work cooperatively toward solving the daily problems of people. The inter-professional collaboration in the healing ministry as seen in CPE today started from the collaboration and cooperation between theologians and physicians. It deals directly with the needs of the people and uses practical experience in the field study to address such needs. Through the dynamic process of CPE, it can also be further enriched if introduced into the Igbo society.

CPE is no longer a program only within the USA. It has spread to almost all of the continents and has continued adapting to the situations in those places. It is beginning to be known in Africa, starting with South Africa, and gradually spreading to other African countries like Kenya, Tanzania and Ghana. CPE can adapt to Igbo culture but must be family/community-based. The next chapter looks at the actual CPE process.

CHAPTER THREE

The Clinical Pastoral Education (CPE) Program, Its Group Method and Application to Igbo Context

3.1 Introduction

In chapter one, the researcher discussed from a broad perspective, the content of CPE and what CPE is all about. Chapter two is a discussion on the evolution of CPE, tracing the history of care for souls to the point where CPE was introduced, and then the recent developments in CPE. This chapter discusses the actual program, its group method, how the program approaches the care and cure of souls and what the program will mean in Igbo context. In specific terms, it deals with the group method of interaction with the *living human documents*. There are basic principles and policies that led to the present outlook of the CPE program as a group method of learning that will also be discussed in this chapter. From chapter one, CPE is understood to be a method and standard of training for pastoral care for the soul. Instead of the traditional method of learning that centers on written documents, the training focuses on the actual interaction with the *living human documents*. This is achieved in collaboration with other helping professions that also deal with the well being of the body and soul. CPE training is offered in a context that offers the real life experiences of troubled persons and not on written documents or laboratory experiments. It is enhanced through disciplined and supervised reflections on ministerial outcomes.

CPE is a training process that facilitates growth both in the student and the patient who is served. It asks the student to reflect on his or her past life and how it influences the present. The student then uses this skill of reflection with the patient and also through the rest of his or her life (Hemenway 1996:7). Once the personal and ministerial transformation starts in the student, it is expected to continue unfolding through the rest of the student's life and ministry, even when he or she is no longer involved in a formal CPE program. As Hemenway notes, "The experience of self-discovery and group creation can be so compelling that, even though their castle may eventually disappear with the tide, the memory lingers forever" (1996:222). CPE as a process of transformation has the capability of making a remarkable life-long impression on the participants. This chapter looks into the training program that ignites a lasting transformation.

Since the founding of CPE and other related training models started in the early 1920s (Hemenway 1996:6), many researchers have discusses the program. Among them is Joan Hemenway whose book, *Inside the Circle*, discussed *process group work* in detail. Edwina Ward, in her doctoral thesis, wrote about transplanting and adapting CPE to African soil. There are also many other publications in journals, books and magazines. The purpose of this chapter is to look at some of these works, particularly in relation to the group work that takes place in the program. Discussion of CPE in Igbo context will follow this chapter.

Everything that happens in CPE will not be discussed, but some of the outstanding aspects will be verified, particularly as they relate to how CPE invokes a practical and experiential ministry. Part of this discussion will be of the skills relevant for personal and ministerial growth as communicated in CPE. How these skills evolve as the student interacts with the *living human documents* will also be analyzed. The researcher's discussion in this chapter will be of the skills in the in the following topics under six principal headings: the CPE student, the pastoral ministry during CPE, the patient, the group process, the multidisciplinary collaboration, and the supervision of a CPE group. The conclusion will follow.

3.2 The CPE Student

The person that receives the training for ministry is the student. CPE teaches the general understanding that the *living human document* is not just the patient or those receiving ministry from the chaplain. The CPE student is also a *living human document* (This will be discussed further in chapter six). While discussing the group process, Hemenway looks beyond the patient and sees the student in the group as the object for learning and in whom healing can also take place during the CPE experience. As she argues:

> The work of the small process group in CPE is actually a type of transformative play. Through this work/play the individuals and the group engage in a process of self/group creation and self/group reflection, which involves both staying connected and separated from each other and the group. The experience is both an agent for individual change and a process for learning about change (1996:222).

The CPE student from the above understanding is not an individual that learns about change that takes place in other people or interacts just with the living human document for ministerial growth. The student undergoes change within the group experience as well as using the group experience and interaction with living human documents to learn about change that take place in the lives of the group. The CPE student can, therefore, be seen both as an agent of change for the living human documents as well as being the living human document.

3.2.1 The Application Process in CPE

CPE as an experiential learning process begins from the time the student starts the application process. The information required in the application form and the accompanying documents do not only prepare the student for the program but also give the opportunity to revisit and reprocess personal information which the student may not have given any recent thought but which matters in his or her life. The information included in one's life's story highlights factors that determine and can influence the ministry of the student. According to the ACPE Standard, information required for acceptance into a CPE program includes the following:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. A description of family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affect your faith and currently inform your belief system.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of an incident in which you were called to help someone, including the nature of the request, your assessment of the "problem," what you did, and a summary evaluation. If you have had previous CPE, include this information in verbatim form.
5. Your impression of Clinical Pastoral Education and your educational goals, including how the training will be used to meet your goals for doing ministry.
6. A description of special needs (e.g. health, financial, housing, transportation).
7. A statement as to why you are applying to that particular center's CPE program.
8. Copies of previous CPE evaluation (where applicable).
9. The most significant learning experience in previous CPE and how you will continue to work in this learning method. Illustrate your strengths and weaknesses as a professional person.
10. What are your personal and professioual goals and how will continued training aid that process? (ACPE standard 2002; also see the ACPE Directory 2002-2003).

The Rev. Paul E. Derrickson reveals that this method of application and acceptance of new candidates in CPE was modeled after those of the institutions where CPE first started, especially in psychiatric

and other hospitals. CPE started in psychiatric hospitals and then moved to other hospital settings (Interview, March 24, 2004). It was necessary to know the full story of a student studying mental health before offering admission to him or her. The above requirements are in line with the ACPE standard requirements, but each center makes its own modifications and additions depending on the policies and the ministerial needs in that setting. As a result, the pattern set by the Department of Pastoral Care and Education, York Hospital CPE Center, WellSpan Health, York, Pennsylvania, has been followed here (The researcher has passed through their admission process and, at the time of this research, participated in the chaplaincy residency program at the center). The Rev Jim Winjum notes that this admission process is required to evaluate the student as well as knowing what factors affect the way a student offers his or her ministry. It also acts as a guide on supervising the student, especially for determining where help is mostly needed in the ministry of the student (Interview, Friday, March 19, 2003). These requirements during the admission process furnish the information that will be focused on throughout the student's involvement in the CPE program. How they work in the transformative process of the students will be the focus of the remaining discussions in this chapter.

3.2.2 The Autobiography in CPE

CPE emphasizes the study of the *living human documents*. It means that much attention is given to the personal story of the student and the ability of the student to hear the story of another, especially those requiring help from him or her. When students share their own personal stories, they often see through them what happens in other people's lives. According to Thomas Oden,

> Every time I tell someone my personal story, I find to my amazement that others mention with great feeling that they too have experienced something analogous and that my story has helped them see what has happened to them (1984:17).

Writing one's autobiography in the CPE admission process prepares the student for the process of storytelling. The ability to tell personal stories and to listen to those of others is one of the skills of CPE. Autobiography, according to Derrickson, helps furnish information about a candidate. The center where the CPE program takes place will be interested to know who the candidate is, that is coming to them. It is true that this may not be exhaustive, but at least it gives some level of understanding the student more deeply and personally. On the part of supervisors and peers, students' autobiographies help them understand the students more deeply and personally. It also helps to relate

the students' present actions with their past histories (March 24, 2004). In reflecting over the life of Boisen, Asquith Jr., notes that "in his autobiography he told how, in the midst of a hallucination, it occurred to him that he had 'broken an opening in the wall which separated medicine and religion'" (2000:2). Theologians could, therefore, draw insight from his autobiography to see how he came to his concept of CPE. Autobiographies required at the beginning of the application process mark the beginning of the students' journeys in storytelling. The more they tell about themselves, the more they recognize that nothing human is foreign to them. According to Sam Keen, "In the depth of each man's biography lies the story of all men"(1970:103). There may be particular meaningful events in a person's life that may not be fully retold in an autobiography; such events can further be revisited through the sharing of personal stories.

3.2.3 Sharing of Personal Stories in CPE Group

Many centers begin the CPE program with a seminar in which students share their personal stories. According to Richard Frazier the purpose of this sharing is to enable the group to learn something of with whom they are working. The story may be presented in written or verbal form, depending on the center. It does not matter whether the story is serious or light, fact or fantasy. In whatever form it appears, it recounts something that happened somewhere in the life of the student in the past. Retelling a personal story to a group of strangers gives the student opportunity for self-examination and reflection. Frazier explains that "this can often make a student feel some risk and anxiety" (in Myler ed. 1978 vol. 1:18). John Patton believes that the ability to tell one's story helps that person discover unity and meaning in life (1995:110). According to Frazier, story telling in CPE is also a basic tool for the formation of identity as well as a crucial way of experiencing God (in Myler ed. 1978 vol. 1:18).

No matter how personal stories are framed, they can be self-revealing. According to Margaret Ferris, "self-understanding is one of the advancements that unfold when sharing personal stories. It can lead to accurate identification of personal needs to be addressed" (1993:35). The stories can show where students have been and where they are going. They can also shape the nature of the program and the personal supervision of each student. One of the factors that helps students to tell their stories is when the supervisor and the group remain non-judgmental. Referring to his experience in supervision, Frazier writes, "I have allowed myself to sit back and listen to my students tell their stories without

feeling that I had to do something." The result is that the stories flow naturally from the students. At times students share some personal matters that they never realize are revealing and which might be helpful for future supervision. According to Frazier, what matters for some students is that "the story was told, heard, and enjoyed" (in Myler ed. 1978:18). Frazier gives some of the benefits that can result from storytelling:

1. Through storytelling, students can present personal symbols that can lift up their strengths and weaknesses that can be helpful in the students' learning issues.
2. Storytelling may encourage both trust and responsibility on the part of students.
3. Students can be strengthened to be in charge of their own educational process in CPE. Here students remain responsible for the direction and the depth of their sharing and, as such, for their learning. New levels of relationships may emerge, and partnership for education for ministry is strengthened.
4. The students are helped to become more sensitive and responsive to the storytelling of others.
5. By hearing the themes that emerge from their own personal life stories, students are also enabled to hear the themes that emerge from the life experience of others they help.
6. If students can take risks in telling their personal stories, they will also know the risks involved when they expect others to tell their own stories. They, therefore, learn to listen and respond out of respect and care. Experiencing the trust, risk, contacts, and identification that are part of students' storytelling, they too may appreciate the stories of those they help.
7. Storytelling in the group helps build listening skills. It helps students listen and respond in an active way when another person is presenting.
8. It also points to the experiential method of "learning and doing" theology within the group. By telling their own stories and also listening to those of others, they become more open to what happens in another person's life. This can bring about genuine change in them (in Myler ed. 1978:20f).

As Frazier continues, other benefits may include openness, playfulness, mutuality, and honesty. Storytelling can also increase the ability of being personal in one's communication, respect and imagination (in Myler ed. 1978:23). Another form of storytelling in CPE is the genogram. It is not part of the requirements in the application process for CPE but falls within the actual group process.

3.2.4 Spiritual History

Spiritual history is an important aspect of personal story. As Derrickson believes, tracing a person's spiritual history furnishes information about the person's ties with different doctrines and belief systems and how these influence his or her approach to ministry (Interview, March 24, 2004). Derrickson's idea supports that of Wendland and Easterling who say, "Sharing spiritual family trees gives surprising new insights into the feelings and beliefs of group members, even those that you think you know best" (2001:3). Derrickson goes on to argue that there are spiritual matters some people can

emphasize more than others, and they carry these values and system of belief into ministering to patients. The spiritual history will also reveal the level of spiritual maturity of the students and the areas they need the most help. The spiritual background of some people can make them resistant to change. In this case, the CPE program may not be the best choice for them at that time. It is, therefore, helpful for the CPE center to know who the candidate is spiritually and where assistance may be needed (March 24, 2004).

3.2.5 Vocational History

According to Paul Derrickson, closely related to the spiritual history is the vocational history of the student. This applies mostly to those students taking up pastoral ministry as a second career. Interest, approach, ability and understanding may differ, due to what people were engaged with before. A nurse or lay minister taking up pastoral ministry as a second career may not experience the pastoral ministry the same way as a computer scientist or a businessperson taking up pastoral ministry as a second career. Supervisors need to understand this in order to trace the origin of certain behaviors and determines how to assist. How they look at the world before coming into the ministry can influence how students look at ministry, and it is important for the supervisors to pick up these things as the students experience the training (March 24, 2004). The above viewpoint was supported by Jim Winjum, who added that the vocational history of a CPE student will help identify where he or she can function best and what skills might be most useful for the student (March 22, 2004).

On the whole, autobiography, sharing of personal stories, genogram, spiritual history and vocational history all help the students appreciate stories told by others and prepare them to listen and to hear others. Other advantages include helping students know why some events in a person's life are of special concern. Through this means students can have clues as to the type of support to give. A student that has gone deeply into this process of personal stories and experiences can understand when conversations are at superficial or deep levels. When storytelling happens in a CPE group, a real group is formed instead of separate individuals who happen to be together at one place for training. According to Wendland and Easterling, "newcomers to a longstanding group often feel like outsiders but by sharing spiritual family trees (and other experiences), becomes easier to become instant insiders" (2001:12).

3.2.6 Possible Weaknesses of Sharing Personal Stories

Though many advantages have been seen in sharing personal stories, there are weaknesses. Hemenway notes the excesses and confusions that marked the early period of group work in CPE (1996:106). Such excesses and confusions still appear in CPE group work of the present time. Some students often have the notion that revealing their own problems make them feel worthless to the point of seeing themselves as scapegoats in the group. Some may change their attitudes to the storyteller and cause members to look down on him or her. There are other students who may also have the same problem being revealed, but are reluctant to share. Members of the group may view those who risked sharing their own as the worst in the group. Some students may have revealed what others did not know about them and, if not well handled, can lead to poor self-image and low self-esteem.

Insult can arise out of comments made by students sharing their personal stories (Lois Roth, April 2, 2004). Some may see things differently from the way the storyteller sees it and judge him or her on personal misconceptions rather than on reality. This can be irritating. Sharing of personal stories may involve a lot of risk that the student may not have had enough preparation time. It may end up being a regrettable risk as, once a story is shared, it becomes irreversible. Students may end up being deeply wounded from the reaction of others due to the personal stories they shared. Such wounds often take time to heal if they heal at all. Sharing of personal stories can also bring about revealing family secrets or secrets of a group. This can lead to the anger of the family or the group and can also bring about guilt and feelings of dejection.

3.2.6.1 The Implication of Sharing Personal Story in Igbo Context

The Igbo are a people that love storytelling. However, they are still conservative when telling about the events of their lives; thus, they at the same time have a life of secrecy. There are certain groups and societies in different Igbo communities that train the youth in the concept of secrecy. There are some cultural factors and groupings responsible for this. Such groups include *otu mmanwu* (the masquerade group), *otu ogbo* (the society of people of the same age or within the age range of five years), *otu nta* (the hunting society), *otu ndi dibia* (the society of diviners or herbalists) and some other forms of secret societies and initiation ceremonies. Bourdillon notes the existence of secret societies in many African traditions, especially in West Africa where the Igbo society is situated. The major attribute of this group is the control of secret knowledge and great concern for spiritual powers and

rituals to attract these powers (1991:96). Virtually all the young men join these societies. Fees and other forms of contributions are often required before membership can be granted, but full membership can only be possible after a series of rituals that require a high level of secrecy.

The group is required to keep secret from non-members the affairs of the group. Even the leaders of these groups have some secrets they keep from other members. They know more and more as they become more experienced in the group. They have some kind of knowledge unknown to non-members. There is always something secret about this knowledge, which continues to unfold as a person goes higher in the society. As Bourdillon points out, ". . . secret knowledge emphasizes the difference between members of the society and the uninitiated outsiders" (1991:97).

In some Igbo communities, secret societies have places they can meet, some known to the public and some known only to the members. Where they meet continues to be a mystery for outsiders, and that forms part of the secrecy of the group. This is more with *otu amosu* (the witchcraft society), *otu ogbanje* (the changeling society) and such societies that are concerned with issues relating to life and death. It is in these meeting places that most of the rituals are performed. The secret society's members always believe that there are spirits associated with their society. In masquerade societies, this is symbolized with the wearing of masks and costumes that represent the outlook and function of that spirit. The person who wears a costume must be chosen by the spirit and must never be revealed to non-members.

One thing common in all of the secret societies is maintenance of secrecy. It is a grievous offence for a member to reveal the secret of their society. The punishment for this can range from physical confrontation by the members to death. The spirit with whom the society works is believed to be capable of hunting out any person who reveals their secret, even to the closest member of the family or to a spouse who is not supposed to know. The spirit can inflict sickness or an incurable disease on the unfaithful member and can also bring about instant death of that person. In any case, the initiates must be aware of what is happening and must not talk about it or else they face that same fate.

In the light of this situation, many Igbo are groomed from childhood about the act of maintaining secrecy. Since any Igbo person has one kind of initiation rite to pass through and since these forms of

initiation rites require secrecy, people often consciously or unconsciously try to be highly secretive even when it concerns the normal pattern of life and death. This is seen in rites of passage and masquerades that have a lot of secrets and self-disclosure. Chinua Achebe recalls the experience of his village in Ogidi in which masquerades are surrounded with lots of secrets behind the masks (1990:67). Because Igbo members are used to societies in which revelation of secrets can attract a death penalty, sharing of personal stories can be difficult for the Igbo CPE student or Igbo patient.

3.2.7 Setting of Learning Goals in CPE

CPE is one of the educational processes where the student sets his or her own goals for learning. It is expected that students applying for CPE have some theological background. According to Paul Derrickson, learning goals are another important area in CPE in which each student determines what he or she wants to focus on during the training program. Each student knows where he or she is most talented and what his or her learning needs are (March 24, 2004).

The students choose the learning experiences they want to pursue during the CPE process, not just from their knowledge of theology but from all they have learned in the past. Writing of learning goals also helps students identify issues in their life experiences that they need to look at; it may be that they have not given serious thought to these experiences before. CPE also stipulates how students should plan to integrate themselves with the clinical work. The students have some life experiences, ambitions, and expectations. According to the Rev Jerry Griffin, "Relationships of the past contribute to a person's personality and educational goals" (April 23, 2004). CPE is adult education in a sense that students are not ignorant about what their goals in life are. Students also know their expected outcomes of the program because they are based on their life's experiences. Richard Frazier says that a student coming for CPE brings these personal experiences along. In his words:

> Theological students bring many things to Clinical Pastoral Education. They come with personal ways of perceiving the world and relating to others. They come with aspirations, for they want both to learn and do well. Invariably, they bring a deep fashioned resentment out of their experiences (in Myler ed. 1978 vol. 1:17).

Out of personal ways and experiences, students set learning goals for themselves that will be accomplished during that particular CPE program. The learning goals represent learning experiences that will be achieved before the students can minister effectively. They are expected to bring about

change in the personal ways of the students, especially those ways that can hinder effective ministry. Frazier goes on to argue, "And, of course, they come with apprehension, fear, and resistance. Like we, they are not really sure they want change, even as they actively seek or pretend to seek it" (in Myler ed. 1978 vol. 1:17). Frazier's argument implies that, though the students state their goals, they often resist changes coming to them through those goals.

One of the areas spelled out in the CPE goals are the skills of human relations essential for pastoral care. Some members of a CPE group can be more like receivers of care rather than givers. There are members of the group who can be stronger than others in giving care, and there are those that can just receive care without giving. Some of these behaviors essential to high-level human relations include empathy, warmth or respect, genuineness, concreteness, initiative, immediacy, self-disclosure, feelings and emotions, confrontation and self-exploration. Following the explanation of Egan and Ferris, these behaviors mean the following:

Empathy: Being in the skin of others and seeing the world from their own eyes. Empathy also means feeling the pain and joy where they feel, hearing their verbal and nonverbal communications and responding accordingly (Ward, April 2003:36). Ferris warns that "Empathy is not to be confused with sympathy, in which a person often takes on the emotion of the other." According to Ferris, "the helper can feel the other but still remain objective"(1993:21).

Warmth, Respect: The pastor expresses in various kinds of ways that he or she is for the patient and respects the patient and is not just hearing him or her. The pastor supports the patient as a human being, though one may not approve his or her ways. This behavior flows naturally from empathy and results from deeper awareness that grows out of a caring relationship (Ferris 1993:25).

Genuineness: The pastor tries to be real instead of being phony or just playing a role because it has to be done. He or she does not hide behind roles or facades. Where the pastor stands is clear and is himself or herself in interactions. The pastor becomes real instead of fitting into some sort of stereotypic role of pastoral caring (Ferris 1993:37).

Concreteness: The pastor tries not to be vague while speaking to others. By so doing, he or she does not speak in generalities nor beat around the bush. The pastors deals with concrete experience and

behavior and is specific and direct (Egan 1973:19).

Initiative: This involves the ability to act rather than react, going out to contact others rather than waiting to be contacted, and the ability to be spontaneous. It means the ability to take initiative over a wide variety of ways of relating to others. According to Rev. Dr. Ted Trout-Landen, there is greater freedom and control if a pastor has a wide variety of choices to make. Such a pastor will not have a problem in choosing from that wide variety of options. He or she can easily own the interactions that take place between other members and also get involved with them (February 10, 2004).

Immediacy: This aspect means dealing openly and directly with relationships to others. It is important for a pastor to be aware of where he or she stands with others and they, too, know where they stand with the pastor because he or she deals with relationships (Egan 1973:19).

Self-disclosure: This means letting others know the "person inside." The awareness of the "person inside" becomes a means of establishing sound relationships with others. It also means being open without being a "secret-revealer" or a "secret-searcher." By so doing, the pastor shows that she or he is important, not just the secret component (Egan 1973:19, Ferris 1993:37).

Feelings and Emotions: The pastor is not afraid to deal directly with his or her emotion or that of others. The pastor allows himself to feel and to give expression to what is felt. The same is expected of others and the pastor does not inflict his or her emotion on others (Egan 1973:19).

Confrontation: Pastors challenge others responsibly and with care. Confrontation becomes a means of getting involved with others, not a means of punishment (Egan 1873:19, Ferris 1993:52).

Self-exploration: This implies the ability of the student to examine his or her lifestyle and behavior and want others to help him or her do so. Response to confrontation should be as non-defensive as possible and the result should produce changing behavior. It is also the belief in one's ability as a human being to resolve personal problems or issues. Confrontation becomes an opportunity for self-exploration (Egan 1973:19, Ferris 1993:19).

The above descriptions are some of the behaviors and skills developed in a CPE group. In most cases, the CPE goals are set around them. CPE students rate themselves with regard to these behaviors and set their goals to address their strengths and weaknesses (Egan 1973:19). Members of the group can be in different places in any of the behaviors. The group process provides opportunity to rate where each member is and to develop and increase the levels of the behaviors and skills according to the needs of the individual group members. These become the goals of the students.

3.2.7.1 SMART Goals

Goals have to be spelled out clearly in behavioral terms, so that the goals can differentiate between a concrete statement about a student's relationship as a member of the group and a general or vague statement. Egan notes that one of the principal functions of a group is to create its own goals. As such the group starts goalless and proceeds toward formulating a goal. He states, "If effective human relations-training is to take place through encounter groups, then the goals of the group must be clear, and the means to achieve these goals must also be clear" (1973:22). There is need for high visibility and clarity of goals. The student knows what is expected of him or her. Well-spelled-out goals are specific, measurable, achievable, and relational and must have some targeted outcome. Interpersonal growth is expected out of every goal and is defined in operational terms. Goals may include but not be restricted to:

1. The freedom to be oneself in interaction with others,
2. Manage interpersonal anxiety more effectively,
3. Learn how to show greater concern for others,
4. Take initiative in contacting others more easily,
5. Share oneself more openly and deeply with the significant others in one's life,
6. Be less fearful in expressing feelings and emotions in interpersonal situations,
7. Step from behind one's façade more often,
8. Learn to accept oneself and deal with deficits in the community of friends comfortably.
9. Less fear of intimacy
10. Confront with care and compassion those who mean something to you,
11. Willing to challenge "phoniness" in another's life,
12. Commit oneself deeply on another's feeling without fear of losing one's own identity,
13. Know oneself a bit more in terms of personal goals and the direction of life.

(See Egan, 1973:23)

However, there is no expectation that these goals will be exhaustively achieved during the short period of stay in a CPE group. CPE marks the beginning of the process to address these goals. The goals fall

within both long-term and short-term periods. They help to begin the process of growth in a person's interpersonal relationships and ministerial approach.

Paul Derrickson argues that writing of learning goals by each student does not mean that the CPE center will be handling different topics for each student. The CPE center sees learning issues that ring a bell for each CPE group in their stories and, therefore, plan the curriculum around those themes. Different CPE groups may have different curriculums depending on what each of the groups needs most. For example, since the Hershey Medical Center is a class one trauma center, it handles more short-term intervention. The central theme for that center is Crisis Intervention. In short, the clinical setting of a center influences the curriculum of the CPE center (March 24, 2004).

3.2.8 The Learning Contract

The learning contract is based on the goals for the group experience. The general goal is interpersonal growth. The learning contract, according to Egan, is "to make this goal more concrete and to spell out the kinds of group processes that lead to this goal" (1973:25). Following Maslow's (1968) argument on achieving self-actualization rather than on emphasis on mental health, Egan postulates that "if a person simply does not want to relate to others more effectively, then little can be done to help him" (1973:1f). This explains why the learning contract must be based on what the student wants to achieve at the end of the CPE process. The setting of goals is often ironical because change is expected to occur as a proof for the achievement of the goals. Despite setting of the goals and entering into a learning contract with the supervisor and the group, some students still resist the process of meeting those goals and affecting a change. The problem in setting one's goal may, therefore, lie in ingenuity, lack of seriousness, and ignorance of what the final outcome of the goal may be.

3.2.9 Empowerment through Setting Personal Goals and What It Might Mean in Igbo Context

The Rev. Jim Winjum sees the practice of choice of goals and learning contracts by the CPE students as an act of empowerment. Students are expected to set their learning goals based on where they have learning needs. According to Winjum, this makes them have a sense of self-worth as well as an opportunity to discern what they need. It also helps them make choices and set their priorities. As the program progresses, other learning needs may emerge, and the goals may continue to be modified. The students also assess whether the goals they chose by themselves are being achieved during the

program (April 5, 2004). The empowerment comes when the students recognize that they are able to make a worthwhile and acceptable decision for their own learning instead of such decision being made by their supervisors. That the supervisor respects the goals put forth by the student increases the sense of student empowerment.

Such empowerment is necessary because of the role of pastors as advocates for those who seek their care and counsel. Pastors can only enable individuals with proper guidance to act effectively on their own behalf if they (the students who will become pastors) can also act independently. According to Hunter,

> The pastor, who advocates, unlike other helping professionals, will often need to live in the dynamic tension created by any conflict which may appear between societal norms for justice and the counselee's own way of religious or spiritual development (1990:11).

CPE provides the students with that experience of resolving tensions and conflicts on their own. The ability to choose personal goals and learning issues gives the students that independent strength to take decisive steps in crucial matters within the program for the purpose of doing the same in the wider society. One outstanding question concerning personal choice of learning goals by students which Derrickson addressed earlier is that of different students learning different things at the same time under one supervisor. As Derrickson notes, the ability of the students to discern their own area of learning and differentiate them from that of others within the same learning context empowers the students to risk discerning the circumstances around those to whom they provide pastoral care (March 24, 2004). In the wider society where the student will become the pastor, he or she is also faced with the question of how to adequately represent and accommodate the unfolding will of God without undermining the developing but necessarily rational social order. The student needs some level of power and independence to guide the patient toward important decisions, and CPE tries to communicate this experience by allowing students to choose their own direction of learning. The CPE process empowers the students to have confidence in their own ability to set goals, not only for themselves but also for those to whom they minister.

In the Igbo context, the society is hierarchical; empowerment may not be effective and may also be abused. Hunter, looking at power from a pastoral perspective, sees it as "the ability to act or to be acted upon in the interpersonal relationship." It also means that "one actor within a social relationship

will be in a position to carry out his own will despite resistance, regardless of the basis on which the probability rests" (1990:931f). Empowerment for CPE students means giving them the ability to act upon others in a pastoral relationship. By this definition, it means that CPE students may determine the behavior of others in accordance with their own ends. For pastoral care in the Igbo context, empowering students to act on their own will, despite resistance, may be viewed with suspicion by faith bodies with the hierarchical nature of the society. The society and church leaders may see it as a way of threatening their own power. Students may also have the tendency of abusing it by claiming that they are working on their own goals and, as such, resist the authority of the faith group. The danger is that if empowered, they may also have the tendency of attempting to enforce a democratic system in a society that does not understand it, thereby complicating relationships. Therefore, in the Igbo context, jointly setting the learning goals with faith bodies may be important. Though the students will set their own goals, they will also have eyes on the goals of their faith body in order to act from within a highly hierarchical situation.

3.3 Pastoral Ministry during CPE

In chapter one, ministry is seen as services rendered to people in the name of God. While doing the ministry in CPE, students have to allow themselves to be used by God in reaching out to the inner person of others. They must be worthy representatives of Christ in nurturing the internal life of the faith community and reaching out to the wider world. What the students are doing must be based on the Scripture and must follow the servant and sacrificial style of Jesus. Constant meditation and reflection are required in order to discover fresh meanings, new directions and new ways of doing ministry. Ministerial growth occurs through action-reflection-action method of learning. In ministry offered through CPE, both the students and the patients seek to discover God in their life situations. According to Edwina Ward, "clinical experience teaches that effective ministry requires both learning and spiritual growth simultaneously" (April 2003:28). Ministry goes beyond theory because the CPE students grapple with the reality in their lives, that of the patients, patients' families, hospital staff, and the condition in the place where the ministry happens. Clinical experience in the ministry is made real through the pastoral visits, pastoral conversations, personal skills, empathy and compassion, communication skills, and small-group process.

3.3.1 Visitation

Pastoral visitation is the main field experience through which learning takes place in CPE. Egan argues that there is a need for skills in human-relations during visitation in order to facilitate change in every helping profession (Egan 1973:2). In visitation, there is the need for being genuine, concrete, having basic warmth and respect for others, seeing the world through the eyes of the patient, and enabling them to share themselves. It is also important to deal openly with patients' relationships to others, confront lovingly and responsibly, and suggest workable action programs that can help the emotionally distressed person find less self-destructive patterns of behavior. Egan argues that skills in relating well to others during visitation do not just happen. They need to be learned. Referring to Maslow (1968), Egan sees the origin of neurosis in a person as a deprivation of certain satisfactions such as belongingness, identification, close love relationships, respect, and prestige (1973:3). For a CPE student to be able to help a patient there is need for the kind of love he describes as "B-love." Egan sees "B-love" as "love for the being of another person. It is unselfish, nonpossessive, capable of being constantly deepened, and characterized by a minimum degree of anxiety and hostility" (1973:3). Russell Dicks sees the method handling sickroom situation as being very important. He thinks of approaching CPE in a more practical point of view (Powell 1975:13). Pastoral visits bring the CPE students face-to-face with the *living human documents* and leave them no alternative but to grapple with the experience. Learning and growth happen as the students genuinely respond to the circumstances of the *living human documents* during visitation.

3.3.2 The Pastoral Conversation

The actual ministry to the patients takes place during the pastoral conversation. It is a period when the CPE student brings in all the tools and skills of theology, psychology, medicine, law, and other relevant social sciences in ministering to the patient. At the core of this ministry is counseling, which is a period of soul guide. Being soul guide implies that the students journey with the inner self of the patients and help them in difficult and life-threatening circumstances and decision-making. According to Oden, "the voice of the chaplain must penetrate the hearts of the hearers by also making his or her life commend what he or she says"(1984:66).

Pastoral conversation affords the CPE student clinical experience with a person in need. The Rev. Dr. Ted Trout-Landen says that the "clinical" in CPE is when the CPE student sits in a one-to-one session

at the bedside of the patient sharing inner concerns of the patient at a very deep level (April 7, 2004). Referring to Cabot's vision on this, Powell notes,

> As Cabot explained, when "we urge a theological student to get clinical experience" outside his lecture rooms and his chapel . . . , it is not because we want him to get away from his theology, but because we want him to practice his theology where it is most needed, in personal contact with individuals in trouble (1975:8).

Pastoral conversation is the time when the pastor enters into dialogue with the patient. Oden points out how the pastor should conduct himself during pastoral conversation. He says,

> The soul guide must neither covet prosperity nor fear adversity. Let neither smooth things coax him to the surrender of his will, nor rough things press him down to despair (1984:66).

Oden's words imply that CPE students must be in control of their emotions and always be themselves during a pastoral conversation. While listening deeply to the patient, the students must not allow themselves to be carried away by the pains, fears, worries, achievements and emotions of the patient. In order to be a soul guide, the student must be able to go with the patient where the patient wants to go while not losing him or herself in the problem.

Oden insists that the pastor must learn when to keep silent and when to speak. Following Oden's point, the CPE student is often exposed to the danger of speaking what should be left unspoken or failing to speak what must be spoken. In his words,

> The pastor must at times be like bell—an open, clear, ringing public witness. But bells are irritating if rung incessantly. Bells are best heard sparingly and at the uniquely fitting time, especially at special, celebrative times (Exod. 28:33-35). The spiritual guide must not waste speech loquaciously but must save speech for the opportune moment of its greatest effect, when, symbolically, one may be able to "ring the bells" of another's moral awareness or self-understanding (1984:66).

Oden points out the importance of the pastor's silence and listening during pastoral conversation. Along the same line, the CPE student must speak only when it is absolutely necessary. This will make the words gracious and edifying. Writing analogically, he says that "good speech is more like a garden that is carefully weeded or a plant well-pruned" (1984:66f). It is a spare and well-ordered speech that promotes excellent thought. This gives the patient time to think and the ability to make a decision. Too many words by the student portray "self-assertive egocentricity" (Oden 1984:67). Even what is right must sparingly be uttered. However, it is good to remember some of the factors that led the early

fathers of CPE into the ministry. One of them is the religious or spiritual dimension of illness. As Asquith, Jr. notes, Boisen received first hand adequate medical and psychiatric help during his hospitalization but without "any consideration to the religious or spiritual dimension of his illness." Instead, religion was seen as a cause of his mental illness and as such was ignored and suppressed. Despite the hospital's efforts to ignore religion in Boisen's therapy, the visits of his trusted friends who were theologically trained helped his recovery (2000:2).

Some of the skills that are featured in pastoral conversation are listening, silence, presence, counseling and prayers. Other skills that also count in CPE include body language, empathy, I-thou language, interpretation, confrontation, presence, and verbal communication.

3.3.2.1 The Relational/Contextual Pastoral Conversation

Pastoral conversation can be relational or contextual, depending on how the student listens, what he or she hears, and on what he or she focuses. Each of these aspects is good, but what matters is the need of the patient at that time and the ability of the pastor/student to go beyond superficial conversation and get into the depth and core concerns of the patient. According to Rev. Jerry Griffin, before a meaningful deep-rooted ministry can be achieved, the student needs to ask, "Who is the 'I' that I bring to the pastoral context? To what degree does the 'I' determine the outcome and individual coping of the patient?" When the pastor becomes aware of this dynamic in a pastoral visit, it helps him or her listen genuinely to the actual inner person that the patient presents in pastoral conversation (April 23, 2004).

3.3.2.2 The I-Thou and I-It Relationship in Pastoral Conversation

The concept of the "I-Thou" relationship comes from Martin Buber's philosophy of realization "characterized by the polar tension between two separate beings in direct relation with each other" (1964:7). The idea is that before two unique individuals can penetrate each other's worlds to reach the level of intimate, person-to-person relationship, they must go beyond the ordinary language of communication – the "I-It" level of communication. The central focus is the "concern for personal wholeness" through the "realization of truth in life and the joining of spirit and basic life energies" (Buber 1964:7). The "joining" enables the two selves in a pastoral relationship to meet at the person-to-person level for a meaningful conversation through which change can take place.

Buber's idea of I and Thou was developed from Ludwig Feuerbach's concept that "Man by himself is man in the ordinary sense of the term; man with man – the unity of I and Thou – is God" (1964:9). The concept brings out the connectedness that makes life easier and understandable when two selves meet each other in a genuine way. As Buber argues, "Conflict is a bridge because, in it and through it, one "I" reveals itself in its beauty to another "I" and "love is a bridge because in it one being unites itself with God" (1964:9). What matters is the self-revelation. It is the intermixture of the two revealed selves that brings about life. One significant thing in this relationship is that neither of the two "exists in rigid separation nor melts into one another but reciprocally condition themselves" (1964:9f). In the "I-Thou" relationship, the pastor and the patient give and empty each other for the sake of the other without being lost in the relationship. Dr. Ted Trout-Landen refers to a continuum between integration and differentiation of selves as opposed to simply those two selves distanced or fused. In a pastoral relationship, fusion may be problematic for either side because it can lead to over dependence of one to the other (April 7, 2004). Proper integration and differentiation of self can bring about the "I-Thou" relationship, while distancing can lead to an "I-It" relationship in which the language of communication ends in ordinary everyday language.

The idea of "I-Thou" is that two individuals can meet each other but still remain separate and other (Buber 1964:11). The unfolding of self when two are present can bring about self-fulfillment. On the other hand, Buber "characterizes all types of external experience as I-It." According Buber, every kind of external experience, including that of an object or persons and whether it is "inner" or "outer," "open" or "secret," all fall within the level of an I-It relationship (1964:20). These experiences are life within the external world, which is different from a life of interior feeling. Instead of going out to an experience, we "have" an inner experience. Buber sees the preservation of the "otherness of the other as Thou." The concern is "the uniqueness of who one meets and the difference between a merely external, manipulative relationship and one where a pastor enters within the patient's whole being. I-It does not demand a personal participation and involvement. I-It is more of mechanical and external experience rather than a real "life-experience" (1964:20). If pastoral conversation is limited to the safe comfortable place, probably where the patient says what he or she thinks the pastor would like to hear, it operates at an I-It relationship level. When it gets deeper to the vulnerable, uncomfortable, and unsafe place for the patient, the relationship has moved beyond I-It to I-Thou relationship. When

conversation is at the I-Thou level, it demands empathy and compassion from the pastor in order to attain a full realization of a creative interchange.

3.3.3 Empathy and Compassion during the Pastoral Visit

One of the ministerial strengths that enable the pastor to be fully in touch with the real situation of the patient is empathy. According to Hunter, empathy is "the ability to identify with and experience another person's experiences" (1990:354). It means being in another person's skin in order to feel the way the other feels, and it sees things from another's point of view while the self remains intact. As Hunter goes on to explain, "This is accomplished by (as much as possible) suspending one's own frame of reference in order to enter the perceptual and emotional world of the other" (1990:354). It is through this technique that the CPE student can truly understand the patient. If the patient senses empathetic listening from the CPE student, he or she develops more trust with the student and can, therefore, enter into a deeper and more productive therapeutic process with the student (Hunter 1990:354). Empathy seen from Hunter's explanation agrees with Buber's idea of the "I-Thou" relationship. Successful application of self in this way can foster increased growth during the pastoral visit.

3.3.3.1 Compassion during Pastoral Conversation

Compassion is another pastoral quality closely related to empathy that makes it possible for the CPE student to get in touch with the inner feelings of the person who needs his or her help. Compassion helps the student to actually hear the inner pains, joys and all other feelings of the person. According to Hunter, compassion came from a Latin word meaning to bear or to suffer. As he goes on to explain, it means "to be moved emotionally by the other's tragic situation or distress" (1990:206). It can also mean to be touched deeply by the plight of another. It becomes a skill in pastoral care when pastors have the "capacity to reconstruct the situation of another imaginatively and to respond to it emotionally in ways shaped by meanings and values of the culture." In other words, while the person who is suffering may be vulnerable, the pastor who is not vulnerable takes "informed intelligent actions and the willingness to risk and give himself or herself to alleviate the suffering of another" (Hunter 1990:206). The pastor may apply cultural meanings and values as well as draw strength from the individual's spiritual resources confirmed through the pastoral conversation. Through participating in another's suffering, the pastor does not allow himself or herself to be lost in it. The pastor, rather,

avails himself or herself and then allows the natural process of healing to flow from the person he or she is helping.

Both empathy and compassion are important in assisting a patient or whomever the CPE student/pastor is helping. They help the student avoid sentiments and responses out of impulse and get in touch with the real pain of the patient. It is at the level of empathy and compassion that patients can develop enough trust to open up at very deep levels with CPE students, and it is this situation that makes pastoral conversation meaningful and fruitful.

3.3.3.2 Authority of the CPE Student to Visit as a Pastor

Students need to understand their authority to visit before doing so. A pastoral visit is encroaching into another person's sacred space. At times the pastoral visitors are not invited. Even when invited, it is important to understand the authority that empowers them to make the visit. They can hold onto this authority in order to make a fruitful visit. In the New Testament, some of the conflict resulting between John the Baptist and the Jewish leaders and also between Jesus and Jewish leaders was based on the question of authority to preach and perform miracles (Matt. 21:23-24).

There can be multiple sources of authority for pastoral visits. Authority depends on the pastoral identity of the pastor and how the pastor sees himself or herself. Pastoral visits can be made on the belief of the pastor that God called him or her. The authority figure here is God, and the inner conviction of the pastor is that he or she visits in the name of God and that God empowers him or her to do so. The authority can also be that of faith group. Whether a Christian, Moslem, Jew or a member of a particular Christian denomination, the pastor visits in the name of that group. The pastoral visit becomes the pastoral duty that that faith group offers to people who are suffering. A CPE student is a pastor because he or she does not represent himself or herself in the visit but symbolizes that faith group. Authority for a pastoral visit can also come from the department where the student belongs. For instance in hospitals, pastoral care departments can be the authority or the hospital administration can be the authority that empowers the student to visit. Authority can also be based on personal conviction of the student, or belief, training and skills that the student receives.

The Rev. Jerry Griffin identifies various sources of authority for pastoral ministry. In summary, they include pastoral calling, authority from the faith group, authority of all that has influenced a person's life, authority of the patient and family, authority of the hospital administration (if the pastor works in a hospital), authority from the management board that runs the organization, authority of the accreditation boards/commissions, or authority of the government that empowers commissions and boards to approve or disapprove on their behalf. As Griffin goes on to identify, "above all these authorities is the authority of God through Jesus Christ." According to him, all the services of a pastor are offered in the name of God, who also empowers the faith group. The pastor needs to realize that during pastoral visits, he or she is not alone but stands in the power and authority of God (April 23, 2004).

In all of these sources of authority, the inner decision and faithfulness of the student as a pastor matters in his or her ability to succeed in the pastoral visit. The Rev. Jim Winjum argues that no matter the source of authority a pastor has, what matters in the pastoral visit is the ability to use that authority. Giving an example of medicine, Winjum notes that no matter what authority and skill a surgeon has, if he or she fails to use them well, then the surgery might be a failure. The same thing applies to pastoral visits. Pastors need to apply their skills and ability to the authority they have. They must try to make the best use of the authority they have during pastoral visits. To explain it further, Winjum sees authority here as meaning "author," which implies being original. It must be a strength and power that flows from inside the pastor; and it must be ability to use initiative and be in control while still maintaining boundaries. A surgeon who is not in control of his or her surgical skills in the operation may be unsuccessful. In the same way, CPE students who are now pastors during their pastoral visits must be original but also remember their limits as pastors (March 29, 2004).

3.3.4 A Pastoral Visit can also be a Hindrance to Healing

Despite the growth that takes place in the student, a pastoral visit can also be a hindrance to healing. According to Jerry Griffin, a pastoral visit can be a hindrance to healing if it is not properly conducted. If the pastor fails to determine his or her authority before visiting a patient, it might mean encroaching into an unauthorized space. A pastor needs to ensure that the patient "hires" him or her before offering the patient any help. Help can be offered to the extent the patient permits since the patient is the focus

(April 23, 2004). Jim Winjum explains this further by maintaining his stand on boundary issues in pastoral visits. A pastor must be aware that he or she is not called to solve the problem but to be a compassionate presence. The presence of the pastor will allow a natural unfolding process to occur in the patient. Through empathy, compassion and active listening, the pastor allows the patient to flow naturally out of himself or herself (March 29, 2004).

Jerry Griffin sounds a note of caution that hospital ministry must be patient centered. He explains that "no matter the sources of authority for hospital services, the highest source of authority is that of God and the patient." It is the patients who determine the services they would receive, and their rights must always be respected. The call to visit patients does not include making decisions for them. During visits, pastors must also recognize the cultural backgrounds of patients and resist the temptation of viewing them outside such backgrounds. Violation of this may be a hindrance to the healing process of the patients. The same principles also apply to every other aspect of pastoral ministry (April 23, 2004). The inability of the pastor to recognize his or her authority and skills, and to use them properly, can also be a hindrance in the healing process of the patient. From the previous comments, the researcher must sound a warning. In the Igbo context the aspect of authority is one area that will involve a lot of struggle for CPE students due to the patriarchal society and its different approach to democracy. As will be discussed in chapter four, the context places some level of expectations on the pastor which if not met may cause the pastoral encounter to be seen as a failure.

3.4 The Patient

The patient in this discussion may or may not be a sick person in the hospital. Any person that receives the ministry offered by a pastor or CPE student may be called patient. Jerry Griffin uses *patient* to represent parishioners, sick people, and any person who may need pastoral or spiritual attention (April 23, 2004). It is true that, in most cases, the people in CPE centers are sick persons in hospitals, but ministry can happen anywhere, including the prison, the Church, or any other place where there is suffering or even joy. All persons who desire the help of CPE students are seen in this chapter as the patients.

3.4.1 The Growing Edge of the Soul

Richard Cabot sees the soul's endless power of growth as the main focus of pastoral conversation. In as much as the medical practitioners are the physicians of the body, the pastor or minister remains the physician of the soul. This makes the pastor an ally with the doctor in offering holistic healing to a suffering person. As Cabot puts it,

> We are persuaded that the minister has a place in the sickroom, a place not that of doctor, of the psychiatrist, of the social worker or of anybody else. The minister's duty there is to rouse the great energies, certainties, and faiths of the Christian religion. If he has Christian faith, and otherwise he has no business in the ministry, he has a great asset, perhaps the greatest asset that a person could have in dealing with the sick. His peculiar privilege springs from the fact that he has a living and sometimes a contagious belief in God, in immortality, in the saving qualities of the Gospel of Jesus Christ, and in the soul's endless power of growth (in Cabot and Dicks, 1961:5).

Cabot acknowledges that in addition to other professionals needed by patients, the position of a pastor is very important. This is because every organ of the body that suffers a disease or ailment is linked to the nervous system and the conscious mind that preoccupies the patient during sickness. The pastor needs to minister to this conscious mind. Cabot condemns the act of improving a sick person's body while the mind is still hurt. It is the work of the pastor to work on the poisonous fears, fears of death, worries, doubts, mental suffering, emotional starvation and occupational upset that act on the sick person's body and mind. These symptoms exist in the heart disease, lung disease and other common maladies, and it is the work of the pastor to listen to these psychic burdens. There is also a need to recognize that sick people carry into their sickness the interests, affections, emotions and conflicts that control their lives. These factors raise the blood pressure, upset the movements of the heart, the stomach, and empty the bowels that pervert the chemistry of digestion and metabolism (Cabot and Dicks 1961:7). This is part of the spiritual demand that calls for the assistance of a pastor.

To include every aspect of human needs in pastoral ministry provided through CPE, Boisen looks beyond pastoral skills and concerns himself with the study of the actual human experience of a suffering person. The actual experience can bring about journeying together "with" instead of "for" the patient. Cabot was more concerned with the context of the pastoral visit while Boisen emphasized relationships (Powel 1975:10). Commenting further on the agreement and disagreement between the ideas of Boisen and Cabot, Powell writes:

> Cabot's emphasis was upon skill and ability in dealing with persons in trouble. Cabot 'believed in the need of studying actual human experiences of the dying, of the aged, of the blind and the deaf and the disabled, [and] of the chronically ill,' being sure to make 'careful records of his observations.' But he was 'skeptical regarding the possibility of arriving at any knowledge of the laws of spiritual life' (1975:10).

Boisen understood this differently. He saw insights as more important than technique and skill. Insight helps the pastors "discover the forces involved in the spiritual life and laws by which they operate." Insight can include recognition of the "fundamental need of love, the dark despair of guilt and the meaning of forgiveness." To Boisen, the method of procedure is secondary to insight but more important than technique and skill in pastoral ministry. A pastor with insight can work out the technique (Powell 1975:11).

3.4.2 Pastoral Ministry is Patient Centered

Ministry is patient centered. According to Jerry Griffin, the focus of all the departments that work in collaboration in the hospital is the patient. The authority to serve first of all comes from God. This empowers a person to serve and to give a high level of commitment because the service is rendered to God. If a hospital is established but patients fail to come, no services will be offered. All studies, laws, commissions, management meetings are for the sake of giving the best services to the patient. The CPE training, Association of Professional Chaplains (APC), Association of Clinical Pastoral Education (ACPE) and all other professional bodies associated with hospital services exist for the best services to the patient. Even a patient's family visits the hospital for the sake of the patient (April 23, 2004). The patient is the focus of the hospital ministry from whom the CPE students also learn.

Patients' interests must always be the focus. If patients request spiritual care it must be provided. Before providing the spiritual care, the primary source of the patient's spirituality must be recognized and honored. The first person to be consulted for the patient's spiritual care is his or her clergy person. The authority of the patient's clergy person must not be violated unless the patient decides that he or she wants the chaplain. The pastor of the patient's church is the primary care giver, not the chaplain. The chaplain must ask for permission from the patient to minister or to invite his or her pastor. Whichever way, the patient's authority must be the final word (Griffin April 23, 2004).

the group process is also hoped to increase the level of trust and caring among members of the group (Rogers 1970:3).

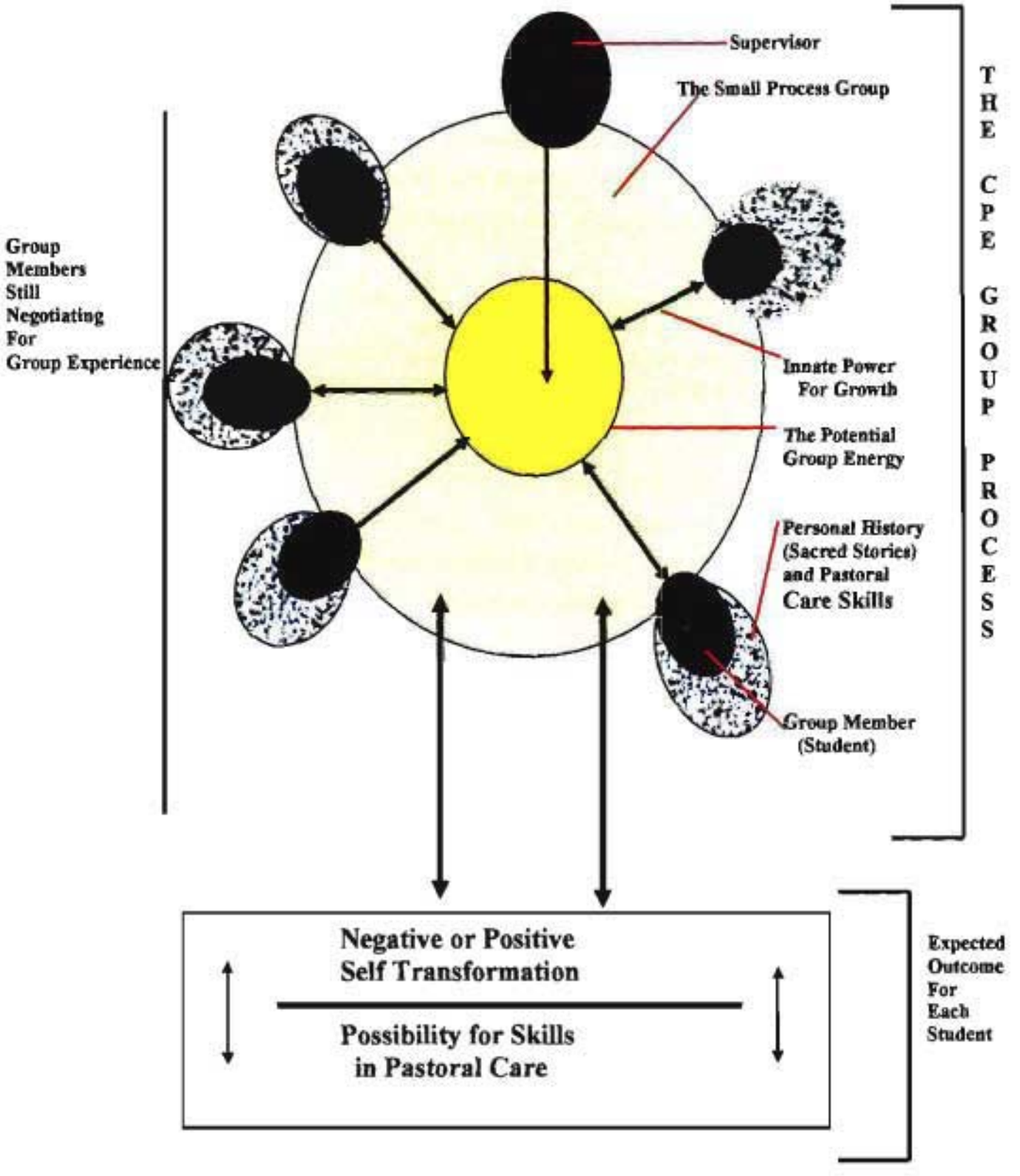
Group process offers concrete experience far beyond cognitive training that takes place in a school setting. It offers such experiences that can lead to better understanding of selves and gives opportunity to a person to be aware of attitudes which might be self-defeating in the counseling relationships. It helps group members to understand how they relate to each other in helpful ways which they can also carry over to their ministry. Group process is a way of tying experience together with cognitive learning. The process can also have some therapeutic value for the individual (Rogers 1970:3f). It means that each group member may have acquired some cognitive learning that will help in moving together as peers. Beyond what can be conceived in cognitive learning, some deep personal experiences are shared. As a result, there can be personal growth and development. There can also be improvement of interpersonal communication and relationships through direct personal involvement. Marianne Corey and Gerald Corey do not believe in these much-emphasized positive outcomes of the group-process. Their stand is that not all groups can bring about significant change in their members. For a group to make a powerful impact on its members, according to them, the members must have deep confidence in the value of the group. They have to believe and trust in the educational and therapeutic value of the group before they can genuinely open up (1997:64). It is, therefore, necessary to keep in check those factors that can hinder the positive outcome of the group experience.

Carl Rogers notes that members of a group must have some common interest that brings them together. That common interest becomes a thread that runs through all the widely divergent activities and emphases within the group. As he puts it, "They all tend to have certain similar external characteristics." The group process can be unstructured and can choose its own goals and personal directions. There may often be cognitive input presented to the group as content material. The work of the supervisor, who acts as the leader of the group, is "primarily the facilitation of the expression of both feelings and thoughts on the part of the group members" (1970:6). During the group interaction, there can be focus on the process and dynamics of immediate personal interactions. In the CPE program, Hemenway identifies three distinct types of group work. They are "structured learning time for lectures and other presentations; semistructured group time for supervision of case and the verbatim presentations; and unstructured group time for participation in an interpersonal or psychodynamic

small-group process" (1996:27). For a group to have greater freedom of expression in any of these groupings, the supervisor must not be in charge and not be manipulative. These factors can be a great hindrance to growth because members of the group may be afraid of the consequences of their personal contributions to the group. Supervisors must not be judgmental since their decisions determine the directions to be followed by the group.

The researcher uses Model I, below, to show what a CPE small group process may look like at the beginning of a CPE program. The model shows each student with his or her personal history or sacred stories. At the beginning of the process, some students may not have enough trust in the group to share the whole of their stories. Some may be fully involved in the group process, while others may still be watching to see the direction the group will go before they can be fully involved. There is the invisible potential group energy at the center of the group that holds the members together. The supervisor plays a great role in holding the group together because the members do not yet know each other. Personal transformation is expected to be one of the outcomes of the group process; it can be positive or negative depending on how relationships in the group develop. There may also be the possibilities of learning skills of pastoral care depending on the contributions of each member to the group process.

The researcher used different colors to differentiate positions, conditions, processes and outcomes during the CPE group process. Each color by itself has no meaning than the meaning assigned to it by the researcher. He assigned purple to the supervisor to show him or her as one that unifies the group. Yellow at the center is close to the color of the sun and represents the group's energy. The grayish circles represent the students. The circles are not the same because no two students are the same. They may be different in gender, age, culture, faith, social and economic background. The bluish/grayish shadow behind each student represents all that the student brings to the CPE program (sacred stories and raw pastoral skills). Again, they are different in shapes because of differences in people's experiences and level of self-sharing by each student. The bigger browninsh circle represents the space or environmental condition under which the group process takes place. The black two-headed arrows show the direction of influence or growth during the group process. The rectangle at the bottom is the expected outcome for each student after the CPE program. For Model I, the rectangle (outcome) is blank because the students are at the beginning of the process. In Models II and III, it is greenish showing that students have started the growth process offered by the CPE program.



Model I: Beginning of a CPE Group Process

to use the phrase "support-group" than "encounter group." Individuals come together not for encounter but for support (January 7, 2004).

Egan sees small-group experience as being a better educational technique than the traditional learning method seen in schools and colleges. Referring to the research of Carkhuff, (1969), he argues:

> Even teachers and counselors, who are paid professionally to help others, on average . . . lack human relations skills. In their dealing with others they may be phony rather than genuine, vague and general rather than concrete; they may fail in basic warmth and respect for others; they may be unable to see the world through the eyes of those they are trying to teach or help; they may not know how to share themselves, to deal openly with their relationship to others, to confront lovingly and responsibly, and to suggest concrete, workable action programs that help learners and the emotionally distressed find less self-destructive patterns of behavior (1973:2).

Egan is, in effect, seeing the benefits of small groups as the reverse of the above skills. He insists that formal education has failed to stimulate people to grow and it discourages creativity among students. Small-group experience is contrary to the traditional task of education, devising ways to develop human potential. Formal education, especially at an early stage, seems to have been subjected to an instrument of conformity instead of liberation. Often teachers do not encourage creativity among students. They often discourage and repress divergently thinking students whom they see as a "thorn in their flesh" (1973:2). The researcher does not agree with Egan here, as teachers do not always have group relational training. Formal education for decades has been the instrument of change in societies despite whatever weakness may be seen in it. Many great, talented, and creative people in the society today succeeded through formal education. Though there may be few instances where teachers do not comply well with the expected educational outcomes, this is not enough to generalize and defame formal education. Even in small groups, there may be supervisors or peers who repress creativity by dominating the views of members of the group and even intimidating members of the group. Following the study of Joan Hemenway, very small groups can also be very distressful and frustrating. Referring to her observation when she supervised full time CPE Residency in the summer of 1993 she notes:

> The physical proximity in a very small group VSG (eye contact, coughing, bodily smells, and posture) initially raises sexual fantasies and anxieties about intimacy. Further, the intense personalization, which quickly develops, can produce or tamp down unconscious manifestations such as identification, splitting, projection, and projective identification (1996:167).

Hemenway's observation points to those weaknesses of a small group that can hamper creativity and growth hoped for in small groups. Intimacy and frustration can develop across members of the group and the supervisor. How this is handled can open or close all avenues for learning and growth. Relationships can be enhanced or marred (1996:168). In as much as the CPE group experience is said to be good and effective, it cannot be a substitute for formal education which provides a wide variety of opportunities for learning. It can rather be a supplement or an additional method in professional education. The major advantage CPE, as a field-based education has is that "the intensive CPE process offers the participants an opportunity to experience the tension between 'being' in ministry and 'doing' in ministry" (Ward, April 2003:37). This makes the transformative process of CPE easier.

3.5.2.1 The Size of the Group

The size of the group matters in the effectiveness of the group process. According to Egan, "The group has to be small enough to allow each participant the opportunity to contribute to the interaction, but it must be large enough to allow participants to space their contributions" (1973:10). The size of the group determines how heterogeneous the contributions will be and how diverse the opinions will be. If the group is a standard size, it expands the opportunity to learn a variety of things. In the view of Carl Rogers, a standard group can be relatively small, made up of between eight to eighteen members (1970:6). The researcher argues here that the optimal size of a group depends on group members and their expectations. In his experience of CPE residency at York Hospital, there were five in the group. Yet, despite this small size, some members complained that the group was too big for them, while others felt it was too small. Even in a small group, members need to feel safe.

3.5.3 The IPG and Group Membership in a CPE Program

The "IPG" is the interpersonal group process of the CPE program. IPG is a time when there is no agenda for the group. Jan de Jong notes that at this time the students deal with "interpersonal and intrapersonal dynamics of the CPE learning process" (in Myler ed. 1978 vol. 1:10). From the researcher's experience in a first year residency in York Hospital, students sat together as a group and addressed any topic that came up in their inter-personal relationship. According to their supervisor, the Rev. Jim Winjum, the only rules in IPG were to avoid the use of abusive language and to maintain secrecy of whatever is addressed during the IPG. Any other format may be taken, and the group may

discuss any topic they choose. Looking at IPG and what it aims at achieving, at times it seems to be a waste of time. Still, reflecting on the experience of the researcher during his first year CPE residency, some members of the group expressed their negative feelings about IPG. One member of the group said during IPG, "I am 'CPEed' out," referring to how boring the IPG experience was to her. Another member who at this time was in her second year residency repeatedly told the group that she is fed up with the whole exercise of IPG. A third member of the group also said she was tired of sitting down and addressing nothing. In one of the IPG sessions, one member simply exclaimed, "We're just wasting time talking for talking's sake" (These statements are genuine, but names are withheld for confidentiality). Out of a small group of five, three were very openly critical, tired, fed up and bored with IPG, showing that it did not work for them. The remaining two were silent about these comments, showing that they had no objection to the views of their colleagues.

The IPG session is, therefore, unstructured, unplanned and has no topic for discussion. This situation raises a lot of tension, uncertainty, irritation and anxiety among members because no member likes to be in the spotlight. There is resistance about who will start off the discussion and what the person will say. Carl Rogers also notes:

> Because of the unstructured nature of the group, the major problem faced by the participants is how they are going to use their time together...often there is consternation, anxiety, and irritation at first – particularly because of lack of structure. Only gradually does it become evident that the major aim of nearly every member is to find ways of relating to other members of the group and to himself (1970:8).

This idea of Carl Rogers is very evident in the researcher's CPE residency group during IPG sessions. One thing visible in the researcher's IPG sessions was that almost every member of the group feared and complained about what the others might feel or say about them. To share the real innerself was highly risky, and some members were ready to fight to the end in order to avoid it. Not long after all of these resistances, the members of the researcher's group developed intimate sharing to the point that what could never be imagined of certain members was shared in trust. At the time of this discussion, the researcher was in the third unit of the CPE program. The group had bonded so intimately that they looked forward to IPG for some of their crucial discussions. However, it was not all of the members that were bonded equally, despite the high level of intimacy that had developed (personal involvement). The researcher, therefore, wonders how far interpersonal relationship develops in a

short-term CPE program of three weeks, meeting once a week or even during one unit of three months, if it can take this group up to three units to start bonding.

Egan sees this dynamic differently. Looking at an experimental group devised by Bugental and Tannenbaum (1965), Egan considers the typical events in a group with like-minded people. The experimental group was made up of members who had what was called, "functional excellence" in their vocation, marriage and friendship. According to him, "they manifested an observing and curious ego," and "were highly motivated to participate in group experience designed to foster human growth." As he goes on to describe the group, "They gave evidence of possessing adequate tolerance for psychic stress arising from ambiguity, intrapsychic conflict, interpersonal conflict, uncertainty and risk" (1973:4). The said "functional excellence" group is not an ideal group, but yet the group experience did not work for them. It is not easy to get a group with excellent qualities as described by Egan. In spite of the skills of inter-personal relationship they possess, the group did not function effectively. As Egan goes on to explain, this group was still "beset by a clear range of emotional interferences with their functioning." They dealt with their negative and pathological issues rather than their positive and creative resources. They spent most of their time on distortions in human functioning rather than encouraging growth, risk-taking and creativity. One of the examples of the negative attitude in their group experience is where he notes, "It is easier to point out to a person that he has large reservoirs of anger bottled up inside than to teach him to be more empathetic with his dealings with others" (1973:4). Viewing critically what happens in reality during small-group sessions, Egan argues:

> Human-relations training is most effective when it is programmed —that is, when the goals of the group experience are clearly spelled out in operational, behavioral terms and when the means for achieving these goals are similarly concrete and specific (1973:4).

While the group experience described by Egan may be true within a short term CPE program because of their limited time to explore their innerselves, Carl Rogers' theories may work more effectively in a long-term CPE program. In a long-term CPE program, such as the yearlong residency, there may be ample time to develop trust among group members. In line with Rogers' argument, if a mutual climate of trust is developed among group members, they can function creatively in a relatively unstructured group process. It means that for a CPE group to function well, the students must have a climate of safety and freedom of expression with the supervisor and group members who are non-judgmental. The group members will also be "less inhibited by defensive rigidity." That will thus bring about

"possibility of change in personal attitudes and behavior." There can be change in "professional methods, in administrative procedures and relationships." They face a less threatening risk to embrace the change (1970:7). The idea of change in IPG, then, must be seen as a gradual, unfolding process.

Rogers is sound, if defensive rigidity is reduced, members of the group can hear each other, and, as such, can learn from each other to a greater extent. Members of the group will be ready to see themselves from the mirror of other members through their feedback and what impact he or she has in interpersonal relationships. There will be improved communication, generation of new ideas, new concepts and new directions. The members will not feel threatened and embrace new innovations (1970:7). Rogers affirms:

> Then as they gradually, tentatively, and faithfully explore their feelings and attitudes towards one another and towards themselves, it becomes increasingly evident that what they have first presented are facades, masks. Only cautiously do the real feelings and real person emerge (1970:8).

What Rogers says above was quite evident in the researcher's CPE group experience as described earlier during the first and second units of the first year of residency. Rogers goes on to highlight some of the dynamics when a group first begins to meet and when they progress in their group process. These include being very cautious in allowing the real feelings and the real person to emerge, a sense of genuine communication builds up gradually, and a person, walled off from others, gradually comes out with little segments of actual feelings. Those who are defensive, thinking that their feelings will be unacceptable to the group, may start sharing them little by little, and, surprisingly, the more they share such feelings, the more acceptable they are to the group. A sense of trust, warmth, and liking for group members starts to build up (1970:8). Rogers also shares that these dynamics can make group members feel close and intimate as they go on revealing themselves at more deep and fuller levels. Individuals learn to know themselves as well as others more completely and deeply than in ordinary social and working relationships. True self-identity has unfolded through the help of the group, and the newly emerged person does not only relate well in the group but "in everyday life situations" (1970:9). Again, Roger's views here were congruent with the researcher's experience in his CPE group in the third unit. The researcher, therefore, recommends a longer period of CPE for a proper integration and true achievement of interpersonal relationships and a high level of trust and bonding among the group members. This, in his view, will enhance greater personal and ministerial growth.

3.5.4 CPE and the Genogram

The genogram is a continuation of the sharing of personal stories that often comes up during an actual CPE program when the students are already in the program. It is a diagrammatic representation of a person's story that links him or her to the relationships in his or her family of origin. According to Wendland and Easterling, "The kinds of information that genealogists, genetic counselors, and therapists record in genograms . . . tell only part of your story" (2001:2). As they go on to explain, genogram can be used to identify the religious roots of a person and how religious and spiritual backgrounds influence a person. It can be used for gathering medical history like looking at certain diseases or infirmities within several generations of a family and the possible causes. It can help in identifying "behavior patterns that reoccur in several generations of a family, and seeing how the family functions as a system in which members influence each other" (2001:15). All of the influences that shaped a person, starting from the family, are highlighted while drawing up a genogram.

Family has always been seen as a primary source of socialization. It is the first community of a child and the point for the first contact with the wider world. According to Ronald W. Richardson, "Life in the family of origin (the family in which one is born and raised) is a tremendously powerful experience for everyone" (1991:1). He goes on to highlight that the setting of our family of origin shapes the way we see others, the world, and ourselves. He maintains that the views we develop in our family of origin stay with us throughout life (1991:1). Since CPE deals with relationships, the genogram forms an important tool in looking at the factors contributing to the life story of a student and those who shaped and continue to shape his or her life, especially family members. Family roots are particularly important in CPE because CPE deals primarily with an interpersonal group process. According to Hemenway, the first group process in the life of a person starts in the family. Referring to the early theories of analytic group work, Hemenway points out that an individual unconsciously projects intrapsychic materials from experiences in the family of origin onto individual members of the group (1996:112). The ideas projected by Richardson and Hemenway are true of the Igbo. As will be seen in chapter four, family of origin plays an important role in the life of the Igbo. Intrapsychic elements from the family of origin will influence the group dynamics in a CPE program within the Igbo context.

Wendland and Easterling present the view that there is sacredness about each individual's peculiar story. Despite these peculiarities and differences, people still bond together (2001:1). Some of the expectations in a genogram are as follows:

1. Sharing spiritual histories in a religious group in order to build community
2. Similarity to the family tree diagrams showing how family members through several generations are related.
3. Gives information about earlier generations.
4. Shows the experience of older family members.
5. Gives information about family members who are no longer living, including some who died before the birth of a person.
6. Looks at the experiences and feelings that strongly influenced family members' choices about whom to marry, where to live, or what occupation to follow.
7. Traces the origin of longstanding family conflicts.
8. Highlights physical characteristics and occupational choices that have reappeared generation after generation within the family.
9. Identifies genetic disease or deformity in the family.

There are many features that are shown while drawing up a genogram. The important thing is that stories, feelings, experiences, expressions and events associated with the stories of generations within a family circle are highlighted. They are not drawn just for the sake of knowledge, but for closer intimacy within the family or group and for clearer awareness of influences around a person in order to be able to find solutions or at least know how to assist the person. According to Wendland and Easterling, the genogram helps to "identify harmful patterns of behavior that have appeared in successive generations of a family and seek ways of stopping it." It can be useful in tracing and showing spiritual history and how religious practices, attitudes and beliefs are passed on in the family. Family members may not be aware of those things happening. It can show how family members and others influenced the spiritual, emotional and psychological maturity of a person for good or for ill. It helps in sharing personal feelings and experiences, especially when a person is facing a crisis or a happy experience (2001:2). Some of the aspects of the genogram that CPE centers verify during the application process are the spiritual history and vocational history.

3.5.5 The Verbatim Report

The verbatim was developed by Dicks and Fairbanks in September 1934 and was clearly an adaptation of the Clinical Pathological Conference.[11] It was designed for those whose primary method of

[11] Clinical Pathological Conference meaning a conference designed to look at the approach to the treatment of

treatment is conversation (Thornton, 1970:47). Powell notes how Cabot commended the twenty-five-page report submitted by Russell Dicks at the end of his first summer work in Boston. In this report, he described in great detail his daily interactions with the patients. The report also included the prayers he said with dying patients. He also wrote down all he could remember of the conversation he had with the patients (1975:13). The records kept by Dicks showed what he found with the patients "which seemed to show spiritual unrest." The quality of his work improved as a result because he reviewed his visits every time, though it was a laborious and time-consuming process (Powell 1975:13). The note taking followed the pattern of Cabot's case-study process. Some of the facts included in the report were "patient's age, sex, marital condition, family, occupation, religion, brief personal description, reason for seeing the patient and physical diagnosis." These are to help the student "discipline himself in estimating the patient upon the first contact." The method adopted by Dicks became a formula for reproducing the interview with the patient and later developed as the verbatim report of CPE.

Dicks made his students follow this pattern in reporting their visits to the group for discussion, especially after seeing a patient for the first time. In their reports, the students each had to cite the reason for seeing the patient and how a given patient came to their attention. The interview with the patient was reproduced. Opening remarks, how they were received, what the patient said or did were noted, and all the remarks of the patient were also noted in a chronological order. The aim of this procedure is to estimate the patient's mental and spiritual needs, "how those needs could be met, the student's working relationship with the patient, and the method used in contacting the patient" (Powell 1975:14).

This is the "conversation process record," later know as the "verbatim." One of Dick's students, Rollin J. Fairbanks, "discovered that, although he could not always find Dicks in his office to discuss the verbatim verbally, he could entice Dicks into marking written comments and suggestions by leaving a wide margin on the left-hand side of his page." The wide margin on the left-hand was later changed to the right-hand side of the page and also further restructured to a social casework model. It, therefore, became the standard for CPE (Powell 1975:14). The method described above is still in practice today, though with less rigidity.

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diseases and ailments.

Cabot's idea of the case records teaches that the caregiver should have an explicit idea of what belongs in the record. Before this is done, there should be a preliminary orientation and a statement of the problem by the students. The students have to state their goals and methods. There should be a statement about whether the problem will be more of personality or of situation. The persons involved and the sources of information also need to be recorded, as well as an adequate picture of the personality and situation. Other information expected includes comments on the person's physical and mental condition, character traits, education, work history, social relations, finances and family relations. This information will be analyzed for judgment and action. Boisen changed the reason and format for writing a case study when he became a chaplain in Worcester State Hospital in July 1924 (Powell 1975:8).

The writing of verbatim reports is relevant when the CPE group reads and reflects constructively over them. The group helps the student presenting a report to review the pastoral visit and its success as well as what could have been done differently. Students, who present the report, state the learning goal they want the group to help them explore with the verbatim. In addition to that, the group helps the student identify other important learning issues in the verbatim. Sometimes, however, this does not work out so easily. Though some students may state learning issues they want to explore, and even invite the group to help in doing so, they may still resist any suggestion coming from the group. At such times there is usually a high level of tension, anger, confrontation, and on some occasions, verbal exchange. All these become part of the learning experience for the group (Personal experience as a member of different CPE groups).

3.5.6 The CPE Group and Theological Reflection

Theological reflection is one of the processes in the CPE program and during verbatim analysis where the group looks at spiritual or faith issues in their group process and pastoral visits. Asquith sees theological reflection as one of the most important components of CPE. It was part of Boisen's original vision for CPE. During the growth process of CPE this vision was lost, but toward the late part of 20th century, it was reintroduced. Theological reflection enables supervisors to focus intentionally on the spiritual life of the students and patients they see (2000:33f). According to Jan de

Jong, the CPE process has a *theological* dimension, just as it has a psychological and an educational dimension. As he goes on to explain:

> This theological dimension, however, is not always explicit and conceptualized, and it need not always be made so. The theological moment of CPE often remains implicit, as love of God often remains implicit in our love of ourselves and of our neighbor (in Myler ed. 1978 vol 1:11).

Jong argues that the CPE process has incarnational, eschatological and ecclesial theological characteristics. By incarnational characteristic, Jong refers to the learning offered to students that enables them to engage in clinical situations. This means the opportunity to visit patients, family members and staff in a CPE setting and discussing the outcome of the visit with peers and supervisors afterwards. According to Jong, this opportunity enables students to "embrace and understand their feelings and participate in their own humanness and the humanness of their clients, peers, and supervisors" (in Myler ed. 1978 vol 1:11). If the students use this opportunity to become human and whole persons, the CPE experience becomes a redemptive process. The students' theology also takes flesh in real life instead of remaining in theory. CPE begins this process, which continues through the students' careers as pastors or chaplains, as the students become more and more embodied in the human condition. The students, therefore, generate love and care for self and others. It will no longer be a case of hearing or talking about love and care but one of experiencing it in personal life.

The other aspect Jong noted is the eschatological dimension of CPE process. The process of being human is continuous and implies belief in the future. It links our present to a future that finds its place in God. According to Jong, "the present moment is not locked in, not finished; it is open to a future" (in Myler ed. 1978 vol. 1:12). If the students trust the process, they become optimistic about the future. When they have a hope-filled relationship, it means growth for them. Sharing of similar stories in CPE can raise the hopes of the students.

The third aspect that Jong notes is that the CPE process is ecclesial. He means that the CPE group is a community. When the CPE group works together and searches for meaning in life and in ministry they see themselves as being on a journey together (in Myler ed. 1978 vol. 1:12). As a group they have mutual support and challenge. Referring to Avery Dulles' 1974 *Models of the Church*, Jong sees the CPE group as "Mystical Communion (the Body of Christ, the People of God)" and as "Servant

(Healer)" (in Myler ed. 1978 vol. 1:12). CPE can also be reflected theologically from Christological, spiritual, sacramental and moral dimensions (Jan de Jong in Myler ed. 1978 vol. 1:12). With these theological characteristics in mind, CPE students can reflect theologically, relating their pastoral visits, conversations, and group sessions to their theological experiences.

The concept of theological reflection presented here, especially using the description of Jong, will be very relevant in Igbo context. The Igbo worldview, as will be discussed in chapter four, embodies the idea of community, mystical communion, and the Christological, spiritual, sacramental, and moral dimensions highlighted by Jong. The theological reflection, as portrayed in CPE, will fit in very well in the Igbo context. There will be a detailed discussion of these dimensions in chapters four and seven.

3.5.7 Didactics

Didactics appear in Keller's vision of the pastoral ministry. It takes the form of formal lectures either by the supervisors or other professionals invited to the CPE group. Looking into the program organized by Keller at Cincinnati Summer School for Social Work, Powell notes that experts were invited to address the students. He further states:

> ...Teaching program expanded to include lectures and case-seminars being held three, sometimes four, nights per week. Even the "Rev. A. T. Boisen, Superintendent of the State Hospital at Worcester, Mass," delivered a few lectures at Cincinnati (1975:11).

The students will find it difficult to match theory with practice if there is insufficient didactics. Topics very relevant to the experiential process of the CPE group are selected. According to Rev. Paul Derrickson, topics may differ with different CPE groups depending on the type of the center, needs of the setting, and learning issues of the particular CPE group (March 24, 2004).

3.5.8 Discussion Seminars

Discussion Seminar in CPE is a form of integration paper where a student presents to other members of the CPE group any topic relating to his or her ministry. The student may later use that topic to address his or her personal experience of ministry. Jan de Jong gives the idea that there was a time some seminaries were anti-CPE because of the lessened emphasis on academic work. At the same time, some CPE centers were imbued with an "anti-intellectual spirit." Jong goes on to note how

academic training can make a theological student "an 'intellectualizer' with an unconscious (at least) 'mistrust of feelings, the experiential approach, and the clinical method.'" According to him, academic knowledge of theology alone can make the student use theology as a defense mechanism (in Myler ed. 1978 vol 1:11). Discussion seminars, therefore, becomes an avenue of integrating the students' intellectual knowledge with CPE practical experience. The Rev. Jim Winjum affirms that the essence of a discussion seminar is to enable the students to integrate their theology with the real day-to-day practical experience of the ministry under supervision (March 29, 2004). The idea presented here sounds good in theory. In practice the researcher is critical of the lack of uniformity in the choice of topics. Though students have the chance to choose the topics that address their learning issues, it may lead to unconnected topics and lack of coherence in the CPE experience. However, these presentations can also be enriching, since the discussion seminar gives some level of power, freedom and autonomy to the students.

3.5.9 Clinical Presentation

Clinical presentation deals more with integration of theological training and clinical experience (Jan de Jong in Myler ed. 1978 vol 1:10). It is aimed at addressing the objections and confusions that tend to polarize the CPE experience. According to Rev. Jim Winjum, clinical presentation includes inviting professionals from different professions to present papers on their fields to the CPE group. In a hospital setting, specialists from the cardio-vascular department can present papers about their specialty to the CPE group. Students who minister in different service lines can also present papers to their CPE group about their service line. Questions can be asked and expectations clarified. The most important aspect of the clinical presentation is matching theory with practice (March 29, 2004). Jerry Griffin presents the view that clinical presentation is not tied to the hospital setting alone, but to other contexts that call for greater understanding of each other in different fields of operation for increased collaboration (April 23, 2004). It seeks internal coherence among professionals of different fields who work together for the achievement of one goal. In a hospital, everyone works together to achieve the best health results.

Following the argument of Martin Buber, "The truly creative person is not the intellectual, nor is he the artist" (1964:8). Clinical presentation aims at helping the pastor move beyond intellectual awareness

into integrating theory, experience, and practice creatively in order to facilitate ministerial growth. As Buber goes on to discuss, the integration that brings about creative change happens when a deep inner division is brought to harmony. He describes the truly creative minister as:

> The strong and many-sided man is one in whom human happenings stream together in order to attain new developments in spirit and deed. The redeeming affirmation of a conflict is the essence of all creativity; in the creative person a deep inner division is brought to harmony. He is not one who passes over abysses; rather he has seen all and received all and dares to will this foul world (1964:8).

Clinical presentation in a CPE program brings the theories and experiences of ministry and clinical terminologies and practices together for proper integration into the students' ministerial experiences.

According to Griffin, clinical presentation is important in helping the CPE students learn what other departments are doing and what is expected from them. It fosters increased understanding of the role of pastors in a clinical setting. It also facilitates greater awareness and better understanding between pastors and other professionals. Clinical presentation can also help reduce conflict between pastors and other professionals such as the medical workers, social workers, psychologists, and patient representatives by making the role of each group clear to the others (April 23, 2004).

3.6 Working as a Team Member in the Multidisciplinary Collaboration

CPE programs came into existence through the effectiveness of multidisciplinary collaboration. This implies that it is through the concerted efforts of committed people in different disciplines, interests, backgrounds, and learning that led to the success of CPE as a professional training program. The National Association of Catholic Chaplains (NACC) refers to "healthcare benchmarking," which they define as "a continual and collaborative discipline, which involves measuring and comparing the results of key processes with the best performers and adapting best practices to achieve breakthrough process improvements in support of healthier communities." According to the NACC, understanding "benchmarking" in this way implies that collaboration, not competition, is a more effective way to improve practices and outcomes on behalf of those served (Joan Bumpus in Vision, May 1999 vol.9 No. 5 p11). The CPE students have this opportunity of working with other professionals, where each professional brings out the best in his or her field.

3.6.1 The CPE Center/Setting

The center or the setting where CPE takes place determines the nature of the training that takes place. It also determines to a large extent the nature of the ministry to be offered and the level of inter-professional collaboration. The setting can be a seminary, psychiatric hospital, teaching hospital, general hospital, trauma center, cancer clinic or center for particular disease control. Using the 2002-2003 ACPE Directories, there are about twenty-one different types of centers offering CPE programs in the USA and Canada. These are general hospitals, multi-institution centers, children's hospitals, psychiatric hospitals, community mental health centers, counseling centers, correction centers for adults, correction centers for juveniles, parishes and developmentally disabled/mental health centers. Others include geriatric facilities, rehabilitation centers, veterans' hospitals, military centers, alcohol & drug addiction centers, community organizations, hospices, pastoral care agencies, campus ministries, theological seminaries and university related trainings. Among these groups, there are accredited CPE centers, satellite centers, member seminaries, faith groups ACPE network members and international affiliates (Snorton 2002-2003:15). The diverse nature of centers where CPE is offered in the USA now follows the understanding that pastoral ministry can take place anywhere, and, that wherever ministry takes place, CPE can also be organized there. What matters in the training is that the CPE student needs to have sufficient practical experience to meet the ACPE accreditation standard for CPE centers.

It is important to understand that in whichever setting or center the CPE program is organized, the type of ministry offered depends on the needs of the center. The nature and type of problem addressed in a CPE setting determines the type of pastoral conversation with patients, skills to be emphasized in the training, main focus of the training in that center, and the type of symbols and rituals applied during ministry. For example, the needs of people in hospices, retirement villages, nursing homes, trauma centers, psychiatric hospitals, parishes, correction centers, and children's hospitals may not be the same. A CPE center located in any of these settings will plan its program to address the needs of the people. The director of the Pastoral Services in Hershey Medical Center, Rev. Paul Derrickson, notes that Hershey Medical Center is a level-I trauma center. This determines the type of training they give to their CPE students. Since trauma patients may stay for short periods in the hospital, the content of training for the CPE students emphasizes short-term crises intervention (March 24, 2004).

Another factor that matters in a CPE setting is the policies of the institution accommodating the center.

Every institution has its goals, visions, and expected outcomes. It also has policies guiding its operations and standards of performance within the institution. This implies that whatever ministry will be offered and how the ministry will be offered depends on the policy guideline and expectations of the setting where the program is conducted. The Rev Dr. Ted Trout-Landen, Director of Pastoral Services and Education in WellSpan Health CPE Center, cautions his students on symbols to use while ministering to Behavior Health[12] patients in the hospital. The CPE student needs to get clearance from the workers in behavior health so that they don't apply any symbol that may be linked to the root cause of the patient's problems. Trout-Landen also reminds his students regularly on the policies of the hospital regarding maintaining secrecy of information, keeping of medical records after every visit and washing of hands after any visit (February 10, 2004). The type of center, therefore, determines the nature of inter-professional collaboration.

3.7 Supervising a CPE Group

Supervision as noted in chapter one is one of the factors that makes the CPE experience unique. According to Jan de Jong, "A close and important relationship exists between supervision and theology in clinical pastoral education" (in Myler ed. 1978 vol. 1:10). Jong goes on to explain that "there is present in supervision a vision of and toward the future" (in Myler ed. 1978 vol. 1:12). Sharing a similar view, Hemenway notes that supervision in CPE causes relationships to be much more diffuse, varied, and complex than is true of a pure study group or psychotherapy group" (1996:169). A supervisor takes the position of a leader in the group process. Here, the supervisor may not have direct participation in the group discussions but acts as a facilitator, and whose presence gives a sense of safety and freedom of expression to the group members. In the view of Carl Rogers,

> A facilitator can develop; in a group, which meets intensively, a psychological climate of safety in which freedom of expression and reduction of defensiveness gradually, occur (1970:6).

The CPE supervisor is not just a consultant or therapist for the students but also an administrator, mentor, colleague, role model, teacher, host/hostess, and evaluator (Hemenway 1996:169). Being aware of all of these roles combined, the supervisor must remain in a neutral and nonjudgmental position during the group process. The supervisor acts as a moderator who sees the area of tension and

[12] Behavior Health is the name given to the psychiatric unit of the York Hospital, York, PA. Patients with mental problems treated in the unit.

tries to enable members of the group to have equal opportunity of expression. Because of the awareness of the nonjudgmental presence of the supervisor, members of the group may feel safe to be original and to speak from their own depths. The nonjudgmental presence of the supervisor can bring about expressions of some of the immediate reactions of each member toward others and toward him or herself. The climate of mutual trust can also develop out of the mutual freedom to express real positive and negative feelings. The freedom of expression facilitated by a good supervision can also bring about total self-acceptance by each member of the group. In this case each member accepts his or her total emotional, intellectual and physical being and potentials (Rogers 1970:7). Supervision is one of the pillars on which CPE programs stand. It happens between the supervisor and individual students during one-to-one. In this process the students discuss very intimate learning and personal issues, which he or she may not feel safe to discuss in the open group. The supervisor can also use the period of one-to-one to clarify other personal issues relating to goal and standards with the student. There can also be peer supervision, where peers help each other on relevant matters for further growth and development.

3.7.1 The Importance of Pastoral Supervision during CPE Group Process

Pastoral supervision is necessary for maintenance of standards. Right from the beginning of the Council for Clinical Training on January 21, 1930, the questions of supervision and standards were taken seriously. The problem of inadequate supervision and low standard that occurred in 1932-33 caused a lot of problems. As a result "the Council had to resolve, and publicize its resolve, not to permit its name to be associated with such supervisors and centers" (Powell 1975:12). In later years, this led to a long process for certification of supervisors as discussed in chapter eight. CPE supervision was then spelled out to be one of the ways a student is guided toward the achievement of personally set learning goals. Richard Frazier notes that supervision looks at all that the student brings. Describing his own experience as a supervisor he says:

> Whatever our approach, we try to consider all that they bring. We look at everything that seems present and available for supervision. At the same time, we try to remember that these are persons who are much more than the sum of their parts (in Myler ed. 1978 vol. 1:17).

Frazier goes on to point out that a CPE student is more than what is seen in him or her during the day-to-day activities. An individual does not actually show the entirety of his or her life, especially in a supervisory situation. This calls for being personal to the students and doing something with them

rather than to them (in Myler ed. 1978 vol. 1:17). Supervision, in this sense, is important to help the students process all of the pastoral skills and qualities they have which they may not have recognized.

Accepting supervision is one of the distinguishing factors of CPE as an educational and therapeutic process. It is necessary to consider how it would be applicable in the Igbo context. An Igbo supervisor who understands how secretive the people are can use his or her position as a role model, administrator, and teacher to stimulate and draw the students into openness to each other. With a good understanding of the life of secrecy among the Igbo, the supervisor will be able to use personal examples to draw the group members into openness and genuineness to the group process. This may still remain a difficult process because of the Igbo adage, *okolobia kochaa ihe o na-aya ibe ya asoo ya oyi* (If a young man tells his story, others will look down on him). Unless this kind of notion is overcome, the group supervision may remain difficult.

3.7.2 Evaluating the CPE Process

The evaluation is another important practice in CPE. The student, supervisor and peers evaluate a number of areas in the learning process. The areas include the goals, ministerial approach, interpersonal relationships, ability to work as a team member in interdisciplinary collaboration, personal and group dynamics, areas of greatest challenge and those of growth, and all of the ACPE level I and level II CPE outcomes. The evaluation is done both by the students and the supervisors. It comes in the form of integration or reflection papers written by students on a weekly basis, as well as the mid-unit and final evaluations. According to Marianne Schneider Corey and Gerald Corey, "Once the group has evaluated a session or series of sessions, its members can decide what, if any, changes need to be made" (1997:74). Evaluation during the CPE process brings about change that enhances further ministerial growth and development in the students. Hemenway criticizes some of the practices associated with evaluation in which the documented information only ends up in the files (1996:27). The above practice has the tendency of reverting CPE to the traditional practice of giving much attention to *written documents* in place of the *living human documents* that CPE emphasizes.

3.7.3 CPE Student Consultation

It is one of the requirements in the ACPE Standard that "an ACPE Center shall have consultation and program evaluation." There must be an on-going process of consultation with a designated professional advisory group. The on-going program evaluation must be sufficient to promote the continuous quality improvement of the educational programs. Materials expected in the consultation include course content and materials, success with respect to student achievement, educational methods and supervisory relationships, student to supervisor ratio, appropriate level of challenge in the individual learning contracts, and assessment of students' use of CPE (ACPE Standards, 2002:6). The following is the definition by Hunter,

> Pastoral consultation is a process in which another person is utilized in matters of personal and professional concern in a mutually dependent manner, which stimulates intellectual and emotional development and expands personal awareness (1990:223).

The uniqueness of pastoral consultation is the responsibility the consultants have when students consult them. CPE students' consultation is an assessment tool in which a different qualified CPE supervisor other than that of the students assesses the students based on their recorded ministry and discussion. The primary quality the consultants observe in the students' ministry is "the open, honest relationship." This means how open and honest the student is during pastoral visits and with the consultants. The consultants also seek to find out how knowledgeable and articulate the students are, though this may not be the primary task. They have the understanding that all persons are "unique as created beings and unique in development" (Hunter 1990:223). Each student as well as each patient is unique. As a result, approaches may differ among different students and patients. The most effective means is personal and relational. How genuinely the student connects with the patient during a particular visit is the concern. According to Hunter:

> Effective pastoral consultation, like all pastoral work, requires an understanding and commitment to fundamental relational principles in which persons exchange honest emotional responses, stimulate personal awareness and expand consciousness. To take the time and risk to speak to another person openly and honestly and resisting the temptation to affect a quick cure or take a patronizing stance promotes personal satisfaction and fulfillment (1990:223).

Jerry Griffin notes that in consultation, neither the consultant nor the student is seen as being perfect. The consultants still know that they are students and are still learning and that they, too, do not have and answer to everything. The basic concern is to help the students locate themselves in their ministerial growth (April 23, 2004). This means that, while consulting with the students, the

consultants seek to find out how far their relational and personal issues have moved from the time they started the program to the time of the consultation. There is the understanding that "the consultant and the student are unique individuals, each developing in their own way." As a result, the consultant does not attempt to answer the questions raised for the student because "no one knows what is best for another person." The consultant only "opens his or her own person and offers a variety of responses and impressions with the confidence that the student can pick and choose what is useful" (Hunter 1990:223). Out of this, the student's ministry continues to grow.

3.7.3.1 Expected Outcome of the Students' Consultation

CPE students' consultation, being part of evaluation, brings about further ministerial growth for the students. Jerry Griffin confirms this by saying that "one of the expected outcomes of students' consultation is further ministerial growth and development" (April 23, 2004). The consultation helps the students see other aspects of their ministry that they have not thought of before. They also have increased understanding of their roles as pastors in order to continue enriching their ministries. CPE students' consultation also helps prepare them for Board certification. The consultants present the same kind of scenario the students would expect when they go for Board certification as chaplains, supervisors or in other professional bodies (Jim Winjum March 29, 2004).

Model II, below, shows how a CPE group that bonded well may look at the end of the program. The five students have successfully experienced the group process. While in Model I, the supervisor was at the center of the potential group energy; in Model II, the supervisor was outside while the students were inside. It is true that the supervisor still influenced the group, major contributions came from the group members, who now felt free to communicate among themselves, irrespective of the presence of the supervisor. The supervisor was part of the group because he or she was present with the students but was not part of the group because the students were not his or her peers. Some group members shared their personal stories exhaustively, while some shared a little. Possibility for growth depended on how far each group member was able to draw strength from the potential group energy. At the end of the program, some students may have gained self-transformation; others may have learned skills in pastoral care and some may have gained both self-transformation and skills in pastoral care. The color representation for models I and II are the same except that the rectacle representing the outcome for each student is greenish. This means that the growth process has started in the students.

Martin Buber, who, in agreement with Nietzsche, spoke of creating new life-values and new world-feelings through the concrete and actual as opposed to the ideal and abstract. There is creativity and greatness through fruitfulness of conflict and valuing of life impulses and wholeness of being rather than "detached intellectuality" (1964:4). Both Rabbi Smith and Buber agree that meaning and creativity can change a person to the extent that the depths of being are reached. In a pastoral visit, the pastor uses his or her training to negotiate this depth. The process that facilitates this change is in effect creative interchange.

The basic issue in the creative interchange is the joining in relationship between the pastor and the patient. If this level is reached, the two genuine selves touch each other and go beyond the level of *I-it* to that of *I-thou*. It becomes an emptying of self to another. According to Dr. Ted Trout-Landen, both the pastor and the patient now move the problem from below the level of common awareness to the level of awareness. What was not known about before will start emerging. It is at this point that some patients can say, "I have not thought of this before" or "I have not thought about it this way before." The patient is now uprooting things buried below the level of common awareness (April 7, 2004). There is a "right" kind of dedication between the pastor and the patient which, according to Buber, brings about power that leads to the manifestation of wholeness and inwardness found in creativity (1964:8).

Rabbi Smith goes on to explain that the patient may not be aware of this process of interchange, but the pastor's training can make the pastor aware. CPE helps the pastor be aware of what makes him or her anxious and judgmental and helps the pastor put that aside in order to be open to the patient. If the pastor's bias makes it hard for him or her to hear, CPE encourages the pastor to genuinely share his or her bias. CPE trains pastors to be open and genuine in their ministry. Being a genuine self also allows them to meet a genuine self in the patient they visit (April 16, 2004). Creative interchange brings about growth in the patient and the pastor. The same process also occurs in the group sessions in order to bring about growth in the CPE group. According to Buber, "genuine life is united life." Creative interchange occurs when the people in a genuine relationship allow "all that is scattered, fleeting, and fragmentary to grow together in unity." This becomes a force that "heals all that is sundered and broken" (1964:13). CPE tries to gather the pieces and unite them into one for a creative interchange.

3.9 Conclusion

The researcher has not attempted to discuss every aspect of the actual CPE program, which may be too vast for this research. What has been undertaken is to look at some of the outstanding aspects of CPE in order to verify their application in the Igbo context. It might be important at this point to verify the elements of CPE that have been discussed so far, that will be helpful in the Igbo context. The principal focus of this chapter has been the CPE student and all that he or she brings to the program; the pastoral ministry that the student offers and the ministerial growth and development experienced in it; the patient who is visited as the center of the ministry and the clinical method of ministerial approach to the patient. This chapter has also shown small-group process as the distinguishing method that makes CPE a unique experience. Within this small-group process comes supervision. The group process properly guided through supervision brings about a turning point that happens in small-group experience during the CPE program. At the end of the program comes the creative interchange which marks a fresh beginning and a turning point on the part of the student, group members and patient. A new person is born out of the old and the new continues in the journey into the future (See Model III in chapter eight).

CPE offers the skills of compassion and empathy in ministering to the patients instead of the traditional approach of sympathy. A true pastoral ministry operates at an I-Thou relationship. CPE encourages the student to get deeper to the vulnerable, uncomfortable and unsafe place of the patient in a creative way in order to move beyond I-It to I-Thou relationship. Creative interchange can only be achieved when the pastoral conversation is at an I-Thou level, which demands empathy and compassion from the pastor.

This chapter also highlighted the importance of recognizing one's pastoral authority without which success cannot be attained in the pastoral ministry. In this chapter, the researcher agrees with Jim Winjum's definition of authority: author or originator. The pastor must be original, which means the ministry must flow from inside the pastor and meet the natural process that unfolds from the patient before change can be made. If the pastor fails to recognize his or her authority and skills and fails to use them properly, there can be a hindrance in the healing process of the patient. The question of authority needs to be addressed in the Igbo context if CPE is to make a meaningful way into it.

The CPE program, as seen in this chapter, is expected to enhance the increased level of human relationship in the student at the end of the program. The student learns the skills of empathy, warmth or respect, genuineness, concreteness, initiative, immediacy, self-disclosure, feelings and emotions, confrontation and self-exploration. The CPE small-group process offers the students an opportunity to interact with each other and with the patients while applying the above skills. As Joan Hemenway posits:

> The work of the small process group in CPE is actually a type of transformative play. Through this work/play the individuals and the group engage in a process of self/group creation and self/group reflection, which involves both staying connected and separating from each other and the group. The experience is both an agent for individual change and a process of learning about such change (1996:222).

It is in the small-group process that the expected change in the CPE experience occurs, though not without a cost. The cost is seen in the anxiety, irritation, tension, confrontation, intimidation and, at times, rejection that can occur during the small-group experience as the students engage in IPG, verbatim analysis, discussion seminar and evaluations. Through this process the CPE student, who will later leave the group to be a pastor in the wider society, is well equipped for the challenges of the interpersonal relationships in the society. Joan Hemenway, therefore, says that "the group is a unique resource for learning because man cannot face the truth about himself alone." Echoing the benefits of the group experience, Hemenway also says, "The experience of self-discovery and group creation can be so compelling that, even though their castles eventually disappear with the tide, the memory lingers forever" (1996:222). The researcher agrees with Hemenway's idea, in view of his experience of the same during his participation in CPE in South Africa, Brazil and the USA.

Also in line with Hemenway's argument in support of the group experience, "There is ample evidence of the central importance of the peer group experience, the growth in self-acceptance, student awareness of group dynamics, the experience of group intimacy and cohesion, and the theological connection with religious fellowship of the Church." The small group process has the potential of "increasing self-reflection, even to the point of self-absorption" (1996:43). Group work in CPE also keeps CPE in the scientific mode of practical, experiential fieldwork based on the action-reflection-action model of learning. This model of learning was part of the clinical training that distinguishes

CPE from the work in seminaries (Hemenway 1996:28). The Igbo society, being a highly communal people, can reap great benefits from the type of small group experience offered by CPE.

In the next two chapters, there will be an exploration of CPE in the light of the Igbo worldview, and the existing pastoral care system in Igbo culture. It is hoped that having discussed the CPE program in this chapter, the exploration of the Igbo context will help to define how CPE can give training for pastoral caregivers for the Igbo society.

CHAPTER FOUR

The Importance of Igbo Worldview in Application of CPE

4.1 Introduction

In the last chapter, the CPE program and its application to Igbo context was discussed, as well as various concerns addressed during the CPE process. Bearing in mind that the program was devised from a Western approach to life, this chapter goes on to look at Igbo worldview where the same program will be introduced. The way people in different cultures understand the world of their experiences matters in their attitude and approach to life. As a result, any program relevant to a people must be fashioned according to their approach to life. This is principally referred to as their worldview. In applying sociological and anthropological language, it refers to their cosmology. Understanding the worldview of the Igbo will be important in linking them to a CPE program that will be relevant to their needs.

According to Bourdillon, worldview accounts for different ways in which different peoples put some kind of order into their experiences. It also determines how different cultures understand the world and how their experiences relate to the social systems in which they occur (1991:220). In effect, a people's worldview determines their concept of crises and the remedial approach that works for them. Oeyvind Eide, reflecting on his pastoral experience as a missionary in an Ethiopian village called Beghi, notes the variety of needs, questions and topics outside the expectations of the pastor that keeps coming from people whose problems constantly draw them to the pastor (1990:1). The pastor needs to be deep, equipped and well acquainted with a people's worldview in order to understand their point of view and the roots of their problems. It is also necessary to examine the context from which problems and needs proceed. The social and cultural background of the people involved is very important in this regard. By implication, the pastor has to look at the worldview of the people. Eide, therefore, sees worldview as being at the center of culture. Culture covers every aspect of human life, while worldview points to how a people understand the nature of the universe and their place in it (1990:3).

In this chapter, the discussion is focused on how the Igbo understand the nature of the universe and their place in it. It tries to show how community plays a central role in the Igbo worldview and their

entire life. The chapter also reveals their moral code, concept of good living or viable life, frustrations and hopes as being traceable to successes and failures in their communal life. It is the view of the researcher that the Igbo are not exclusively communal. Though they are communal, they also have a high sense of individuality and individualism, though at the end, it will be seen that even their sense of individualism is still for an enhanced and successful communal life. Their life of individualism paved the way for the incoming of Western civilization into their society. As a result, the Igbo, though strongly communal, are also receptive to new ideas and innovations. Their openness to new ideas will be the channel for the inlet of the pastoral skills communicated through CPE.

The researcher supports the view that the pastoral needs of the Igbo may not be understood and explained without a clear understanding of their worldview. Reference to the Igbo worldview in this chapter is not intended for its own sake: it is a means of shedding some light and explaining the type of situation where a CPE program will take place in an Igbo community. The purpose of the discussion is to see what this situation will mean for a CPE program and what will make the CPE process successful in Igbo society. Despite the flexibility in their quest for novelty, there are certain factors within their worldview that can still militate against and resist some of the skills communicated through CPE.

The Igbo worldview will be discussed in three chapters. Chapter four gives the broad view of Igbo cosmology and chapter five limits the discussion of Igbo worldview to their pastoral care approaches. The argument in this chapter revolves around the Igbo community life and its weaknesses and strengths. The chapter does not, however, attempt to discuss every aspect of the Igbo worldview. Only those areas that will be helpful in determining the success of a CPE program will be given elaborate attention. Other aspects will be discussed in passing.

4.1.1 Worldview

Worldview as noted earlier and as will be seen in this chapter refers to how a people understand the nature of the universe and their place in it. Jabulani Nxumalo, in agreement with this definition sees worldview as "a way of seeing the world, a thought pattern that focuses on everything and searches for understanding of reality as a whole" (in Mpolo 1985:29). From the above explanations, culture may be understood as proceeding from the way people see and interpret the world. A people's culture is

informed by their worldview. Aart M. van Beek says that "because three aspects of self, relationship, environment, and worldview (especially religious) function as dynamic and related processes informed by meaning providing process, it is important that consideration of these aspects form an integral part of our methodology in cross-cultural pastoral care and counseling" (1996:53). A clinical pastoral therapy, which can serve a people, has to be approached from their worldview. Any CPE method, introduced to the Igbo which omits Igbo indigenous factors especially Igbo religious worldview and their social, political and economic situations, may not be an effective helping strategy for them.

It is important that the CPE program is conducted within the Igbo community context so that the CPE students will use the opportunity of the training to understand the Igbo worldview and be able to deal with the people's questions of life. Community-based training approach agrees with the vision of Reverend William Palmer Ladd in the early twentieth century, who was advocating for fieldwork program in pastoral care. He criticized theological training given to seminarians that lacked fieldwork experience and noted with dismay how theological training fails to prepare the pastor for dealing with the everyday problems of people to whom they minister. According to Ladd, some pastors make costly mistakes and plunge people into terrible problems. Some recognize this too late and some don't recognize it at all and continue causing turmoil in people's lives in the process of caring for them (Thornton 1970:31). A clear understanding of a people's worldview and participating with them in their daily life during a training period, as would be proposed in a family/community-based CPE program, can be steps toward eliminating some costly and irreversible mistakes made during erroneous pastoral care processes. In his argument, Eide notes, "If the culture of a people or a person is not understood, one cannot understand their ideas, attitudes, aims and actions, nor their questions and needs. We have to understand before any counsel is given" (1990:3). The above argument is based on the understanding that culture binds a society together and gives it a sense of identity, dignity, security and continuity.

Bourdillon shares the view that there is "central unity between thought and the physical world or between mind and the nature" (1991:15). People are part of their environment and grow and develop out of it. The way they think and behave is dependent on their environment. Bourdillon goes on to say:

> Living organisms have developed, because they are able to recognize and respond to changes that take place in the natural environment. This can be understood as a large system in which the different parts receive messages from each other and send messages to each other. Life involves reacting to the environment in a way that creates a lasting system in which the living organism is able to receive what it needs to survive. This involves some kind of communication with the environment. Systems of thought and knowledge developed as one kind of reaction, and as a way of controlling the environment (1991:16).

In the above postulation, Bourdillon shows how a specific environment determines the life style of the people who live in it and how our lives can be dependent on our environments. Thought pattern and available knowledge within a cultural setting are results of constant interaction between the people and the environment and their efforts to interpret and give meaning to their experiences in their environment. The way people behave toward each other, their joys and their sadnesses, depends on their experience in their environment. The attitude toward environment produces a system of habit, which further develops to be the people's culture and worldview. The natural order and other forces of nature around a people play a role in their concept of community and determine how they approach life.

In discussing the Igbo worldview, the areas of emphasis will be on their religious life, cultural life and customs, and morality and communal life. While religious life of the Igbo will be discussed in chapter five when discussing their pastoral care, the cultural life and customs (*omenani*), will be mentioned where necessary. The bulk of the discussion in this chapter will center on Igbo morality and communal life, which the researcher hopes will give a framework for a CPE program that can serve their needs.

4.2 A Brief History of the Igbo People

4.2.1 Who the Igbo Are

According to Hilary Mbachu, "the term 'Igbo' represents the cultural area, the people, and their language" (1995:52). Ufo Uzodike notes that the Igbo society is one of the approximately fifty ethnic constellations that make up Nigeria (June 4, 2002). This is contrary to the number of ethnic groups that Hilary Mbachu identified as being approximately 250 (1995). Ottenberg gives his own estimation as "more than a hundred" cultural groupings (1997:2). The figure given by Uzodike seems more

accurate considering the fact that many of these ethnic constellations are themselves divided by dialect, culture, state boundaries, and assorted lines of segmentation. Out of these cultural groupings the Igbo constitutes one of the three major ethnic groups of Nigeria. The other two major ones are Housa-Fulnani and the Yoruba (Mbachu 1995:53). As Forde and Jones observed more than fifty years ago, the Igbo have a very strong work ethic (1950:10). While subsistence farming remains a crucial part of their daily existence, other activities such as commercial and assorted modern occupational endeavors have also become important parts of Igbo life. Being supportive of the above view, Mbachu states,

> They are a race to be reckoned with and are noted for their proverbial *ubiquity and great enterprise* in politics, social life, religion, technology, science, business, education and sports. No field of life or learning escapes their special attention and/or involvement (1995:53).

While Mbachu's above idea can be argued in view of present advancements in the world of technology, it can still be said that within their Nigerian environment the Igbo are comparatively advanced, and, in the world generally, they can be seen playing great roles in different establishments. Reflecting on Igbo attitude towards work, Nwabara concludes that they have a strongly developed commercial sense and a practical and unromantic approach to life (1977:16). According to Canon A. E. D. Mgbemene[13], "the Igbo are courageous and resilient and these qualities still distinguish them in business, politics and religion" (in Adiele 1996: 366). Generally, the Igbo believe in the old adage that "God helps those who help themselves." The above saying is reflected in their attitude to hard work and the serious approach to religious issues. Reputedly, concomitant Igbo characteristics include an abhorrence of idleness, the proneness to admire individual initiative, and a tendency to materialism (Interview July 30, 2002). This results in a highly competitive and economically stratified society. Perhaps because of such outlook, Igbo people tend not only to take cultural and religious issues very seriously but also to be guided by their beliefs in their traditional heritage.

4.2.2 Geographical Location

Although the Igbo are scattered in significant numbers all over Nigeria, they all come from the southeastern part of the country. Igbo people may be found in Abia, Anambra, Ebonyi, Enugu, and Imo states as well as in parts of Akwa Ibom, Benue, Delta, and Rivers states. The Igbo are divided into a wide range of subcultures, which sometimes experiences tensions and feelings of separateness

[13] One time Administrative Secretary of the Diocese on the Niger

due to superficial (sometimes, noteworthy) cultural and dialectical differences (Afigbo 1981:2). Although many of those tensions and feelings of differentness reflect both ancient historical processes and the political dynamics of the modern Nigerian state, they believe the objective reality and extensive weight of shared norms, values, and ancestry.

4.2.3 The Population of the Igbo

The Igbo constitute the single largest ethnic group in southeastern Nigeria. They number between 20 and 25 million people (population figures are politically volatile matters in Nigeria) (Afigbo 1981:1). At the time when this population figure was given, Nigerian population was estimated at 88.9 million. Following the most recent figure by the United Nations in 2003, Nigerian population is estimated at more than 122 million (Erubami and Young, CHRRD Research Review No. 3, 2003:4). Considering the annual population growth rate of Nigeria, which the above review gives at 2.83 percent, the population of the Igbo must have exceeded 25 million by 2003. Afigbo points out that the Igbo are among the most numerous ethnic nationalities in Negro Africa. He notes, ". . . among the first things about the Igbo that impressed early European visitors were their great numerical strength and their impact on their less populous neighbors" (1981:1).

Because they are numerous, they often use this privilege not only to influence their less privileged neighbors but also to dominate them. This act featured in the cause of their crisis of 1966 in which many Igbo nationalities were massacred. In the words of Bourdillon,

> The first open sign of conflict was the massacre of Igbo in a number of northern Nigerian towns towards the end of 1966, and it is the background to these massacres which best illustrates the role of religion in war. Several thousands were brutally killed, and the massacre was encouraged by Islamic religious leaders, who indicate that the Muslims should fight a *jihad* (or 'holy war') against non-Muslim, and predominantly Christian, infiltrators from the south (1991:183).

Bourdillon indicates that this was a religiously inspired massacre and it was the culmination of rising tension. Looking critically at the situation that led to the tension, Bourdillon points at the dominance of the Igbo in the civil service and political life of Nigeria when colonialism began. They had this opportunity due to their quickness in embracing a colonial administration and quickly seeing the benefits of Western education (Bourdillon 1991:183). This act gave the Igbo the opportunity to dominate the rest of the Nigerians, particularly the northern Muslim, who in return tried to resist Igbo

dominance. As Bourdillon posits concerning the northern Muslims "They resented Igbo dominance in the bureaucracies and in the economy in their part of the country" (1991:184). This example illustrates the kind of resilient and unromantic attitude of the Igbo people to life as the earlier writers noted. They quickly recovered from adverse circumstances in order to move ahead.

4.2.4 Igbo Social and Political Life

Despite the numerical strength of the Igbo, there is high level of uniformity in their culture and tradition. The Igbo language, though having some dialectic differences, is still understood among all of the Igbo. They have no central political system, yet they are highly organized. As Afigbo argues,

> Consequently works on Igbo society and culture have often been pre-occupied with attempts to explain, first, the fact of 'stateless' amongst so dynamic a people who had attained advanced forms in agriculture, iron technology and the organization of long-range commerce; second, the basic uniformity of Igbo culture in spite of certain differences in social institutions and dialectics; a third the difficulty of governing the Igbo in spite of their easy adaptability to and avidity for Western values (1981:2).

While some of the issues pointed out by Afigbo are arguable, there are still some facts that can be informational to a person seeking to offer pastoral care to the Igbo. Such questionable issues are their advancement in technology and agriculture. If such advancement exists, why do they still practice subsistence agriculture and why do they still have high levels of poverty in major areas of Igboland? A pastoral caregiver in this society needs to be aware that the people still practice a crude agricultural system as against mechanized agriculture, and they have no central organized political system, though they still have local traditional rulers and other forms of political and democratic system in different communities. They are a commerce minded people, difficult to govern, and they easily embrace Western values. The easy acceptance of Western values is one of the factors that can give clinical CPE an easy inroad into their society.

4.2.5 A Brief Look at Igbo Traditional Religion

The Igbo worldview cannot be discussed without a reflection on Igbo traditional religion and its encounter with Christianity. This is because the Igbo are highly religious, and both traditional religion and Christianity have contributed essentially to their worldview and identity as a people. Long before the advent of Christianity in Igboland, the people believed in the existence of one God whom they call

Chineke (the spirit that creates) or *Chukwu (the Great Spirit)* (Okorocha 1987:25f; Ilogu 1974:34f). *Chukwu* is a male divinity that lives in the sky while the female divinity is *Ana* or *Ala* or *Ani* (Earth goddess). As a female goddess closer to the human society, *Ana* is believed to work together with *Chukwu* in determining human fate and directing the affairs of the world. The Igbo traditional religion is directed toward the worship of *Chukwu*, who also operates through the Earth goddess, other minor divinities, ancestors, traditional elders and other religious personnel.

In the traditional Igbo system, no house was specifically set aside for the worship of God. In any event, He could not be approached or worshipped directly. To reach Him, the Igbo believed that they must approach through lesser deities *(Arusi)*, who are allocated their own places of worship (Ilogu 1974:34f). The Igbo believe in God's pervasive presence in everyday activities. His greatness and power, kindness and thoughtfulness, goodness and grace, and other innumerable qualities are broadly accepted and acknowledged in the everyday life of all the Igbo. This is evident in their rich and wide varieties of rituals and symbols that play roles in their daily lives and worship (Ilogu 1974:43). The Igbo attributes to God is also very commonly reflected in many Igbo names such as: *Chukwuka* (God is greatest), *Chinedu* (God takes the lead), *Chidimma* (God is good), *Chidiebele* (God is merciful), *Chukwuebuka* (God is so great), *Chukwuemeka* (God has been very generous), Chukwuebuka (God has been very thoughtful), *Ngozichukwuka* (God's blessing is the greatest). Chukwu or Chineke, as the Igbo call God today, is the source of all goodness, greatness, beauty, blessings, thoughtfulness, comfort and healing. All of the traditional practitioners in whatever form have Him as their reference person in their practices, especially when healing is required (Okorocha 1987:66f; Ilogu 1974:141f). Making reference to Africa generally, Setiloane points out that the traditional healers and diviners in the African setting make constant reference to God in their practices. This is necessary for them to receive constant and uninterrupted force from God (1989:14). This is also the case with the Igbo.

God is highly revered and worshipped in Igbo society, just like in other African societies. According to Setiloane, Africa sees Divinity as wrapped in a strict taboo (1989:33). Morality, ethics and social practice are associated with God. It is the Divinity that rules humanity and determines their fate in the world (Setiloane 1989:34). To be in good standing and to be attended to for good by the Divinity, a person needs to be attentive to the good morality of the society given by the Divinity and guarded by the ancestors, as well as practice ethics and good social conducts. These conducts and how they

impinge upon the life in the community matter in the individual's well being. In caring for an Igbo, a CPE student must be aware of the fundamental position that God occupies in their lives.

4.2.6 The Advent of Christianity into Igboland

The Igbo came in touch with Christianity in their own land for the first time between 1841 and 1856 when agents of the London based Church Missionary Society (CMS) settled at Abo on the Niger; from there they hoped to propagate Christianity to the rest of Igboland. This first move failed because of the death of Obi Ossai (traditional ruler) of Abo with whom they had signed an agreement for their missionary work (Allen and Thomson 1965:223). The next enterprise that did succeed was in 1857. According to Ilogu, 27th July 1857 was the definite date taken to be when Christianity took a stand in Igboland. This was the date when "an agreement was finally executed between a missionary group led by Samuel Crowther and Obi Akazua of Onitsha, an Igbo town on the eastern bank of River Niger" (1974:56).

The first impression of this missionary group helped them to win the heart of the traditional ruler of Onitsha, and, consequently, he signed an agreement that day stating that a Christian mission station would be established at Onitsha. Hectares of land were given to the missionaries for this purpose (Oral source from an Onitsha clergyman; Adiele 1996:40). Christianity through the Anglican mission started in Onitsha and spread to other areas of Igboland. The first indigenous President of Nigeria, Dr. Nnamdi Azikiwe, notes that the translation of the Bible into Igbo by Christopher Taylor helped to quicken the spread of Christianity in Igboland. Commending the efforts of Christopher Taylor, Azikiwe said:

> Revd. John Christopher Taylor, arrived at Onitsha on July 27, 1857, realized the need to speak to Nigerians in their own language in order to facilitate the task of evangelization . . . Revd. Taylor, who was the first agent in charge of the CMS compound at Onitsha, proceeded to translate Ibo reading books and portions of the scripture (Adiele 1996:327).

It is important to note that the success of this later missionary enterprise could be attributed to the team of missionaries, including John Christopher Taylor, who was a liberated Igbo slave and other liberated Igbo slaves in the team, as well as the evangelical zeal of the Church of England through the CMS. The Igbo in the group knew the worldview of the people and how best to reach them. They knew the cultural patterns, customs and the language of their people. The Igbo chiefs also contributed immensely because of their awareness of Igbo traditional culture and customs, which then was in their

custody (Ilogu 1974:56). The Igbo embraced Christianity, and, since then, it has continued to inform their worldview and forms part of their identity.

The Roman Catholic Church through the leadership of Father Lutz joined the CMS on the Niger in 1885. Father Lutz established mission stations at Onitsha and Aguleri and adopted what Hilary Mbachu calls the "Christian Village Method" in order to enable the mission work to succeed. In this "Christian Village Method," Fr. Lutz organized the daily life of the converts "in a quasi-monastic form." According to him, the converts "had a modest accommodation and basic facilities for elementary education and training, agriculture, health-care and Christian instruction" (1995:297). Fr. Lutz provided the people with their basic needs and also used the Church to build a wall of protection for his converts before the Catholic Church had a stronghold among the Igbo. As Mbachu records, within a space of five years, between 1885 and 1900, the Roman Catholic Igbo converts rose to 1,322 (1995:297). This confirms what Bishop Benson Onyeibor of Abakaliki Diocese[14] said about caring for the Igbo. In the view of this Bishop, the people have heard the Gospel, they have given their lives to the demands of the Gospel; what they now expect are the gains that will proceed from their beliefs. He insists that practical Christianity to an Igbo is the ability to meet their hunger, poverty, clothing and housing needs. Pastoral care of the Church must be fashioned in a way that the hungry will be fed and people in various types of need meet their needs. The Igbo will see the relevance of the Church in their lives (July 22, 2002). Afigbo attributes the success of these missionary bodies to the "steady and unrelenting advance and consolidation of 'the imperial frontier'" by the British. It means that the people were forced into compliance through the "exertions of the consul and gunboats" of the British in their effort to consolidate commercial interest and imperialism (1981:243). However, the people wouldn't have accepted Christianity so easily if there had been no attraction to it.

4.3 Igbo Traditional Values and Belief System: The Christian Challenge

As a group, the Igbo have responded positively to Christianity, which penetrated the society by initially appealing to the alienated, the downtrodden, the social discards, and the curious. Contrary to some claims, the initial successes were not so much because the missionaries preached about things

[14] Abakaliki Diocese is in the northern end of Igboland; and covers the whole of Ebonyi State. It was carved out of the Enugu Diocese and inaugurated in 1997. The Rt. Revd Benson C. B. Onyeibor is the first Bishop of the Diocese. The area covered by the Diocese has a majority of rural and impoverished communities. Bishop Onyeibor, therefore, spoke out of his experience in the area.

like love, forgiveness, perseverance, hope, and gentleness – unlike the Igbo traditional religion (Ilogu, 1974:90ff). As in nearly all religious orders, those qualities were not unknown in the Igbo traditional religion. Indeed, there were cultural things such as human sacrifice and infanticide practices involving twins that met with local disfavor, particularly among the affected. These people found protection, love and acceptance in Christianity. Consequently, Christianity started through them and reached out to others (Mbachu 1995:297). Nevertheless, the basic rationale of the Igbo religion focused not only on the notion of social justice, fair play, hope, and perseverance for those seeking God's favor but also on retributive justice and eternal damnation for the wicked. That was much the same as Christianity promised. Okorocha calls this the search for *Ezi ndu* (viable life) (1987:204ff).

Historically, the expansionist Christian church had worked hard in the Middle East and Europe to embrace local cultures. For instance, local gods became Christian saints; cultural festivals became Christian festivals and seasons; pagan dress codes became the preferred robe of the Christian clergy; and pagan colors became liturgical colors (Ratcliff in Kirk ed. 1930:417ff). In many ways, these processes of Christian enculturation are strong indicators of the progressive outlook of the early Christianity. Christian enculturation is the process of making the gospel pertinent to the lives of people by linking – earthing, grounding, reifying it to their language and other intimate aspects of their existence. Indeed, Jesus Christ actually gave the ultimate example of Christian enculturation. Through his humanization by appearing in human flesh, speaking the language of the people, eating their food, suffering as they might, and dying as they do, Christ demonstrated and grounded the Christian message in human terms (Dodd in Kirk ed. 1930:240). Clearly then, the process of enculturation not only enabled Jesus Christ and the early Christians to minimize or avoid social distortions but also to gain converts and to permeate the social lives of people within whose societies they operated. In contrast, the European Christian missionaries who came to sub-Saharan Africa were contemptuous and derisive of the cultures they encountered. Rather than embracing or adapting the cultural practices to church activities, they sought to repress or eradicate them thereby, distancing those followers from their cultural grounding and social anchor.

As in many parts of Africa, the early missionaries gained a foothold in Igboland in part by challenging some Igbo cultural practices such as the rejection of multiple births and the maintenance of the *osu* (outcast) and *oru* (slave) social systems. For instance, by embracing and giving hope to the *osu*

(people cast out of normal society for assorted wrongs committed either by themselves or long-forgotten forefathers), the early missionaries quickly gained large numbers of followers from a people who were otherwise rejected and in complete social limbo within their own society (Mbachu 1995:297). Whereas Igbo cultural practices ostracized and alienated the *osu* and *oru* and many multiple birth parents, Christianity not only accepted and gave them hope but also promised eternal life and redemption. The color and mysteriousness of the missionaries as well as the military reputation of their precursors who traded along the coastlines fascinated the imagination of the Igbo. That fascination and individualistic bent of the Igbo mindset proved immensely useful for the missionaries in their quest for new converts.

Areas of fundamental disagreement soon emerged between the early missionaries and many of their converts as they challenged some hitherto hallowed aspects of Igbo culture. They attacked polygyny, demanding that Igbo men must limit themselves to one wife. They also prohibited their converts from consulting diviners, oracles, traditional doctors, local priests/priestesses, herbalists, and partaking in certain cultural practices such as masquerade carnivals. The missionaries also condemned Igbo traditional activities such as Igbo marriage, burial, funeral, and other customs (Ilogu 1974:215ff). In essence, they attacked and condemned many important Igbo values, claiming that such practices were malevolent, debauched, unjust, or idolatrous. As Setiloane puts it,

> In fact the great battles between African Theology and the West, fought on many a Church Assembly floor or around missionary Committee tables, have not been over issues of Faith, from the Western point of view, but rather of 'social custom and practice.' Part of the reason is, of course, that African background could not separate the two: Faith and Practice, Belief and Ethics (1989:34).

Christianity could not offer viable accessible and acceptable alternatives to many of the practices. Although some of the practices served religious functions, some others served social and even political purposes. As such, the position of the early missionaries on many of the cultural matters had grave social and societal implications for the converts and their communities, which transcended the normal realm of the church in secular Western societies. For instance, by barring Christian converts from consulting diviners and oracles and swearing oaths, the church not only was attempting to excise those converts from the religious life of their communities but also from the political and criminal justice system which ensured social and political order (Mbachu 1995:296). In essence then, such barring had the net effect of driving a seam in Igbo communities because of the resulting tensions and growing

criminality – the result of the loss of the vital juridical influence and role played by diviners and oracles. Setiloane argues that the Africans had no problem in accepting the Divinity of Jesus and all the mysteries surrounding His birth, life, death and resurrection because they have similar beliefs in their religious culture. It is not difficult for Africans to believe that a Divinity can possess a person, and the person has the whole attributes of that Divinity. This is seen in the diviners, fortune-tellers and other peoples associated with extra-supernatural powers in African setting. According to Setiloane:

> The ease with which Africans have taken to Christianity is evidence that they have no difficulty with the basic teaching about its subject and mentor Jesus of Nazareth, miraculously born son of Mary, and other fundamental claims about his humanity. Nor has the African traditional worldview had any occasion to question or even doubt claims about his Divinity – 'conceived of the Holy Spirit,' etc. These claims have not been difficult to accept because the idea of Divinity being capable of taking 'possession' of a human being . . . as in *go thwasa – ukuthwasa* (the coming in of Divinity into the human person – possession, to make it blossom to a higher level of sensitivity and availability for Its purpose as in a *Ngaka-inyanga* or *sangoma-lethugela*), is not foreign (1989:35).

The Igbo, just like other Africans, share many of the beliefs that Christianity began to spread in their own traditional worldview before the arrival of Christian missionaries. Although the social and societal problems weakened the influence of the early missionaries and Christianity in Igboland due to the exodus of people from the church, that victory turned out to be short-lived. The combined impact of their patience, Western accessories: Western education, trade items, and technical gadgets such as bicycles, cars, and guns; and the supremacy of the emergent colonial state proved too much for the unorganized resistance to Christian influences (Afigbo 1981:243f). In truth, what was obtained then and today remains largely a mixed bag of European Christian and Igbo traditional values. This is why the researcher maintains the stand that the Igbo identity is both Christian and traditional. Nevertheless, the severe and unregulated erosion of traditional mechanisms of social control and action may have done more to distort and weaken traditional Igbo values and sense of direction. Among the numerous concerns that can be the central foci of CPE in Igboland that are also the three major areas that will be investigated in their worldview are their concept of morality: Outflow of Igbo traditional religious and Christian ethical values; and their sense of community and communal life.

4.3.1 The Place of Morality, Sin and the Problem of Guilt in Igbo Worldview

The Igbo concept of morality constitutes one of the central forces that hold their community life together and one of the bases of their identity as a people. It is the idea of Ilogu that some of the

factors that have educative influence in Igbo morality are fables, riddles and folktales (1974:136). These constitute the major ways of educating the young and youth on the morals and virtuous living. Each of these tales must always end with a moral lesson (Ilogu, 1974:136). The artistic way through which they are communicated leaves a lasting picture in the minds of people being told. The major virtues within Igbo morality include justice, co-operation and hospitality (Ilogu 1974:131). Reflecting on African worldview, Eide writes:

> From the worldview flow both standards of judgment and values, that is, what is true, good, beautiful and normal. Customs such as how to behave, relate to others, talk, pray, dress, work, trade, farm, eat etc. also flow from this basis in culture (1990:3).

Eide's observation is true of the Igbo society. Igbo morality gives them a standard of judgment and values. They see what is true, good, beautiful and normal in the way people behave, relate to others, talk especially in the public and before elderly ones, dress, work, walk, trade, farm, eat and behave at home. The above mentioned are components of morality, which is a source of power in Igbo understanding. Good morals can keep a person in a good standing with the world of the living and of the dead within the Igbo community. Okorocha used the term *Isa-aka* which literally means 'washing of hand' though understood as 'vitalization of the hand' to represent the ritual of purity. According to him, "this ritual has its roots in Igbo belief that purity and power go together" (1987:188). When this ritual is performed by a *dibia* (diviner) who has special training and possesses special powers, it is believed that power is imparted into the person for whom the ritual is performed. This act suggests that morality is also associated with power. A person that lacks good morals is powerless.

The issue of morality goes a long way in determining the nature of relationship and the type of life a person lives in Igbo community. Discussing the Igbo traditional morality, Ilogu writes:

> Key points to be noted are the existence of a moral code built up from the injunctions of the earth goddess (*Ala*) through the ancestors (*Ndichie* or *Ndibunze*). These injunctions, made up of approved observances and prohibitions, constitute what the Ibo call *omenani* (the "doings" or "ways" of the "land", that is the people, the community, the clan or the village). Those prohibitions are referred to as *Nso Ala* (the actions that are abominable to *Ala*, the land or the earth goddess) (1974:123).

The Igbo is born and bred under this situation where the life of the people is controlled by a series of dos and don'ts that have severe consequences from the earth goddess (*Ala*) and ancestors (*Ndichie*), when they are broken. The moral guides of the Igbo who are also the giver and keeper of these moral

codes are the earth, where people always find themselves and the ancestors, who are spirits and can see even in secrets dwell. Muller and Ritz-Muller note the part played by the earth goddess and the ancestors in the up-keep of morality in West Africa. The Igbo are among the people of West African who give a special place to the earth goddess and the ancestors in the up-keep of their morality. According to the authors, the ancestors who are respectable departed members of the community carry particular responsibility between the earth goddess and the community because they are now in closer connection with the earth. Regarding the up-keep of morality they explain:

> Transgression against heritage, neglect of the ancestors, and disrespect toward the earth would upset the necessary balance between people and their environment, leading to disaster, social unrest, and above all serious harvest losses (2000:123).

In their argument, especially relating to the Igbo, they point out that when such becomes the case, the ancestors who are seen as the "group's representatives in the world beyond," have a part to play. As they put it, "Just as they punish an offense by their earthly relatives, they also mediate between the living and the earth by putting in good words and passing the livings' prayers and sacrifices on to the earth" (2000:123). The input of the authors here highlights the important place given to the earth goddess and ancestors in the moral up-keep of the Igbo. Even in the present Christian usage, the word to describe any immoral act still relates to the earth, *nso ala* or *aruru ala* (abomination against the earth). In the real sense, as the authors noted, the solution comes when there is true reconciliation between the earth, ancestors and the person involved in the immoral act.

Within their idea of morality lie the concept of sin and the problem of guilt. In the view of Ilogu, when a situation luring an Igbo person away from the traditional village virtue (morality) fails, what follows is a sense of guilt (1974:96f). Ilogu notes certain features of Igbo morality:

1. It has a code that is religiously oriented, and, like all such moral codes, it developed a casuistry that accommodates some harsh and barbarous applications and sanctions (1974:137).
2. It is a utilitarian morality that aims at the preservation of the community and the encouragement of the emergence of "successful" gentlemen with personal moral qualities, to whom *ndu* is of great value (1974:137).
3. Because it provides a way of life that aims at achievement and success, it is elastic and can admit to the new through the quality of the life of the members of the community, even when the traditional social structures remain less malleable (1974:137).

4. The principle of norm acceptance is authority and social order maintenance orientation rather than individual conscience or principled orientation (1974:137).
5. It is not an "other-worldly" type of ethics nor fatalistic, but an element of the unknowable intrusion of some life chance and spirits, including the ancestral spirit, and emphasizes the need for man or woman, while being as moral and virtuous as he could, to exercise faith and walk closely toward the spirit world by obedience to the demands of his or her religious practices (1974:137).

In summary, Igbo morality is one of the ties that holds them together as a people. These morals are enforced through shame, conformity and codes. The codes of Igbo morality are "nearly always in the form of prohibitions sanctioned by the earth goddess (*Ala*), and communicated from her by the ancestors (*Ndichie* or *Ndebunze*) to the community" (Ilogu 1974:22). Igbo morality is part of the factors that give worries and concerns to them during crisis and cannot be isolated while caring for them during CPE.

4.3.1.1 The Concept of Sin in Igbo Morality

Though sin is a Christian concept, it also has its equivalent in Igbo religious worldview. In Igbo worldview sin is seen more as a "departure from the norm, the prescribed 'laws' or falling foul of *omenani*, over which the earth goddess presides who is thereby rebelled against" (Ilogu, 1974:137). It is being involved in abomination or pollution against the community or the earth goddess holding the community together. In Igbo language it is called *aru* or *alu* (abominable act). It is also called *nso ala* (behavior contrary to the laws of *Ala*-earth goddess). Sin occurs when a person contravenes approved social and religious norms (Ilogu 1974:22).

The Igbo believe that there should be harmony among the people, nature and the spiritual world. This will enable the ancestors to continue their lives through the lives of their offspring. Harmony is necessary for the well-being of the community. The Igbo society rewards its sons and daughters with a good deal of status symbols for virtuous living. This primal worldview still informs the present Igbo Christian communities.

4.3.2 Guilt and Shame as Part of the Consequences of Anti-Communal Acts

One of the problems that can alienate an Igbo within the overall communal life is any anti-communal act below the expectations of the community. This kind of act contravenes the Igbo idea of "good life" (Ilogu 1974:129). Each community has a social pattern by which individual growth in moral quality of a personal nature can be achieved. When the group-oriented code of morality is contravened, especially to the awareness of the community members, it leads to a sense of guilt and shame. If any sad experience occurs to the person afterward, it is often associated with that sinful act.

In Igbo worldview, even when there is no policing or any kind of surveillance, people still have that feeling that there is an unseen eye watching them. The Igbo have a guilt-oriented and shame-oriented culture. They have a group-related morality heavily influenced by the community's rigorous enforcement mechanism. One of the mechanisms that gets members of the community to control anti-communal acts are making the person feel ashamed publicly and applying some taunting denigrating songs. By so doing, they increase the inner guilt and put the person in a feeling of ashamed publicly. According to Piers and Singer, "this kind of rigorous enforcement mechanisms can make members of such group develop inner remorse or guilt" (1971:99).

Another area that borders on shame and guilt is the belief of the Igbo that nothing happens in vain. If a person experiences a difficulty in a situation that would have been normal, there must be a reason behind it. Such reason may be associated with an anti-communal act or any abominable behavior of the person. Ilogu gives an example of this kind of situation:

> It is our experience in Iboland[15] to see a woman, who because of difficult labor she had, openly admitted having sexual relationship with someone else. As we watch her we felt there definitely were in her the prick of conscience as well as the fear of the spirit of ancestors punishing her at the hour of her physical and emotional weakness (1974:129).

Although the above confession noted by Ilogu may not be directly linked with the difficult labor, the fear of being haunted by the ancestors or the earth goddess can make a woman confess a relationship she had long ago. Writing about the Igbo and their system of morality, Major Leonard writes, ". . . although the shame element is evidently present in the way Ibo society enforces obedience to their moral code, the individual prick of conscience is also present" (1968:458f). The Igbo society has that

[15] Iboland: Ilogu uses Ibo instead of Igbo. This is more of anglicised form of pronouncing Igbo. Igbo scholars criticize it and prefer to write Igbo or Igboland.

sense of strict moral observance. A CPE student visiting an Igbo needs to sense this kind of situation, especially when a person looks withdrawn and, to some extent, defensive. Guilt in Igbo worldview results as a personal responsibility, conviction and conscience for failure to keep with the morals and values of the society.

4.4 The Communal and Individual Nature of the Igbo and Western Individualism

Communal life in the Igbo perspective forms the bases of identity and defense against some of the evils that confront them in their environment. The Igbo hardly miss the link with their identified ancestral homes. They have the adage, *ebe a mulu onye ka a maara ya,* literally-a person is identified in his or her ancestral home. They live in communities of different sizes and levels where communal life is experienced. The Igbo always try to keep the close contact with their people no matter the part of the world where they live (Mgbemena in Adiele 1996:366). They have a high sense of communal living. Ottenberg says, "Of high entrepreneurial spirit in a country where entrepreneurship is common, they move about to work, trade, and study. Yet most of them keep in touch with their home area, even if they were born and raised away from it . . ." (1997:4).

The Igbo believe that communal life is inevitable because of the central position occupied by God in unifying human life and experiences. According to Setiloane, to Africans, human persons are mysterious forces proceeding from God (1989:14). On the part of the Igbo, too, human personality is not neutral. This implies that God is also part of the human community. In the words of Setiloane,

> Its very existence seems to be calculated to promote and participate in relationship with external world, human, animal, animate, inanimate, and even spiritual, like an antenna, charged and sensitive (1989:14).

In view of this understanding of the human person in Igbo society, people come into contact with others in communal living. There is participation in which people are interlocked with one another.

Looking at the communal and individual nature of the Igbo, the Very Reverend Dr. D. C. Okeke highlights that the Igbo are not slavish to authority. They can challenge any constituted authority and decide to stand on their own. This is why they have no difficulty in accepting Western ideologies (July 24, 2002). The Igbo easily accept whatever will work well for them, not minding what has existed

before or what any constituted authority may be imposing on them. As a result they can easily accept the Western form of CPE, if this will bring about an improved act of pastoral care for them. What will be necessary is employing a model that will integrate the students into their community life. In doing this, the CPE students will learn from their primal situation, which is the root of Igbo cosmology. The Igbo will not conceive a foreign ideology being enforced on them but will see something similar to their own in it. Bourdillon shares the same view with Okeke concerning another African ethnic group, the Lugbara people. The elders are the symbols of authority in Lugbara society. Their authority can be challenged and rejected when it turns oppressive to the people. As Bourdillon puts it,

> If an elder tried to assert his authority excessively, he lost credit and lost his authority. While beliefs about the power of ancestors did to some extent mystify the authority of elders, it was still possible to challenge this authority if abused (1991:70).

As Okeke continues, The Westernized form of pastoral care may not be strange to the Igbo. "What we need is to blend those things that are culturally available in our traditional system into the present pastoral care system. A sick person for instance needs to be given a sense of belonging." A dying person still needs to be accompanied back home to join his or her ancestors. It is important to maintain the communal nature of the people's community life. The Igbo still need to allow a long grieving period for the bereaved. Rituals and symbols play a great role in the life of the Igbo. These things are what give them a sense of fulfillment (Okeke, D. C. July 24, 2002).

4.4.1 The Igbo Sense of Community and Communal Life

The communal nature of the Igbo is seen in their efforts to belong as a member of a group. They have a concept of *Igwe bu ike* (unity is strength). According to Okorocha, the concept of *igwe bu Ike,* "is the unwritten code of every Igbo community" (1987:67). One of the public texts that guides the communal life of the Igbo is the belief in the strength of the community. The sense of belonging to their own people gives them confidence and fulfillment. It gives identity to an individual. Minuchin says that a human being is not an isolate. He or she is influencing and being influenced by his or her social context (1974:2). The concept of community is contrary to what Augsburger portrays as individualism. It is rather a situation where an individual feels fulfilled and contented with self without minding about the situation in the surrounding community. As he puts it,

> . . . Social relationships arise not from any corporate solidarity but from the consent of autonomous individuals and social contracts they pledge with one another. Society is an

> association of parties whose privacy is protected from invasion by a system of laws that treat property as an extension of the person and safeguard as inviolable both persons and property (1986:85).

Contrary to this view, the Igbo see social relations as corporate solidarity and a typical condition for being human. What belongs to an individual belongs to all. People exist because they belong, not because of a social contract they pledge with one another. An Igbo who has that sense of belonging has some roots amidst his or her people. Osuji argues,

> to the Igbo, salvation is belonging in the authentic community of the group. To be excluded from this community is one of the greatest evils that can befall an Igbo; he has no more roots and no one knows him personally any more (1977:40).

The communal nature of Igbo life is based on the myth of their first appearance of life on earth. Looking at Africa generally, Setiloane says that they teach that "the first appearance of people was a group, in company" (1989:9). The first appearance was a community of men, women, children and animals. It accounts for the gregarious nature of Africans and their ties to their family. The Igbo are among those whose community life is highly visible. Okorocha gives strong support on the view of the hospitable and communal life of the Igbo. As he puts it,

> To the people, the community predates as well as supersedes the Church; and blood affinities are always regarded as more important than ideological or denominational ones (1987:34)

Okorocha goes on to point out that the notion of being Igbo counts first before any other grouping with whom they might associate themselves (1987:34). There is a valued sense of belonging among the Igbo. This sense of belonging does not exclude natural things within and around the community.

The popular worldview of the Igbo is "I am because I belong." Considering the whole Africa, Setiloane notes that for an African, it is "I belong, therefore I am" (1989:1). Everyone belongs, and, to the Igbo, this is the essence and root of being. The Igbo shape their lives and philosophy that keeps them going based on this understanding. Everyone must belong to a group or person from whom he or she reaps the fruit of life or those who will reap the fruit of his or her life later. Setiloane writes, "Records of early explorers and missionaries witness to the fact that societies and commodities flourished, arts were practiced and, above all, there were systems and order which regulated life in togetherness and made possible fulfillment in individual and community life" (1989:1). The Igbo society is part of the African communal lifestyle where communality is seen as a virtue.

4.4.1.1 Community as a Source of Strength in Igbo Cosmology

The Igbo believe that human beings are not created to live alone. Loneliness is not a sign of good fortune but misfortune. They have an adage that says, *so otu onye noro oyi atugbuo ya,* if a person stays alone, he or she will die of cold. A person must not be lonely or live in isolation. People find their strength in the community. Okorocha refers to the strength of the community as seen in some of their adages like, *igwe bu ike* (unity is strength). Others include, *ukwu aziza nyiri dike,* a bunch of tiny broomsticks defies a giant's strength – Whereas it is easy to break broomsticks individually, when they are tied together the bunch is impregnable. Okorocha goes on to explain this as an indication that "everyone must learn to take refuge under the tower of group solidarity" (1987:302). The Igbo also say, *otu onye lie onwe ya aka ya aputa* If a man buries himself, one of his hands will be outside the grave – This is, the hand used to seal the coffin and cover the grave. Okorocha correctly explains this to mean, "However self-sufficient a person may be, he needs to realize that he needs his fellow human beings" (1987:302). Removing an Igbo from the community setting is denying that person the source of strength and warmth.

4.4.1.2 Community and Identity in Igbo Setting

One of the areas of concern in CPE is identity. There are personal, professional and pastoral identities. The question of identity is also one of the greatest concerns to an Igbo person. Bourdillon sees personal identity as one important need of individuals, especially in a mass urban society. He points out that the main function that religion serves is that of providing personal identity (1991:56). As he insists, one of the fundamental needs of humans is identity. Hans Mol sees identity as being of psychological, physiological and sociological importance. He argues, "Each person needs a stable niche in the whole complex of physiological, psychological, and sociological patterns of interaction" (1980:8). Mol's argument implies that humans have a fundamental need for identity, which must be a stable niche for each person. It must not be just the situation of the moment. It must be given an absolute and permanent quality by a symbol and needs to move across different situations at different times. According to Mol, religion provides symbols needed for personal identity (1980:8f).

Among the types of identities that Mol highlights are personal, group and social identities (1980:8). In the words of Bourdillon,

> Personal identity relates to the meaning each person finds in life. Group identity involves attachment to one or more particular groups. Social identity refers to the place a person has in the society at large (1991:56).

Bourdillon upholds the argument of Mol that "religion provides these different types of identity in a variety of ways, and that different types of religion emphasize different aspects of identity" (1991:56). CPE sorts out the problem of personal, group and pastoral identities. There is the awareness in the CPE program, as shown in chapter one, that identity matters in the life of an individual. Bourdillon, referring to Mol's idea of the importance of socialization in a person's sense of identity, sees the importance of sacred character acquired over time in a person's behavior, social hierarchies and all social relations. He goes on to posit that "Patterns of relations have been established for a long time and are fully sacred (1991:57). In other words, there already exist patterns of behavior that individuals within the community are attuned to, which to them are sacred, and they may find it hard to be separated from such behavior. This forms the bases of their communal life, and removing them from it becomes a form of alienation. Such behaviors have become aspects of personal, group and social identities.

Another important aspect of a person's identity is the stability and continuity with the past. According to Bourdillon, "Stability and continuity with the past is a prerequisite for a working identity." He argues that "when the structure of the society changes, identity crumble, and people look to new religious forms to provide and to make sacred, new and appropriate realities" (1991:57). Religious experiences play an important role in creating and upholding new identities for individuals. It is this identity that people carry to them and refer to in both group and social life. During periods of crisis, personal identity is called to question due to some level of alienation that the crisis brings. Pastoral care brings back the religious factors in upholding the identity of a person. Ted Trout-Landen points out that spiritual care given to the sick in hospital beds gives them strong spiritual backing in their identity crises, especially when they call to question confusing events of their lives (September 10, 2003). As Bourdillon sees it,

> The way people see themselves and place themselves in some structured cognitive perspective is clearly an important part of social life, and lies in the realm of ideas. Religion often provides this function, and it is particularly noticeable in complex industrialized societies (1991:57).

Bourdillon has, in the above position, shown the role of religion in people's identity, especially in determining how they see and place themselves within the social life. It is indisputable that even in the industrialized societies, other means of healing, control and entertainment are provided. Arguing further, Bourdillon looks at other social institutions that can sacralise an individual's identity in modern times. Some of them include political actions, academic and other tightly run bureaucracies. Social institutions can provide particular group identity and can make such identities sacred in such a way that they cannot be questioned. This gives sacred identities even to non-religious people (1991:58). Though the central focus of this chapter is not on identity and religion. In this discussion, the researcher has tried to highlight the importance of personal, group and social identity in the life of an individual, particularly during a time of crisis. Because religion and other social institutions have roles to play when identity is shattered, a pastoral caregiver has a role to play in this restoration and in helping the person in crisis re-arrange his or her identity crisis.

In the Igbo traditional community, the issue of identity in the communal living cannot be displaced. Various means of identity include families, lineages, kindred meetings, village gatherings, clan associations, age-grade meetings *otuogbo,* masquerade groups *otummanwu,* women groupings like *umuada, umuokpu, otuumuagbogho* and a host of others. There are also professional groupings like that of the diviners, farmers, and people of the same trade. Ranging from family to clan levels, these grouping provide bases of identity and protection for individuals. Each of them has some levels of binding on individuals and families. They may often be oppressive when, through any of these bases of communal living, individuals are excluded or ostracized from the overall communal life. The CPE program must recognize the strength and weaknesses of each community's means of communal living.

4.4.2 The Strength of Family Ties in Igbo Communal Life

The main argument of the researcher in this section is that family must be put into consideration while planning a CPE program for the Igbo society. To achieve this, a CPE center must be located at a community-based center where different families can easily be reached. The argument is based on the understanding that family tie is a strong area of influence in the communal life of the Igbo. According to Muller and Ritz-Muller, "The family represented a truly 'sacred' and also universal institution." As they try to affirm, "Ethnological research has found no culture where the family does not form the core

of every social community" (2000:10). This includes both the nuclear and the extended family systems practiced by the Africans and the Igbo specifically. The influence of the family link, both at nuclear and extended family systems, exerts on individuals cannot be overly mentioned and cannot also be overlooked in their pastoral care. Family forms the primary bases of the communal living, and is valued so much that it has powerful influence in an individual's life.

The center for social, economic, political and religious life of the Igbo is the family. Balogun notes that the Igbo practice the "house" system of political control. In this system, powerful families exercised influence over other families. He points out that the British colonial administration first had a problem with administering the Igbo because of lack of centralized political and administrative institutions (1983:71). The authority was in the hands of the elders, age-grades, secret societies, extended families and kinship groups. Masquerade groups whose members belong to different families enforce law and order in the community. The nature of inclusiveness, which the Igbo concept of communal living emphasizes, starts from the family. According to Setiloane, "A primary characteristic of African 'being' is its inclusiveness" (1989:37). Setiloane's idea can also be seen as a driving force in Igbo family relationships.

The family system in Igboland is based on patriarchy. The male members of the family hold most of the power within the system. They also have a high degree of attachment to their families of origin. The attachment gives rise to a long line of extended family systems. Ottenberg confirms it by saying that the Igbo are generally patrilineally organized (1997:4). The Igbo call this kind of togetherness in their language *Umunna*.[16] In this relationship, there is a common allegiance to an ancestor "father" from whom other nuclear families emerged. Locating a CPE center close to the families will enable the students to understand the nature of the allegiance of different families to their ancestors.

4.4.2.1 Family Life in Igbo Community

As noted above, the family system cannot be isolated while discussing Igbo communal life because this is a child's first point of contact with the physical world and this is where socialization process begins. As Muller and Ritz-Muller argue, the family is most important for the role it plays in the continuation of the group. As they put it,

[16] Descendants from one father

> Without successive generations small village communities would not have been able to survive. The issue was not so much to make sure that enough children were born but that they were raised in a safe environment and that they were sufficiently prepared for their communal life (2000:10).

The family for the Igbo is the means of entry into the wider community and has a powerful influence in the life of that person. Wynn notes that if a member of the family is sick, the whole family is sick (1982:52). Switzer also points out that when a family is sick, "there may be heightened emotion within the family leading to some members of the family being so abusive and lacking in self control" (1974:42). In the same way, if families that make up the community are sick, social relationships and communal life in that community will be sick. The manifestation from the sick family affects the community. Since the Igbo are a community seeking people, it will mean that everybody in the community is sick. This may be what Kalu Ogbaa implied in his comment on Chinua Achebe's literature book, *Arrow of God*, concerning an Igbo community,

> Although the titled elders have such powers and authority, they always try to use them for the common good of the people because they represent the founding ancestors of their village. They give this kind of severe command only when the lives of the citizens are in danger; in this case, the clan is threatened by famine and starvation (1992:70).

The fear of elders in this comment is that what one family, the family of the traditional chief priest *Ezeulu*, caused can bring serious consequences from the spiritual world to the clan. It is not a danger to the family alone but to the entire community that makes up the clan.

The elderly men meet together in the village playgrounds to decide on important issues affecting the village. Each extended family guides their members and settles disputes within their own extended family. Settlement of disputes can be carried further to the elders of the village who are representatives of different families. They can then appoint a native court to look into the matter. Balogun, notes that the British High Commissioners who took control of the Niger Coast, Sir Claude Mac Donald and Sir Ralph Moore, made extensive use of these traditional institutions in administering eastern Nigeria. They schooled these institutions in the British concept of "natural" law and morality, and, in 1900, Moore brought of all the native courts under the supervision of a local British supreme court and repealed all "unjust and barbarous" laws (1983:71). The Igbo face the conflict of either doing things in the Igbo traditional way or in the British way. To bring a true solution to the needs of the individuals, the family and the entire community must be put into consideration. Locating CPE centers within the

Igbo community will help the students learn from the elders and titleholders and also enable them to reach the individuals and families in their localities.

4.4.2.2 The Extended Family

The family relationship in extended family among the Igbo is made up of the male descendants of the founding ancestor. The extended family members often go by the name of this ancestor. At the bottom of this line of family relationship are nuclear families made up of a man, his wife or wives and children. Farmer sees the extended family as "vertical relationships between the generations and extensive range of collateral relationships and also some affinities, which include those by marriage or by blood" (1970:33). Igbo family system is seen from the side of blood relationship. It is this blood relationship that binds a number of nuclear families and those of marriage relationships into one extended family system.

The Igbo extended family system is largely an expression of communal life. In this regard, the Igbo see everybody as being related to the other, either through blood, marriage, or by mere association and being relevant to each other. They demonstrate this relatedness during ceremonies, celebrations and during a crisis (Setiloane 1989:9). The social and religious ties that bind Igbo extended families together are stronger than forces of separation. Even when there are minor differences and misunderstandings, certain ceremonies like marriage, childbirth, religious rituals and death can pull the families together. All of these occasions involve traditional rituals that can often bring about reconciliation. The extended family influences the life style of the nuclear families. Each of the progenies from the ancestral father represents a nuclear family. McCubbin and Figley comment that "experience in one's family of origin affects how one functions in marriage as a 'nuclear family'" (1983:29).

The *nwadialas*, who are the grand-children/nephews from the female side, have strong links with their grandfathers and uncles but cannot inherit land or any other property through them. Their mother, who is a daughter in the family, is described as *nwada*[17] if married outside their clan, or *nwaokpu*[18] if married within their clan. If there is a very serious crisis within their family of origin, *nwada* or

[17] Literally means daughter to the family probably married in another clan.
[18] Literally means daughter to the family married within her clan

nwaokpu is consulted as a final resource. Any stand they take is final. This pattern of relationship gives the members of the extended family a particular frame of mind and thinking. They find themselves fit or misfit within the wider social context through what happens in the family and the extended family system. It also forms a basis for security and protection within the wider community circle.

Meek makes reference to the role of the extended family in the moral upbringing of a child. Extended family forms one of the strong bases of community influence on an individual. As he indicates, "For misbehavior, young children are generally threatened by their mother with a flogging from their father, or father's elder brother or sister" (1937:301). This kind of action is permitted because the Igbo believe that it is the responsibility of whole members of the community to train a child since the community will benefit if all their children are good. Van Arkel therefore says that "any understanding of the helping actions in Africa must take the central role of African extended family system into account" (Summer 1995:195).

4.4.2.3 The Nuclear Family

The nuclear family is the last level of family relationships in the extended family system. This is the first community of a child where the process of socialization begins. The nuclear family of the Igbo can be seen in two ways: the polygynous and the monogamous families. Traditionally, it is not strictly the group consisting of a husband, one wife and their children as Farmer sees it (1970:33).

4.4.2.3.1 Polygynous Family

The polygynous family in Igbo society is made up of one husband and many wives. The wives can range from two to any number the man is able to afford. Each wife works very hard to care for her own children. The marriage of many wives, in most cases, is for economic and security reasons. All the wives married to the same man and their children join hands in agricultural work or any other family trade. It is believed that outside enemies cannot easily overcome a big family. Phillips commenting on polygynous family says:

> This is the only one aspect of a system where co-operation in tilling the fields and herding the cattle is provided by a group of people bound by the obligations of kinship and marriage and not by the relationship of wage earner to employer. The larger the co-operating group, the greater the possibilities of wealth and defence against enemies (1953:1).

The Igbo also love having many children. They believe that marrying many wives will enable them have a lot of descendants. Phillips thus observes that the polygynous joint family, consisting of a man, his wives and their children, is the ideal of most Africans. He goes further to say:

> The more children are born to a group, the greater its hopes for expansion in future. Legitimate children are secured by marriage in due form and the importance of seeing legitimate descendants account for the most characteristic features of African marriage law. Women have their own share, an important one, in the division of labor and both the wealth of the group and its hopes of progeny are greater in proportion to the number of wives (1953:1).

Each wife in the polygynous family has her own hut where she lives with her own children. Each wife also has a day when it will be her turn to feed her husband. Their husband has his own day for sleeping with any of his wives. There is always competition about which wife the husband loves most. This aspect also brings about rivalry within the family. Problems arise when he starts showing preferential treatment to a particular section of his family.

Anne Nasimiyu-Wasike is critically against continuous practice of polygamy in Africa. She argues that "by Jesus' incarnation, women and men were freed from servitude to sin and death, and human life was fully divinized" (in Oduyoye and Kanyoro 1992:115). Christianity has drawn all people and their culture into God. Jesus also challenged polygamy practiced in Jewish culture of His time. Polygamy is an act of enslaving women and children and it denies them of their basic human dignity. It is a degrading and segregating system created by people. It is a system within the culture that legitimizes the exploitation of some people and preserves the privileged status, prestige, and power of others (Nasimiyu-Wasike in Oduyoye and Kanyoro 1992:115). The original intention of God was equal partnership between men and women. In the words of Nasimiyu-Wasike, "Polygamy came about as a human response to social, economic, religious, and personal needs and was based on distorted human relationships between women and men." She calls for "a rejection of those elements and institutions which rob people of their freedom of thought and action and render them perceive recipients of directives concerning what they are allowed to do, where, and under what circumstances" (in Oduyoye and Kanyoro 1992:116). Polygamy falls among such elements of culture Nasimiyu-Wasike thinks must be rejected in the modern Africa.

4.4.2.3.2 The Monogamous Family

This is the practice of having only one husband and one wife at a time. Unlike the polygynous family, the upbringing of children is a joint responsibility between husband and wife in a monogamous family. They also join hands together in working for the survival of the family. Children are closer to their father and mother than in a polygynous family. There is also a shared responsibility between husband and wife in this family than in a polygynous family.

4.4.3 Communal Life in Igbo Lineage

The lineage is another way the Igbo express their community relationship. Members of a lineage are those who have direct descent from an ancestor. The Igbo call this *umunna*, literally children of one father. The common ancestry here may not be a distant one but there can be lineage, major sub-lineage and minor sub-lineage[19] before coming to the lower level of the extended family (Ilogu 1974:12f). This group has a strong grip on members of different families that make up the *umunna*. One of the features of *umunna* is allegiance to an ancestor, which means no intermarriage among the members (Uchendu 1965:40). It often forms means of protection of families against external forces and infiltration. It is also believed that the ancestors control the welfare of their descendants and ensure the expansion and well-being of the lineage they had founded. Conflict within the lineage is displeasing to the ancestors and must be resolved at the lineage level. It might require a sitting together of the members of the lineage, cooking and eating together while discussing this vital issue that may affect the future well-being of their members. At times, rituals of reconciliation will be required. Some of the consequences that may arise from unresolved conflict may be lack of progress of some members of the lineage, barrenness, illnesses or even death because of the anger of the ancestors who are now seen as pure moral agents. *Umunna* is made up of male members of different families that see themselves as descending from one, possibly a second or third generation father (Ilogu1974:12ff). They meet occasionally in the house of the oldest member of the lineage to discuss problems confronting individual members and families.

[19] Members of a lineage can be seen as the third generation descendants of the common ancestor of a clan. The first generation descendants of the common ancestor of the clan can be seen as sub-clans. The second generation can be seen as villages. Major sub-lineages are the first generation descendants of the common ancestor of the lineage while minor sub-lineages are first generation descendants of the common ancestor of the major sub-lineage (Ilogu 1974:12ff).

4.4.4 Communal Life in Igbo Village

Forde and Jones identify two types of villages among the Igbo. These are "a village made up of various homesteads or compounds whose owners are members of the lineage that claim ultimate common descent." Another one is "a cluster of hamlets[20] made up of homesteads[21] or compounds whose occupants are members of various lineages, all of who do not claim ultimate common descent, and therefore, can intermarry" (1950:17). What Forde and Jones observed more than fifty years ago is still true of Igbo community of today. Sharing and living together constitutes the major feature of Igbo communal life in a village setting.

Though people living in a village may not have those strong blood affinities, they still realize the possibilities of their common ancestral descent and, therefore, join forces together for any external aggression. The village provides some considerable solidarity based on neighborhood rather than immediate blood relationship. Okorocha notes that the Igbo hold blood affinities stronger than any ideological concepts (1987:34). Though the blood affinity may not be immediate, there is sense of relatedness along the genealogical line. This forms the bases of joining hands together for a common good especially in educating its members in ways that will make the members of the village live happily together. According to Meek, the village community plays a great role in the education of the young because it becomes the responsibility of the extended family and the whole village to educate the young growing ones in line with their vision of life and their worldview. As he posits,

> This community concern for the proper upbringing of the young in village life, presupposed knowledge of the norms and values in which children were to be socialized (1937:301).

The village community has such influence on individuals because it is the immediate place of identity where the person must return to make a meaningful living. The identity of a person within his or her village matters in the life of an Igbo person. Muller and Ritz-Muller, looking at the situation in African village, point out that,

> Men's tasks include all large and public building works (wells, roads, bridges, walls, huts for large families or for gatherings, mosques), the manufacture of all the tools and weapons that they use, and the care of cattle, which are sometimes kept in small numbers. The men also receive guests, assume functions in the community and act as members of communal and elders' councils, and with increasing age take up religious roles (2000:16).

[20] Hamlet can also be seen a small village made up of few lineages sharing their communal life together.
[21] Homestead can be seen as a walled compound where Igbo large families live to attend to their farms.

What the authors said is true of the Igbo village. The researcher, himself, has also participated in some of these communal labors in his village community. Even in this modern time when towns have emerged, the roles played by villages that make up a town or according to Uchendu "village groups" cannot be overlooked. In the modern system, Uchendu maintains that villages form the center of communal life and play a great role in "helping the town to get up" (1965:34ff). By virtue of geographical confinement of the members of the village, they are bound to live their lives together and share their worldviews together. The village forms part of the social laboratory where a person is prepared for the wider world community.

4.4.5 Communal Life in Igbo Clan

Clan in the Igbo situation is made up of a number of villages and lineages that trace their common descent to an ancestor. There are sub-clans, which can be a number of village groups united by a common ancestor (Uchendu 1965:34ff). The Igbo concept of clan is one of the areas that emphasizes the high values they place in their genogram. The idea of genogram links an individual to his or her line of descent, and the influence the family and surrounding experiences has in the character formation of the individual. There is also a genealogical tree of the line of family generations. Members of a clan follow this line of descent to a common ancestor, especially in a patrilineal group. Muller and Ritz-Muller note that villages may be separate within an African clan, but "the village and its fields are a rightful possession of the local clan." This is because the founding ancestor of the clan and the spirits that operate within the clan prepared that area for his descendants (2000:13). The founder of the community is the apical ancestor to whom every lineage and family within the clan will be traced. Each male member of this community is call *diala* (Free born) because his genealogy can easily be traced to the apical ancestor (Okorocha 1987:57f). The uniting force in this kind of community is quite strong. They are aware of their blood relationships and a common ancestor that unifies them. Their sense of a common heritage binds them together so that each member wants to be seen as belonging.

The clan spirit is so strong that they believe it to be a unifying factor and force to fight any outside intruder. Kalu Ogbaa, looking into the spirit of unity in a clan as recorded in Chinua Achebe's *Arrow of God* notes, "No one ever won judgment against his clan" (1992:35). A true clan spirit will always

be on the winning side. The intruder here may be sickness, an unexpected person or evil spirits. In the book, *Things Fall Apart*, one of the leading characters, Obierika, observed that the White man was able to conquer the clan and the people of Umuofia by subtly winning some of the people to his side so that the clan could no longer act as one (Achebe 1958:124f). By winning over some members of the clan, the clan spirit is disintegrated, and, as such, they are weakened, and the Igbo see it as one of the greatest tragedies that can befall any society (Achebe 1958:125). The oneness of the clan is vital to the survival of the individuals that live in it. To this end, Okorocha writes,

> The health of the community is equally important. So the Igbo pray 'that our clan may hold together . . . that there may be no cleft in the land lest strangers come and possess our groves' (1987:67).

4.4.6 Myth and Communal Memory

Chinua Achebe, writing on the topic, "*Chi* in Igbo Cosmology," argues that to understand the worldview of the Igbo requires a clear understanding of their metaphor of myth and poetry. These are expressed through their folktales, proverbs, proper names, rituals, and festivals (1976:132). Myths are seen as the communal memory of a group. According to Setiloane, "In myth there is something of a communal memory of the group as it has grappled with the questions of its and all human origins, life on earth, being (what is the human person?) and even the hereafter." He echoes that every culture has its fund mythology and that "it is commonly accepted that myth can no longer be discounted as mere fabrications of the fertile minds of primitive peoples handed down from generation to generation" (1989:3). Bourdillon agrees by saying, "Myths and social relations both depend on the way people think" (1991:221). Using the myth of creation by the Yoruba people of Nigeria as an illustration, Bourdillon shares the view that local myths and the local religions, which support them, are invariably ethnocentric (1991:222). His viewpoint supports the idea that people do believe that their own nation, culture, or group is intrinsically superior. People often belief that the way they do things are the real ways of doing things better than that of any other people because of their myths.

Another factor of interest in attending to an Igbo in the hospital is cultural myths. Cultural myths play a great role in the thought pattern of the Igbo. It is where they base their yardstick for measuring successes or failures. John Patton says:

> Understanding the power of myth and some of the issues that it was intended to order and interpret is important, even when the myth is rejected as literal truth (1993:49).

Myths and some other culturally inherited factors play a great role in the life of many Igbo during crisis and when they get sick or get involved in other forms of crises. Setiloane argues that myth in Africa is "a mirror through which people's consciousness of themselves surface." It forms a means of penetrating the inner recesses of a person's soul. Myth is where they give answers to many of their peculiar communal behaviors, idiosyncrasies and views about life (1989:9). To find out how the Igbo interpret the events of their lives, it is necessary to be familiar with the myths that rule their lives. Their communal attitude is, to a large extent, dependent on these myths. The myths also rule most of their festivals, rituals and other things they depend upon for their daily living.

The myths that exist in a place has a lot to do with the nature of life lived in that place. Afigbo suggests that most of the Igbo myths and folklores are outcome of their real encounter among themselves and their political neighbors. They are related in the form of folk tales placing names of animals and spirits in place of similar characters among humans that once exacted influence in their lives. For instance, the fatal war between the kingdom of ancient Benin and Igbo has never disappeared in Igbo folk tales. As Afigbo puts it,

> Over four-fifths of Igboland did not feel the direct impact of Benin and Idah and hardly heard of them except as the romantic and legendary lands, lying in the zone between the world of men, the world of spirits and the world of animals where men, the tortoise, the other animals and the spirits enacted some episodes always being retold in Igbo folklore. Many folk tales among the Northern Igbo begin with the following statement: *otu ubochi na obodo Idu-na-Oba Mbe na Agu zoro iwu* – 'one day in the land of Idu and Oba the tortoise and the leopard had a bet, etc' (1981:16f).

Oba in this story is the traditional ruler of the kingdom of Benin, while *Idu* stands for Idah, another ancient kingdom that was in conflict with the Igbo. The use of animals in the folk tales depicts the characters played by each of these people. The leopard is a strong animal, while the tortoise, which the Igbo conceive as the trickiest animal, represents the characteristic shown by any of the warring groups. Ottenberg also supports the idea that the Igbo have a rich, varied tradition of folk tales that often involve *mbe* (the tortoise), who represents tricksters (1997:4). A CPE student can easily understand these dynamics of the Igbo during a direct experience within their community.

4.4.7 The Igbo Concept of Reality about Community

In the light of the above discussions, a pastoral caregiver in the Igbo setting who will succeed must be aware of what constitutes the reality of community to them. Prof. Kwame Bediako argues that a caregiver who is not aware of the reality of the African community may not be able to give effective care to them. According to him, this reality includes their relationship with the spiritual world and with nature. The caregiver needs to be equipped with their concept and causes of sicknesses and misfortunes, the position of dreams and their relationship to nature and their ancestors. These factors can never be displaced in their lifestyle and must be considered while attempting to help them (May 20, 2003). Kalu Ogbaa, points out that Igbo cosmology and traditional religion are important pathways that should be understood in an attempt to conceive their idea of reality. According to him,

> A background knowledge of Igbo cosmology and traditional religion enables the readers to gain useful insights into what informs and shapes their world-view, moral code and ethics of characters, namely, the relation of man to other creatures or forces in the universe, to his fellow men, and to the supernatural force behind all creations, variously called cosmic force, God, or as in the case of the Igbo people, *Chukwu* or *Chineke* (1992:9).

The Igbo conceive their community as being part of the cosmic force that they need to maintain in a balanced relationship in order to experience the true meaning, essence and reality of life. This concept of reality about Igbo community is implied in what Ilogu says:

> Man is born into this world first of all through his parents into his community of many ancestors, and then into the lineage unit, later he grows up into the village, town, country and world communities. He is not meant to live in lonely isolation . . . But despite all the facilities of this common life in community and in the world of visible existence, he feels affinity with a kind of unseen "spirit-world" through his consciousness of self-transcendence (1974:204).

The reality is the belief that a human being is not meant to live alone in the world. Community that is made up of people in their various groups, nature and world of spirits is inevitable. Muller and Ritz-Muller argue that the African inclination to the invisible world upholds the drive in them to live harmoniously with both the world of the living and that of the dead. As they put it,

> All African peoples have vital interest in living harmoniously with their powerful though departed relatives. Before making important decisions they ask their advice in prayers and receive answers through a sign and dream (2000:122).

The Igbo have high regard for communication made to them through dreams. They see dreams as one of the channels through which reality of the cosmic can be communicated to them. In their understanding, solutions to difficult problems can be communicated from the spiritual world through

dreams. The Igbo communities, which to them include visible and invisible beings and other natural things, have a means of communicating to each other through words, signs and dreams. It happens in this order: human beings can communicate to each other verbally and non-verbally, and communication to nature and spiritual world may be through words and signs. Other natural things can communicate through signs and the world of spirits through signs, rites, offerings, oracles and dreams. This idea confirms Parrinder's point that "there is no dividing line between sacred and secular in African cosmology such as professed in Europe." Those who have crossed this life to that further shore are with us still in dreams, in offerings, in rites performed and oracles consulted. The whole organization of society is maintained by the spiritual forces, which pervade it (1954:27).

Describing the nature of African cosmology, Bujo Benezet says that there is a continuous exchange going on between the visible and the invisible worlds, between the living and the dead. Every member of a clan or family group is obliged to keep alive relationships with the living whom the ancestors have established as their representatives (1992:20). The Igbo approach their lives' experiences from two perspectives. One is the physical and visible world of the living and the other is the invisible world of spirits and ancestors. In agreement Balcomb says that most people in Africa today clearly live in two worlds: the primal and the modern (2001:8f). The primal world, according to Gillian Bediako, is a positive term that denotes anteriority. It also means "basal or elemental, the fundamental substratum to all later religious traditions." In other words, every society has this fundamental belief in what reality means to them before they later spring into their various worldviews. According to Gillian Bediako, this can be interpreted in terms of "universal, basic elements of human understanding of the Transcendental and the world, essential and valid religious insights that may be built upon or suppressed, but not superseded" (2000:12). Primal in this sense, and in the sense used by Balcomb, therefore, does not mean primitive or superstitious but fundamental concepts of the reality of the world. Earlier, Balcomb points out that indigenous knowledge system is informed by a worldview that humankind is not alone in the world but shares it with a spiritual world of powers and beings more powerful than itself. Human beings can enter into a relationship with the benevolent spiritual world and share in its powers and blessings and receive protection from it (2001:5). Primal, from the point of view of these two authors, is not against modern. It is rather modern and determines the modern approach to life. It is the fundamental knowledge that will inform any pastoral strategy in order to

succeed in an Igbo situation, and this can be embraced through direct interaction with the Igbo in their local communities.

4.5 The Igbo Individualism

D. C. Okeke argues that the Igbo are not exclusively communal against individuality (July 24, 2002). Individualism as Augsburger defines it is:

> One's self-concept, to the image of oneself as an individual unit whose motivations and behavior are aimed at individual goals, as opposed, for instance, to a member of a group whose behavior is directed toward smooth harmonious interpersonal relations (1986:86).

The idea of individualism by Augsburger is different from individuality implied by Okeke, which according to Augsburger refers to the development of differences within the personality, the cultivation of versatility, the exercise of adaptability in different contexts.[22]" The two concepts apply to the Igbo. They exhibit both individualism and individuality. Individuality, in this sense, means that they can easily adapt to a new situation and try to be friendly where the situation requires that. Despite the Igbo act of individuality, they still have the tendency toward defending their self-concept. They often challenge communal authority and are outstandingly individualistic. Also, on his own part, Ufo Uzodike posits that "the worsening political and economic climates have contributed to a mimetic outlook among Igbo people" (June 4, 2002). This implies that the Igbo now imitate what is foreign more than their inherited cultural patterns. They have a high level of internal personal control. According to Augsburger,

> People with high internal personal control believe that they are in charge of their own lives and that their choices and actions determine the consequences and outcomes; their high sense of internal responsibility leads them to credit success to or blame failure on their own efforts and abilities (1986:99).

Ezeanya argues that though the Igbo love communal living, "yet not as an inconsequent appendage, but as an authentic and vital piece woven into the whole" (1956:233). The situation is exacerbated by

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[22] Quoting Stewart 1972:69, Augsburger explains individuality to mean the development of differences within the personality, the cultivation of versatility, the exercise of adaptability in various contexts. It is the freedom to exhibit a variety of behaviour patterns in different social situations, as opposed, for example, to a rugged individualist, whose behaviour shows high consistency in the response given in family intimacy, in cooperative work, or in casual friendship (1986:86). Furthermore he explains individualism to be a situation where, "each individual has a unique, idiosyncratic experience of life. Each lives in a unique subjective world, pursuing personal pleasures and private goals, dreams and fantasies. Each person constructs a lifeline which, when allotted time is over, will vanish (1986:364).

both their traditional individualism and the associated rigidity in their sense of personal autonomy. Supportive of this view, Augsburger writes, "the group-centered person often possesses greater individuality than the 'rugged individualist'" (1986:85). Okorocha notes this act of individualism as being "firmly anchored in their consciousness of group solidarity." Despite being highly communal in nature, the group is not placed above individual. As Okorocha argues,

> For while it is true that 'when one finger is soiled with palm oil, it soon touches other fingers as well,' the Igbo still insist that *Ihie anyi bu ihie anyi, ma nkem bu nkem*; 'what belongs to the group collectively [*ihie anyi*] is not as precious to the individual as what belongs to him personally [*nkem*]' (1987:67).

The prevalence of such characteristics had been tempered by a great sense of extended family and community. It enabled families and communities to pool resources in pursuit of the general good (public roads, buildings, or utilities or even the training of child of the soil). Sadly, many of these values are being severely tested and battered with the onslaught of unfiltered or unfettered external influence. Predictably, the net effect has been that the Igbo seem to lack a clear direction as a people and as subcultures and communities. Augsburger, therefore, notes, "The entire joint family feels the shock wave throughout the system when one member begins a determined move toward a more individualistic position" (1986:191).

4.5.1 Igbo Life of Independence

One of the things that can frustrate an Igbo is the concept of being dependent on other people. An Igbo wants to be seen as a person who can make it on his or her own. Rather than being dependent, which may mean a parasitic relationship with others, they will prefer a mutual help or symbiotic situation whereby each person can be a contributing member of the society. Okorocha refers to *aka nri kwo aka ekpe aka ekpe akwoo aka nri ha abuo adi ocha* (If the right hand washes the left hand, and the left hand washes the right hand, both hands become clean) (1987:302). This agrees with Augsburger's idea that, "group-centered societies do invite or require a good deal of conformity, but they also permit a significant measure of independence" (1986:85). A life of independence in Igbo communities is a means of enhancing and strengthening communal life. The Igbo like to benefit from somebody but will not like that person to see him or her as an invalid and unable to make an impact. This makes a point for a community-based CPE model for the Igbo society, where symbiotic relationships can be experienced.

Looking into Igbo novelists, especially those that wrote extensively on Igbo cultural history like Chinua Achebe's *Things Fall Apart* and *No Longer At Ease*, Emenyonu highlights how over dependence of opinion and dogmatism on personal beliefs led to the downfall of the heroes of the two books, Okonkwo and Obi. Over dependence made them to lose the support of their people despite their greatness and achievements. As Emenyonu presents it:

> Obi's willfulness, unlike Okonkwo's, can be traced to factors outside his culture and made more complex by the changes in his immediate society. His over-zealousness as a young man almost resulted in a sacrilege to his village. Neither Obi nor Okonkwo is truly representative of his people. Neither is the epitome of his people's customs and traditions and when tragedy strikes at the end, neither has the will of the people behind him. Instead, there is a sense of unity among the people once the protagonist is no longer in their midst (1978:125).

Going through these two Igbo novels, the two heroes of the novels, Okonkwo for *Things Fall Apart* and Obi for *No Longer At Ease*, were people of great achievements. Both of them in their own ways tried to fight in an honest way to protect the culture and interest of their people. Obi, the grandson of Okonkwo, represented modernism, while Okonkwo represented the generation of Igbo that first encountered colonialism. Okonkwo, a great wrestling hero, tried to protect his people's culture and took the lead in fighting for his people against infiltrations into their culture. This led to his killing of his stepson, Ikemefuna, a captive of war, whom Okonkwo kept in custody for their village deity. He also took the lead in fighting against the first European visitors to his village, on behalf his people (Emenyonu 1978:112ff). Obi, on his own part, was a Christian and had Western education. He liked seeing things work perfectly and hated seeing corrupt practices and bribery (Emenyonu 1978:126ff). Though they both had good intentions for their people, they were stubborn, high-spirited, and too inflexible to care for public demands and interests, and had over-zealous and dogmatic commitments to personal beliefs. These factors made them committed to personal will above communal demand and, as such, lost the support of their community (Emenyonu 1978:125).

In both cases of Okonkwo and Obi, there are good intentions for their people, but these were more than what the community could accept at a time. Their community became more united when they were no longer in their midst (Emenyonu 1978:125). Bringing this to the present research, the Igbo will be happier to benefit from CPE when the training method is a combination of what the Western and Igbo worldview can afford instead of one dominating the other.

4.6 The Western Individualism in Relationship to that of the Igbo

Individualism is seen as a situation where an individual claims autonomy to himself or herself and distinguishes himself or herself from others. According to Augsburger, individualism and group centeredness "are two poles of all human experience." It means a sense of independence as against conformity. As Augsburger goes on to describe individualism,

> Individualism is a remarkable belief. The "individual" sees the self as autonomous, as an island of experience distinct from every other human. The autonomous individual imagines an unimaginable thing (for most of the world's population)—that he or she lives in a private, inviolate protected territory (the enclosed boundaries of the self) where he or she is "free to choose," free to undertake projects of personal expression, free to live a private life with a personal history separate from all others, free to believe that what is chosen is "my own business" (1986:85).

The above explanation sees an individual as being dependent on self rather than on the community or any group. Augsburger goes on to describe individualism as "an isolating belief system" (1986:85). Within the Western worldview, it is deliberately enforced into the life of individuals at an early stage in order to instill a life of independence in them.[23] Each person is visualized as a "microcosm," a particular instance or personification of "humanity," a self both like and unlike all other selves (Augsburger 1986:85). Bringing this concept to Western worldview, Augsburger shows where the West shares in it and how Western worldview differs from others. As he puts it,

> In Western traditions, the self is ego, an independent observer and a potential controller of a world that is experienced as profoundly separate from self. Other traditions stand in sharp contrast, with their emphasis on self-transcendence rather than self-assertion, on harmony with nature rather than utilization and control of the natural order, and on integration into a social totality rather than autonomy from social solidarity (1986:85).

The above expression places self above the communal experience. It gives priority on autonomy of individuals due to personal history rather than seeing the individual amidst group experience and history. Pattison confirms this stand by saying that "high priority is given to individuals in Western Christianity and many of its theologians." He used this point to criticize the present Western form of counseling. On this, he is of the view that individualism reinforces and fosters in pastoral counseling,

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[23] According to Augsburger, human infants are born helpless and so dependent upon mothering figures that nourish and protect the emerging person. In the Western cultures, as he goes on to explain, "that dependence is frustrated at an early age and training in independence nudges the child towards autonomy and independence" (1986:87f). This is contrary to Igbo situation where dependency is the core of family life and ability for infant to experience parental, family and community upbringing becomes the mark of true member of the community.

"the concentration on the individuals and individualized ways of helping them" (2000:84). It means that the Western form of pastoral care communicated in CPE concentrates on individuals and an individualized way of help. This affects Africans who find themselves in a Western setting. Emphasis on privacy, as seen in Western worldview, frustrates Africans in their midst. According to Setiloane,

> There are numerous tragedies among Africans who go to live abroad in the countries in Europe and the United States. Their most common complaint is 'loneliness' and the distance of people in spite of their closeness and numbers. The privacy of the life which Western man has come to almost make a religion of, to them become a hurdle, resulting in depression, mental disturbances and often even suicide (1989:10).

Setiloane shares the view that "to be able to discern unity in multiplicity is sophistication denied the Western mind and inquiry." This is largely due to their concept of Reality (1989:37). In contrast, an Igbo person will like to know what is happening in his or her neighbor's life and will also be contented if others are keen to come into their privacy. In this regard, an Igbo person can simply visit a neighbor or any other person without pre-information just to ask, *I putakwalu ula*? (Is it well with you?). The Igbo do not announce their visits in advance and are happy to be treated in like manner.

Being critical of Western view of humanity and life, Okorocha looks at the displacement of human touch among others by technology. In his words,

> This is what technology has displaced from the Western cosmos; such that everywhere we turn, we see, not solidarity of persons united in a joint struggle for survival and mutual caring, but a soulless association of individuals in a society whose foundation in God has been greatly eroded. This is why the Western society as we know it today lacks that human touch, that people-centeredness, which is characteristic of most of Africa and the Third World (1987:79).

The view of Okorocha regarding people-centeredness is true of Igbo society. The Igbo say, *oko koba anu ohia, o koo n'osisi ma o koba mmadu, mmadu ibe ya a koo ya* (literally, if an animal is scratched it goes to the tree to help itself, but if a person is scratched he or she goes to another person for assistance). The main idea is that human beings should be available to each other. People should pull forces together and be ready to attend to each other at all times, not only when problem arises. However, the researcher does not assume that the West is exclusively individualistic. As Augsburger argues "Individualists conform more than they know, and they too must sacrifice independence to be part of the society" (1986:85). Though there are traces of individualism in Western culture, they, like Africans, also have significant measure of communality.

> Western cultures, which place a premium on self-reliance, achievement, and power and control over life, nature, and others, all focus on these factors internal to the individual as decisive and necessary. The individual, however, is held accountable for whatever occurs, so frustrated goals mean a lack of ability, and failure evokes self-blame, guilt, depression, and feelings of inadequacy (1986:99).

It does not mean that the Igbo are exclusively different from IC and IR elements. What plays a major role in their lives is a community spirit and as such needs more of a community-based therapy. Since the world will continue to shrink, there will never be a time the Igbo will be a separate group isolated from the rest of the world. The Western ways of therapy communicated in CPE must also be given a place in their soil. In the words of Edwina Ward, "CPE needs to be transplanted . . ." (2001:243ff) into Igbo soil but be fed with local manure and water. This is what the researcher conceives as community-based CPE model in which the CPE center will be located within the community where different families can easily be reached and where the students can interact with the local culture.

4.6.2 The Igbo Quest For Novelty

The Igbo are quick in embracing something new (Mbachu 1995:53; Afigbo 1981:1). As Bourdillon notes, "When Nigeria was first colonized, the Igbo were quick to see the benefits which could be reaped from the White Man's education" (1991:183). As a result, they had educational, economic, political and bureaucratic dominance over the northern Muslims. Bourdillon attributed this to one of the factors that led to the Nigerian civil war (1991:183). Okorocha argues that the need for status is one of the drives that lead to the Igbo quest for novelties. Status seeking was also one of the factors responsible for their acceptance of Christianity. Referring to Uchendu's idea on the same matter, he writes, "Uchendu points out that the Igbo are status-seekers whose 'drive towards higher social status helps to explain their reciprocity to change'" (1987:14). As a result of search for higher status, they are not resistant to new innovations but easily accept them so they will bring about improved status.

Seeing status seeking as basic to Igbo reciprocity to change, there are also other ones like socio-economic factors. Accepting Christianity meant a change in lifestyle and improved livelihood for the Igbo. Conversion was not so deep but rather based on expected gains from Christianity. John and Jean Comaroff describe the conversion of Africans as being only skin deep (1992:251). In their view, the concept of change and acceptance of the new religion in Africa was based on economic reasons. The new religion was carefully framed in a belief system that easily enticed the Africans. As they put it,

> Modern Protestant conversion, of course, is itself an ideological construct framed in the bourgeois imagery of rational belief and the reflective self; of a moral economy of individual choice that echoes, on the spiritual plane, the material economics of the free market" (1992:258).

What John and Jean Comaroff said is questionable because the Africans were already religious before Christianity arrived. If their conversion was purely economical and status-seeking, they would have dropped Christianity when these attractions failed. Though they came with some economic attractions, the Igbo who were already torn by poverty and were ready to accept any new innovation that would lead to improvement in their lifestyle accepted it. Those who did not need change in the socio-economic situation also accepted it for the fact that they wanted something new, not for economic reasons.

Emenyonu also notes how the people of Umuofia, the community of Okonkwo in *Things Fall Apart*, and that of Obi in *No Longer At Ease*, became disappointed with Obi for failure to bring the new phase of modernism into their community. People wanted the change brought in by white people's presence in their community, which Okonkwo resisted in *Things Fall Apart*. This contributed to his downfall. Obi, grandson of Okonkwo, who did not only embrace Western education, had the opportunity to study in Europe but could not contribute economically to his people nor lead them the way they expected into this modernism, in *No Longer At Ease*. Both of them were, therefore, a disappointment to their people. Emenyonu highlights the situation in Umuofia community:

> As a result of the changes brought about by the white man's presence at the end of *Things Fall Apart*, education has become one of the major standards for measuring progress in the society of *No Longer At Ease*. The Umuofia society did not want to be left behind so they taxed themselves to raise money to educate one of their sons to university level. Obi is their 'only palm fruit' in Nigerian Civil Service. They looked up to him for leadership in their search for enlightenment and development, but Obi proves not even a one-eyed man leading his blind peers, but rather as blind as those he seeks to lead (1978:126).

The situation of Umuofia shown in Chinua Achebe's novels and the quest for leadership in embracing something new represents the overall quest of the Igbo for newness. The Igbo are a progressive people and are always ready to go for something new that can bring about improvement in their lifestyle.

Okorocha also argues that "the inherited worldview and religious beliefs of a people are the determinant factors in their response to a new religious system or change-agent." He maintains that

"socio-structural and economic factors are important only when viewed as catalysts" (1987: xi). It means that despite socio-structural and economic factors in the Igbo readiness to accept new innovation, they have some inherent tendencies embedded in their worldview and religion that makes it so easy for them. Based on this argument, the researcher believes that the Igbo will embrace clinical pastoral education and the training it offers if it introduces a new way of meeting their needs.

4.7 Continuing Relevance of Traditional Igbo Cultural Patterns and Customs (*Omenani*)

The cultural heritage of the Igbo as regards morality, communal life and life of individuation, their traditional cultural patterns and customs are still relevant in crisis intervention in the present age. Human existence in the 21st century has been increasingly marked by a myriad of globalizing influences. It seems to have a sweeping influence on the traditional Igbo cultural patterns and customs (*omenana*). *Omenana* translated literally means doings or ways of the land. The land includes the earth, people, the community, the village and the clan. *Omenana* in Igbo understanding includes the injunctions of the earth goddess through the ancestors made up of approved observances and prohibitions (Ilogu 1974:123). The current developments of 21st century are now quickly eroding some of these ways through which the Igbo maintain equilibrium in their communities. The influence of this is seen in lack of direction and anchor of the people. They don't belong to their traditional culture, nor do they belong to the Western culture. Ilogu attributes this problem to the change in life style, from village to town style of life. As he puts it,

> Development of industries and markets, centralization of administration and travel facilities in roads and railways, has led to the growth of towns. Ibos as a people lived in scattered agricultural villages and hamlets in the past . . . It is a transition from a fairly neat pattern of community oriented life to another style of life where individualism, which requires inner-controlled and conscience-directed actions, as well as freedom of choice, make up the style of life (1974:94ff).

In the present usage, globalization is one of the overruling forces determining the present situation in the political, economic, social and cultural life of the Igbo, putting them in a more confused approach to life. Specifically, the forces of globalization are reflected in global communication systems (from the Internet to modern transport networks), national economies (liberalization and opening of markets to the activities of multinational companies and other commercial transnational processes), politics (political liberalization, democracy, and good governance), and socio-cultural activities (global sporting events such as the Olympics and the Football World Cup). Beyond those, globalization has

also invaded their personal lives with new interests, problems, and even scourges such as fast foods, fast music, international terrorism, new ethnic and religious confrontations, illicit and designer drugs, and social and health plagues such as prostitution and HIV/AIDS. More than ever before, the integrative forces of globalization now define and shape many contours of Igbo existence in both positive and negative ways.

Unfortunately, with the advent of modernity and globalization, many Igbo societal norms and values are being devalued, distorted, eroded, and shattered at an alarming rate, resulting in assorted forms of dysfunctional behavior including rabid and instantaneous pursuit of materialism. With the devastation since the mid-1980s of the modern professional sector that constituted the bulk of the Nigerian middle class, education and the professions have been severely devalued. No part of Nigeria has been as affected in this respect as Igboland (Willett, 1970: 123). Given the huge value that much of the Igbo society continues to attach to education and the professions, many of the current crops of the new rich and powerful tend to betray internal psychological conflicts, which manifest themselves in assorted ways. These ways include the rabid pursuit and display of wealth as well as the instrumental use of their financial power to circumvent formal rules, regulatory impediments, and governmental and societal authority. Such act has profound heuristic implications, not only for the youth but also for much of the Igbo society (Davidson, 1969: 94). An Igbo cultural edification and validation would be useful not only in enabling them to go back to positive values that have served them so well historically but also to give them the confidence necessary to face and operate within a challenging global environment. The CPE program organized within Igbo community setting can delve into such issues, not only with the goal of identifying modalities for achieving meaningful and permanent solutions but also with an eye on both traditional cultural values and the imperatives of contemporary social interdependence and multiculturalism. It will bring the pastoral students closer to the people and enable them dialogue with the people. While ministering in the local community context, they can jointly explore with the people possible ways of restoring those old traditional patterns that helped them in the past, validate those patterns through talking about them, and assist the people in exploring new ways of applying them to present circumstances.

traditional patterns, that worked for them in the past. Through close interaction with local elders and practitioners, the CPE students will enable the people to talk about those old ways, think about forgotten methods of spiritual healing, revisit old ways and explore new means of improving old methods that worked for them in the past. CPE can succeed in Igboland because the Igbo delight in embracing whatever is Western. In the view of Afigbo, they have "easy adaptability to and avidity for Western values" (1981:2). The next chapter will continue to look into the existing pastoral care methods and needs in Igbo context and how this will be relevant in initiating a CPE program.

CHAPTER FIVE

Blending CPE with Igbo Pastoral Concerns and Traditional Pastoral Approaches

5.1 Introduction

In the last chapter, the importance of Igbo worldview in the application of CPE was discussed. The chapter showed that the Igbo worldview is not exclusively what is traditionally inherited and undiluted from the ancestors. The Igbo is part of the entire world community that has constantly been drawn together through politics, sports, trade, religion and other forces of globalization. The Archbishop of Province II of the Church of Nigeria, Anglican Communion, The Most Rev. Maxwell S. C. Anikwenwa, notes that "there is a mixture of both Igbo traditional and Christian Missionary caring systems in the present pastoral care method of the Igbo Church" (July 31, 2002). This view was support by the Bishop on the Niger, The Rt. Rev. Ken Okeke, who points out that the pastoral care method of the Igbo church today is neither purely Western nor purely traditional. In his words, "We practice a blended kind of pastoral care with both Western and traditional going side by side" (August 2, 2002). What is seen, as Igbo worldview, is not uniquely traditional to the Igbo because of the interculturality in the world. The researcher argues that in the present age, the Igbo culture, which belongs to the African blend, has traditional approaches to pastoral care that can be added to further enrich the existing western approaches. The Igbo will continue to mix and live with other peoples of the world. According to Augsburger,

> The time has come for the pastoral counseling movement to function from an expanded, intercultural perspective. The counseling theories and therapies that have emerged as modes of healing and growth in each culture, useful and effective as they are in their effective locales, are too limited, too partial to serve human needs in a world community where peoples of many cultures meet, compete, and relate (1986:13).

Both the church leaders mentioned above and Augburger agree that traditional approaches can be blended with the foreign ones in order to enable pastoral care to succeed in the present society. Augsburger's point is that pastoral counseling movements must function from an expanded, intercultural perspective. There are some unique elements in Igbo culture that can also enrich the pastoral perspective of the western world from where a major part of the Christian approach to pastoral care is designed. CPE, which is at present foreign in Igbo setting, can enrich the traditional elements in the Igbo caring system.

In this chapter the researcher hopes to investigate the pastoral caring needs of the Igbo in the face of the present interculturality, globalization, marginalization and other present global forces like poverty, HIV/AIDS and the demands of the increased scientific and technological situations around them. Though this chapter will investigate the uniquely traditional factors in the Igbo caring system, it does not look at a pre-colonial and pre-Christian Igbo era. The Igbo of the present century are more Christian than traditional and also face the present situations of the world. They also need the kind of pastoral care practiced in the present century. Primary sources will be the major references in this chapter because they raise the concerns of the very Igbo society. The fieldwork that informs this chapter was conducted in Igboland in June and July 2002. The researcher was able to interact with different people that include the Archbishop, bishops, medical doctors, the Christian university, African Initiated Church (AIC) leaders, business people and parishioners within the Igbo context. All of the above-mentioned people are Igbo, and they presented different concerns about their people.

5.1.1 The Igbo People: A Crisis of Direction

In addition to the normal day-to-day needs that make individuals seek counsel, there are other environmental factors that also affect the life of the present Igbo person. These are the existential problems associated with their position as a people amidst unavoidable and unfriendly neighbors. They encounter these problems simply because they are Igbo and find themselves in unpleasant situation in which they are helpless (Emeka Njoku February 26 2003). The environmental circumstances have also contributed to their crisis of direction and largely affect their approach to life, both among themselves and globally. It is necessary that a CPE program be aware of this situation, when organized in their context. A people's context can provide tools for understanding the crisis they face and their needs.

Caring for the Igbo may not be effective without investigating the roots of their crises from their own point of view. According to Ufo Uzodike, the Igbo started facing a crisis of direction since Nigerian independence in 1960. The experience of a series of internal crises marked by political, social, economic and religious instability in Nigeria affected them greatly. Since then, they have lost the sense of who they are and have been facing an identity crisis and a crisis of direction (June 27, 2002). According to Ted Trout-Landen, a person facing an identity crisis loses a sense of meaning and is often

that a people whose basic concern is how to get daily food may find it hard to think of other ways to improve the quality of their lives. Being a family therapist, Rev. Sowers shares the view that counseling families whose basic need is food may be hard unless a more stable solution is given to their food crisis and other basic necessities for living (October 4, 2003). The idea of Rev. Sowers is true of the Igbo society, where most of the people are still in the lowest level of social strata. Bishop Benson Onyeibor, who heads a Diocese in Igbo society, sees practical Christianity as the ability to help the people meet with their daily food first and then medication and housing (July 24, 2002). A hungry person who could not sleep well the previous night, partly because of hunger and partly because of the uncomfortable place of living, may hardly understand any language of care that does not first respond to higher basic needs. Not surprisingly, education (modern and cultural) has become severely undervalued and under-appreciated, not just among individuals, but, sadly, among institutions such as the church (Uzodike, June 27, 2002). Unfortunately, the recent concerns of many church organizations have been aimed primarily at mechanisms for securing members (especially among the wealthy) (Ilogu 1974:214). This state of affairs has made life for a great majority of the Igbo uneasy and full of struggle. For adults and children, life's struggles are now about survival. Interest has shifted from the search for education and excellence to relentlessness often a dubious search for money or quick wealth.

The net outcome of this mindset has been a huge upsurge in criminality within the society, causing further fear of insecurity. Given the breakdown in public services, particularly in security and the concomitant justice system, individuals and whole communities have been forced to seek extra-judicial mechanisms and solutions such as the *Bakassi Boys* (a local militia group who act as a vigilante group in some States in Igboland) phenomenon with its negative human rights implications. Peter Eze, assessing the failures of Obasanjo (current Nigerian President)'s administration, described this group as ethnic militia and noted that they use unconventional methods to attack the violent crimes that the government is highly incompetent to address (in *New African*, October 2002:14).

Although bad, the situation is not irreversible. As a crucial participant in contemporary Igbo affairs and given its underlying principles, the church is well placed to play a proactive role in the cultural rebirth of the Igbo, using its instrument of pastoral care. Realizing the symbiotic nature and link between the physical and spiritual needs, the CPE program, training pastoral caregivers for the Igbo society, must bear these needs in mind and work out a system that can address these situations directly

(Bishop Benson Onyeibor July 24, 2002). In other words, it must not be a training given in the abstract context of the seminary situation. It must be a training that happens where these crises exist. Since the Igbo rely on their community life, it must be a community-based training that takes place where the people will be met face-to-face. It should be noteworthy that CPE resulted from such a crisis situation in America in the second half of nineteenth century (Hemenway 1996:1). John Rea Thomas also notes the similar situation as found in Nigeria existing and influencing CPE in America. As he notes:

> Broader social issues were confronting America: the cold war, the Civil Rights Movement, the War in Vietnam, the War on Poverty, Watergate, Irangate, and the sometimes severely changing economic condition. Each and all of those pressures were on most individuals and seminary students, ACPE centers, and religious denominations . . . People everywhere are trying to comprehend and adjust to the current disruptions of contemporary life (2000:19).

Thomas shares the view that the CPE program was influenced and shaped by unstable conditions in America. It was a period when people needed practical experience for what they were told. CPE, as a training method that emphasizes on-the-spot field experience, can take this training into the midst of the people. For the Igbo context, as this research argues, the basic CPE experience may not be any isolated location like hospital or prisons but right inside the community where these crises happen to individuals and families. While in the community, the CPE students will meet the Igbo families in their crises within their cultural context and daily life experiences.

5.2 Present Pastoral Concerns

The above discussion has attempted to highlight some of the present circumstances in Igbo society that raise issues of pastoral concern. It is evident from the discussion that they feel humiliated in their own nation. They travel with this sense of humiliation wherever they go, followed, consequently by poor self-image, inferiority complex, and a defensive attitude and are often very aggressive. Zoran and Jasna, experimenting on anxiety in psychodrama groups,[24] note that isolation, rejection and scapegoating can lead to a feeling of helplessness, incapability and weakness. The consequence of this can be defensive attitude and strong emotion that can make the group ungovernable. According to them, "high anxiety can reactivate projective identifications, splitting and primitive projections" (in Madu, Baguma, Pritz eds. 1998:138f). There are some fears, worries and anxiety already instilled into

[24]- Psychodrama group is a form of psychotherapy in which the patient is required to act a part in some drama constructed with special reference to his or her symptoms or problems, the other parts being taken by members of the therapeutic team (Rycroft, 1995:144).

the lives of many Igbo. These negative attitudes are acted out and reflect in most of the ways they behave and the ways they relate to themselves and to the outside world.

The constant notion of being a defeated people and the very slow pace of re-integrating them into the Nigerian mainstream gives them a feeling of self-defeat. They are always accused of secession and reminded of this through the consequent marginalization, denials and deprivations of basic social amenities and services. As a result, they are locked up in a feeling of guilt and insecurity in their homeland. They see themselves as a suspicious people who are under surveillance wherever they go. It can be said that the average Igbo is rapped up in a negative self-concept and uneasiness (Chukwukere June 30, 2003). They are always made the targets in events of any aggression in Nigeria, no matter where it comes from and where it happens (Emeka Njoku, June 26, 2003). As such, they are more like aliens and refugees in their home country.

Some other areas of concern, as can be understood from the above survey, are loss of identity as a people, growing poverty and criminality, increased rate of hunger, starvation, disease and death that have forced a large number of them into exile in other countries. For the reason that, despite these conditions, no government, either within or outside speaks on their behalf is another source of tension. They remain frustrated, depressed and helpless even outside Nigeria where some of them live (Chukwukere June 2003).

Ottenberg, who is an outside writer neither a Nigerian nor Igbo, notes with dismay some of these harsh treatments to the Igbo that compel, frustrate and, most of the time, depress and even force them out of their society in search of greener pastures in the outside world. According to him, the Igbo face social, economic and political problems in Nigeria. As he affirms, their problem lies in the bitter Nigerian civil war of 1967-70, as noted above, which was contested mainly in the Igbo homeland. He posits that this experience sensitized the Igbo to the mass movements of displaced persons, refugee problems, hunger, illness, diseases, and death. There was also political hegemony, as they have never experienced before. During the long period of military control of the Nigerian political scene, there was very slow integration of the Igbo in the mainstream of the governance of the nation despite their enormous population (1997:2). Ottenberg notes some of the factors prevalent in this period that militated against normal living for the Igbo. As he puts it:

> . . . the endemic corruption in the country, elitism, economic breakdown, and the collapse of basic facilities . . . problems with water, electricity, and telephone service, rapid inflation, low pay, unemployment, the frequent unavailability of the basic medicines, and police harassment on the roads (1997:2).

In addition to these problems, as Ottenberg goes on to highlight, are many disappointments from succeeding military regimes, economic, moral and social decline, "despite the high achievement-orientation of its people and the country's rich natural resources" (1997:2). The above view of Ottenberg, is also supported by many Igbo authors and publishers who see this as a current source of every crises faced by the Igbo as a people (Uchendu Victor, June 30, 2003). Consequently the rich cultural and religious heritages of the Igbo were eroded since they now face a crisis of direction. The community that holds them together is threatened. Their ethical system is trampled upon. The systems that form part of their identity: traditional culture, customs and rich religious heritage (both traditional and Christian) have been challenged. Their lack of sense of direction at this period calls for understanding their situation and devising a method of care suitable for their condition through CPE.

5.2.1 Some of the Fears Confronting an Igbo Person within their Worldview

Despite the current situations emanating from their Nigerian social, economic and political environment, there are also other factors based on Igbo worldview that call for pastoral concern. Some of these factors have always been there and have been handled through traditional methods. Despite the advent of Christianity, they are still the same Igbo faced with the same fears and worries surrounding them. In addition to what they suffer in their Nigerian environment, the Igbo also have their own culturally associated problems. As Clebsch and Jaekle argue,

> We look back to such seminal nineteenth-century thinkers as Kierkegaard, Nietzsche, Freud, and Dostoyevsky with appreciation for their recognition that human problems bubble up irresistibly from the deeps of human existence, that life itself is a ferment of hurts. But even yesterday's prophets have not fully foretold our today. Surely pastoral care will reflect the confusions and yearnings that accompany such transitions (1983:74).

Much of what causes fear for the Igbo within their worldview is mostly attributed to the state of their experiences in their interaction among themselves and their interaction within their environment (Emeka Njoku June 26, 2003; Chukwukere Uche June 30, 2003). As Bourdillon argues,

> The unity between mind and nature means that mind must be regarded as an integral part of human life, not as something separate from the material world. Life and mind are particular

> kinds of system we find in the world of nature, not things which exist in another world alien to nature. The processes of perception and thought are examples of more general patterns of passing information within any system: when differences in one part of the system produce reaction (different) in another part, information is passed. Mental activity has patterns familiar to other processes in the world (1991:16).

The unity between mind and nature, suggested by Bourdillon, makes people see continuities between variety of institutions, between ritual and dance, between religion and science, between spirit possession and drama and also make them conceive fearful and dreadful circumstances in their daily lives. In other words, political tension in Nigeria cannot be divorced from the ordinary life situation of an Igbo, even in their remotest community. It is the same mindset that conceives whatever happens within the environment that also feels the pain. There are often conflicts and tensions between individuals in the society and the symbols, which express and sometimes foster such conflicts. People face problems of social disorder and can be disrupted by quarrels and conflicts, disease and death. People's lives can also be disrupted by food shortages caused by drought or pests, and by a variety of frustrated hopes and ambitions emanating from a bad political system. This situation is typical of the present Igbo communities where agriculture forms the major means of sustaining livelihood (Ottenberg 1997:4). Scientifically, the social, political, and economic situations can be seen at play, but, as many Igbo interviewed during the fieldwork also see, some of these disruptions can be attributed to evil forces and at times to witchcraft, from their own traditional worldview (Bishop Godwin Okpala, July 26, 2002; Sir Mbamalu, July 22, 2002).

5.2.1.1 Concept and Causes of Misfortunes and Sicknesses

On the part of misfortunes and sicknesses, the Igbo worldview gives the idea that these experiences have their root not only from the seen world but also from the unseen world (Elder Dan Nwokolo, July 21, 2002; Josephine Ozodi, July 23, 2002; Bennett Nkemaka, July 30, 2002). The same notion applies to every other experience confronting an Igbo. As a result, Mbiti says that in African thinking, human life is not confined to its physical form alone. It extends into the realm beyond death (1975:36). He also points out that, ". . . magic, sorcery and witchcraft are regarded as the main causes of individual diseases in Africa . . ." Some societies also see divinities and spirits as being responsible for various types of diseases (1970:80f). What Mbiti said also applies in Igbo society. Traditionally, the Igbo don't see only the physical causes of problems but also the spiritual aspect of it. They see beyond the physical aspects to unseen forces. While thinking of their political problems, it may not be uncommon

to see some Igbo looking at the spiritual side of it (Bastian in Comaroff 1993:129f). The spiritual side may go with a question, "What crime have we committed as a people that bring this kind of harsh political or social situation upon us?" There can also be a question, "Who is bewitching us or what evil forces are set against us that bring about this kind of fate to us?"

Ilogu points out that the Igbo inclination toward the spiritual world is very real and intimate. "They believe in the existence of spirits in all aspects of nature and its various phenomena" (1974:39). The Igbo believe that nothing happens in vain; be it loss of position, misfortune, diseases and sicknesses. There must be some links with the spiritual world. Ilogu also says that "The Igbo believe that the bad spirits are departed human souls who lived sinful and unprofitable lives during their period on earth." They hover everywhere because they have no place of rest in the spirit world. Their delight is mainly to harm their more fortunate members who live in human form. These spirits can cause different kinds of problems, disappointments, and can inflict diseases and sicknesses on human beings. To protect one against these spirits, proper religious rituals, medicine and sacrifices are prescribed (1974:41f). Ilogu highlights the importance of sacrifices, rituals and symbols in the Igbo system of pastoral care. Onwuejeogwu also notes two categories of bad spirits which the Igbo believe cause misfortune. These include *akalogoli,*[25] which is responsible for causing confusion and minor sicknesses in the human world, and *Ekwensu,*[26] which causes bad deaths through terminal sicknesses, accidents, drowning, suicide, problems and death during childbirth and murder. The Igbo are still influenced by this worldview that even in this Christian era; they still need rituals to attend to the spirit world when they face certain miseries of life. Their worldview can also be seen in the belief system of the Akan people of Ghana who, according to Joseph Ghunney, ". . . nothing happens to the individual by chance or accident." An accident can be caused by family members, friends or other relatives who are jealous of a person's fortune (in Wicks and Estadt eds. 1993:92). Going further to explain this situation Ghunney writes,

> Most African people see the individual as a psychosomatic whole comprising body, soul, and spirit. As mentioned earlier, every human being has a spirit – *Ntoro* – derived from the father,

[25] *Akalogoli* spirit according to the Igbo is the spirit of dead persons who lived worthless life on earth (Onwuejeogwu 1981:41).

[26] *Ekwensu* spirits according to Onwuejeogwu are seen as those persons who died accidental deaths, committed suicide or died prematurely (Onwuejeogwu 1981:41). In the present usage, *Ekwensu* is seen as Satan or Lucifer and is responsible for every human misery in the sense used in the Christian Bible.

> and this spirit is the life force of a person. The *Ntoro* connects the person to his or her ancestral lineage. From the mother the individual receives the blood – *Mogya* – which gives the person a bodily identity . . . From the Supreme Being; the individual receives the *Kra*, the soul. The *Kra* is the life force, which makes the individual a living being. When the Supreme Being takes away the *Kra*, a person loses his or her life . . . Whatever happens to an individual happens because of the type of *Kra* the person has (in Wicks and Estadt eds. 1993:90f).

The author refers in the above claims that most African societies believe that people can negotiate with the Supreme Being the type of person they will be even before they are born into the world. This can determine whether the person can do well or badly in life. It can also be changed through rituals, sacrifices and purifications (in Wicks and Estadt eds. 1993:91). What is said here is true of Igbo society. They have the saying, *ihe ya na Chi ya kwutere* (the agreement between him or her and God). The Igbo believe that any event of human life may not just be an accident but may also have spiritual causes.

5.2.1.2 Causes of Sicknesses

In the understanding of the Igbo, both spiritual and natural agents can cause various symptoms. Many Igbo interviewed during the fieldwork affirmed the belief that sickness has both a spiritual and a physical side. The family of Mr. Ebo Nweke, who died of stroke in early August 2002, attributed this to the anger of his ancestors. The reason they were given after consulting diviners was that Mr. Ebo "used the property of the dead unfaithfully." As a result, they inflicted him with the sickness in order to hasten his arrival to the world of the dead (Ebo's family, July 26, 2002). This supports the belief of the Igbo that ancestors, evil forces as well as natural factors, can be responsible for sickness. The interpretation of illness depends on the religious and social circumstances in which it occurred (Sir Mbamalu July 22, 2002, Mrs. J.I. Ozodi July 23, 2002). If there is conflict with an elderly person or even any other person, there can be suspicion of evil intent resulting from that conflict, especially if the illness starts shortly afterward. The ill person can say, "Since after this conflict, I have been sick." Witchcraft or any other evil attack may be suspected. In line with this understanding Moila, writing of Zulu perception of health, sickness and healing, posits:

> Africans have come to look at health, sickness and healing differently. As such, their questions and answers to these issues are conditioned or stimulated by their experience with themselves, with others and with traditions in which they participate. It is this African experience, which influences his/her perception of the healing ministry of the Church. The Church's healing ministry, which is commanded by Christ, could be understood only if the African experience of health, sickness and healing is taken seriously by the Church (2002:20).

The Igbo have the same traditional perception of health, sickness and healing as Moila pointed out. Their suspicions and expectations in the Church are the same as in the traditional religious situation. Their perception of sickness and health affirms the claim by Emmanuel A. Obeng that ". . . Christianity, despite its long association with Africa, had not grown deep therein" (in Waruta and Kinoti 2000:15).

5.2.2 Some Agents and Events likely to be suspected when events go bad for an Igbo

Mbamalu shares the view that the Igbo are always very suspicious. According to him, "They always associate sickness or whatever happens with various events and causes." For example, if a person is sitting under a tree and a lizard or even a leaf falls from the tree to where the person is sitting, it is associated with an evil intension (July 22, 2002). Many people interviewed, including Josephine I. Ozodi, Elder Dan Nwokolo and Bishop Benson Onyeibor, shared the same view. The general consensus is that "the Igbo can hardly own their mistakes and problems." In the words of Bishop Onyeibor, "Someone else must be responsible for a person's problem." Events, forces, living and dead enemies may be suspected (July 24, 2002). Some of the agents, events or factors that can be suspected when a person faces a crisis are witchcraft, anger of the ancestors, breaking of community or tribal taboos, curse from the elders, inherited curse, mamiwata/mami wota spirit and ogbanje spirit.

5.2.2.1 Witchcraft

Many Igbo communities attribute misfortunes of any kind to witchcraft. This can come in the form of accident, sickness, failure in business, death and other forms of misfortune. The issue of witchcraft raises a lot of tension among many Igbo communities, particularly in connection with the evil around them. Evans-Pritchard, discussing the Zande beliefs in witchcraft and divination, notes that within this system, the Zande reasons very well. They do empirical testing of some oracles, and this forms their basis of belief and conviction concerning the realities and claims of witchcraft (1937:44). The idea of Evans-Pritchard is part of the framework that enables the people to interpret the evils around them. Whether this belief is true or not, it is already in the people's minds and cannot easily be erased.

The Igbo see witchcraft as something thoroughly evil (Bastian in Comaroff 1993:133f). A witch is a female that practices witchcraft, while a wizard is a male counterpart. The words witch or wizard in Igbo is *amosu*; witchcraft is *ita amosu or ili amosu*. These Igbo names convey deeper meaning than what the English translation may seem. However, it is an expression of something that is completely evil and opposed to any human goodness. It involves the reverse of normal values and behaviors.

Witches or wizards in Igbo understanding can operate secretly at any time, but most of the time their activities take place at night. They can operate in the outlook of animals, especially nocturnal animals like the owl. Other lower animals like moths, rats, mosquitoes and many others can be agents of witchcraft. It does not mean that these animals are animals of witchcraft, but the way they act may raise suspicions that they are being used for witchcraft, as witches and wizards can transform themselves into any of these or other animals to attack people in order to achieve their evil purposes. However, to hide their identities, they can operate with the help of familiar animals of the day, if they operate during the day, or familiar animals of the night, if they operate during the night (Bastian in Comaroff 1993:134).

Witches and wizards are believed to have special powers and work in collaboration with evil spirits. They reject kinship loyalties. People also dread associating with them, since associating with them may be very dangerous (Bastian in Comaroff 1993:134). They too try to keep distance from their kin and other associates in order to avoid being discovered. The attitude of keeping a distance helps people discover them so easily.

Witchcraft is seen as one of the causes of some incurable diseases and sudden death, whether out of sickness, accident or any other means that cannot easily be explained. Witches are said to kill people out of jealousy, hatred, or conflict with them or their associates, for fun or even to increase their powers. They work in groups and delight in evil for its own sake (Wilbur 1996:300). Their act of killing can also affect their families and their visitors, as they may be required to donate their own children for sacrifice by their witch group. In this case, witches or wizards can cause the death of their own children. Those in love with their family members and friends of their family may also be attacked. It is, therefore, dangerous to befriend or even go into marital relations with any member of such a family (Bastian in Comaroff 1993:134). Receiving a gift from them can be dangerous, too,

because the Igbo believe that the gift may be a means of establishing a link with an unsuspicious, innocent person. The witch will come back in a deadly way to demand that gift, and that will be a reason for constantly visiting the person until the gift is returned. If the gift is food and is eaten, there will be a need for divination in order to cut off the link with the world of witches. Witches and wizards can also desecrate graves in order to eat flesh (Bastian in Comaroff 1993:134f).

The witches and wizards have such powers of being able to do what others cannot do or what they, themselves, cannot do as ordinary humans. For instance, an elderly person who is a witch may be very weak and tired as an ordinary person, but, as a witch, he or she will be so powerful as to withstand any adverse circumstances. Witches and wizards can move into places where ordinary people cannot. They can remove files kept in safety from top government offices. They can work in the dark at night, normally a time of danger for ordinary people. They are believed to have special powers to protect themselves from any kind of danger that these acts may involve. It is also believed that they have the power to protect themselves from revenge when they kill or inflict any kind of evil acts on others. They can break the rules of the society and go free because people may be afraid of confronting them (Muller and Ritz-Muller 2000:138).

5.2.2.2 Anger of the Ancestors

The anger of the ancestors is another factor the Igbo can suspect to be responsible for misfortunes and sicknesses. In the interview with the family of Mr. Ebo Nweke who died of stroke in 2002, it was suspected that his ancestors were responsible for his death because he was unfaithful to them. The suspicion around the death of Mr. Ebo Nweke agrees with Ghunney's experience of his granduncle who, as he puts it,

> . . . When he became the family head, he held every property of the extended family in trust for the living, the dead, and the yet unborn. By embezzling the proceeds from the sale of family property, he broke a moral law, and the ancestors agreed with *Obrakyere Nyame* to punish him (in Wicks and Estadt eds. 1993:92).

The Igbo believe that unfaithfulness to the ancestors can attract their wrath. They can always be in fear of what the ancestors can do to them if they fail to meet their expectations.

5.2.2.3 Breaking of Community or Tribal Taboos

Breaking of community or tribal taboos can be another area that can generate fear and anxiety for an Igbo when things go badly. There may be fear that the unseen beings around where it happened are aware of what the person did and may be haunting the person. Ghunney, commenting on the same situation in many African societies and specifically in Akan society, notes:

> Many African societies have communal or tribal taboos and moral and ethical laws. A breach of these may bring disequilibrium to the person who broke them and his or her family and perhaps the entire community (in Wicks and Estadt eds. 1993:91).

In the Igbo context, Ilogu called the taboos "ritual avoidances" prescribed by the custom. The ritual avoidances can include prohibitions for entry into certain sacred bushes, groves and streams. Animals and fishes in such places are regarded as sacred and must not be caught or eaten by any other person than the priests or initiates (1974:24). It is the belief of the people that breaking any of these taboos can provoke the *Ala* goddess to punish the community. Giving another specific example, Ghunney writes:

> A man committed incest against his stepchild at the seashore. That particular area was also believed to be residence of a god. Unfortunately, during this time the fishermen of the vicinity were experiencing a bad harvest. The offender was not only reprimanded for breaking the taboo of the society but also for infuriating the gods. The punishment – the poor fishing harvest – affected the whole community. He was not the only one required to pacify the gods in order to neutralize the consequences of his action; the onus fell on the whole community (in Wicks and Estadt eds. 1993:91f).

The religious worldview and the demands of the community restrict the freedom within which an individual could act. People therefore have narrow choices due to the fear generated by the gods and spiritual forces if any toboo is broken (Ilogu 1974: 151).

5.2.2.4 Curse from the Elders

Curse from the elders might be a cause of illness. The elders are believed to posses some spiritual powers. They have the ability to bless or to curse. Their blessings can bring about childbearing, good fortunes and progress in businesses. As a result, people living far away can return to their homes for the blessings of the elders. In this case, good gifts are given to the elders, who in return pray for the blessings of the younger ones. Conversely, elders can also curse those who are abusive and are mischievous. Their curses can hamper progress, retard businesses, cause sickness and even mysterious deaths. In Nigeria in 1998, one of the Anglican Bishops in Nigeria spoke against the then Nigerian

Head of State for his wickedness. Pope John Paul II also appealed to him to release some political prisoners, but he refused to listen. Not long after this, the Head of State died mysteriously. Many people interpreted it to be as a result of disobedience to these spiritual elders (*Tell Magazine*, August 1998:21). Citing an example of this kind of belief with an African ethnic group, the Lugbara, Bourdillon notes:

> Ondua had been ill, and a diviner attributed the illness to the spirit of his father who was displeased with him on two grounds: he had failed to offer sacrifice to his father and he had been greedy for meat at the sacrifices of Olimani (1991:70).

Rituals are required as a means of communication with the spirits in order to settle these disputes within the community (Bourdillon 1991:71). However, Bourdilon remarks that, if this power and privilege is misused, it will be interpreted as a wicked act or be termed witchcraft. Concerning this, Bourdillon comments on the communal scene in the lineages of the Taita,

> If an elder is claimed to have caused too many illnesses, and too readily invoked spirits to injure the people of the lineage, feelings would rise against him. Instead of interpreting his actions as legitimate exercise of authority, it is possible to interpret them as illegitimate and malicious use of spiritual powers for selfish ends – in other words, as witchcraft (1991:70).

It is the understanding of the Igbo that elders can curse and their curse can be very effective. At the same time, the elders must not abuse their power to bring misfortunes on their people.

5.2.2.5 Inherited Curse

Another area of curse is that inherited from generation to generation in a family, community or even the entire tribe. People who are innocent can inherit curses from what another person has done. Ghunney notes that "people believe that the rewards and punishments of one generation may be passed on from generation to generation" (in Wicks and Estadt eds. 1993:91f). An offence committed by an individual can affect his family, immediate locality and the entire community. Therapy in this situation goes beyond the person and his or her immediate relatives but involves the whole community.

5.2.2.6 *Mamiwata/Mami Wota* Spirit

Mamiwata spirit is a river female spirit whose image is found in Igboland and throughout West Africa. This spirit is also described as the "mythical female water spirit" (Ottenberg 1997:4, 28, 79). It is believed that the *mamiwata* spirit can be responsible for misfortunes, failures, the sudden

disappearances of people and property, sicknesses and even some level of successes. The successes are not trusted because the same spirit can still rob the receiver of the successes at any unexpected time. In the book, Chinua Achebe, Ezenwa-Ohaeto notes how an Igbo man, Jolly Ben, and his kinsmen concluded that he had been visited by *mami wota* because of what happened to him when a lady known as Margaret paid him an unexpected visit. Quoting Jolly Ben who expresses his experience, Ezenwa writes, "When I touched the hair and it was like the hair of a European my laughter was quenched by force." The kinsmen of Jolly Ben made him understand that he had been robbed of wealth for the rest of his life (1997:112). This kind of story is still alive in the Igbo society of today. There is still the belief that human beings can be agents of these evil spirits and can bring any kind of attack on others.

Like the Ewe people of Ghana, the Igbo believe that *mamiwota* is a longhaired mermaid that can appear in several guises: "sometimes naked, sometimes bedecked in jewelry, sometimes with a lower body ending in a fishtail" (Muller and Ritz-Muller 2000:60). Unlike the Ewe people, the Igbo believe that *mamiwota* cannot only cause misfortune but also give a child to a barren woman and wealth to a person. Such people venerate her and must keep all her rules or else they face the consequences (Muller and Ritz-Muller 2000:60). The danger in these gifts, especially when the rules are not kept, is that these gifts can come mysteriously and also go mysteriously. Part of the rules set by *mamiwota* may include occasional human sacrifices to the water spirit. Again an unsuspecting person who partakes in enjoying these gifts from the water spirit can unknowingly face his or her own misfortune. Like the Ewe, the Igbo believe that there are people who live at "the bottom of the ocean and river, emerging on market days and visiting the market" (Muller and Ritz-Muller 2000:60f). This is why people should be conscious of who they buy from and who communicates with them at the market. It might be one of the avenues of communicating misfortunes into people's lives.

Describing the activities of *mamiwota* and what leads her victims to seek pastoral assistance, Muller and Ritz-Muller write:

> Mami Wata appears in dreams as a supernaturally beautiful woman with long hair and light skin, often with shimmering snakes draped around her. Some people are grabbed by her: she tries to pull anyone she can get hold of down into her underwater world. Many of those who are taken against their will run into the water when they hear her beautiful voice. Possession, a trance that girls often fall into, man less so, also announces itself in dreams or through sickness and depression. Those who are called by the deity in this way seek the help of the local priest (2000:61)

This kind of visit during dreams, according to Igbo belief, may be a follow-up to a gift received from an agent of *mamiwota* or in continuation of interaction already begun in the market place on the market day. Traditionally, the Igbo will require an oracle to confirm what is happening, and a series of sacrifices and rituals of cleansing might be carried out. In the present paradigm of Igbo religion, many Christians will not like to go back to these traditional practices. They will rather prefer going to prayer houses and other healing homes. CPE programs need to recognize the place of oracles and beliefs in sacrifices and rituals in the Igbo worldview.

5.2.2.7 *Ogbanje* Spirit

Ogbanje spirit is one of the factors the Igbo traditionally believe can cause sudden the death of children and even youths. According to Ottenberg,

> *Ogbanje* refers to a specific belief, popular in southeastern Nigeria, that the cause of a woman's children continually dying at birth or not long after—unfortunately not rare in the region—is a spiritual force calling the child back to the other world, for which elaborate rites and activities are required (1997:63).

Possible attack by *Ogbanje* spirit gives great concern to parents. In order to avoid it they have to face the rites of ensuring that the child does not return to the spirit world so early. If the rites are not performed it means they have invited the *Ogbanje* spirit, which means the death of the child. On his own part, Chinua Achebe describes *Ogbanje* as "one of those mysterious, elusive and often highly talented beings who hurries to leave the world and to come again" (1990:113). *Ogbanje* spirit is a powerful spiritual force believed to take a mother's child away to death again and again (Ottenberg 1997:28). *Ogbanje spirit,*[27] as Onwuejeogwu further explains, is responsible for bad sicknesses in children, convulsions and premature death of children. It is a source of bad experiences that needs some rituals to prevent it (1981:41f). Okorocha sees the concept of *ogbanje* as the bad side of reincarnation. He sees *Ogbanje spirit* as one of the aspects that the Igbo dread so much. This is because it is believed to be the return of an evil person who was denied descent burial and wanders about as an *akalogoli* or *agbara ojoo* (restless and evil spirit). Describing the process of this happening according to Igbo belief, Okorocha writes,

[27] Onwuejeogwu sees ogbanje spirits as the spirits of children who died shortly after their birth or during childhood (for more details see Onwuejeogwu 1981:42).

> In response to a woman's misdemeanor, or that of her husband or both, the gods could 'send an *akalogoli* into her womb.' She gives birth to a child (usually a girl). Such girls are usually extremely beautiful at birth. But do not live long. They generally die as infants only to return to the same woman again, in order to torment her. Every woman at her 'wedding' always prays that the Ancestors should never allow an *ogbabnje* to be conceived in her womb (1987:174).

In some places in Igboland, ogbanje may be seen as a male who is doing extremely well from childhood or who started progressing very well at a young age. As such it may not only be associated with extremely beautiful babies. As a result, the death of an *ogbanje* may not always be during infancy. It may also delay and occur during the adolescent age and at a period when such death will be very painful to the family. The researcher has even been accused of being an *ogbanje* during his adolescent age. He became a schoolteacher at the age of seventeen and even taught some people older than he. During this period, he was always very sick, and one day an elderly person accused him of being *ogbaje* and advised him to locate where he kept his *iyi-uwa* (a symbol of covenant between the *ogbanje* and the spirit world), or else the sickness may lead to his death at an adolescent age. Finally, the researcher proved not to be one because he did not die as expected. In a recent time, he has also been told that one of his children is suspected to be an *ogbanje* (personal experience). Regarding the females whose own signs of *ogbanje* appear through their beauty, Okorocha says,

> Sometimes, however, an *ogbanje* may escape early death. But in her teens, the spirits with whom she had entered into covenant of *iyi-uwa* (a kind of *igba ndu*[28] in the spirit world) tend to harass her with constant illness, accidents, and other misfortunes. If she happens to be good looking, her parents quickly conclude that she is *ogbanje*. Since she did not die as an infant, the situation may be recouped (1987:174).

When an adolescent starts showing some special qualities taken to be beyond his or her age, there is the suspicion that there must be some link between that person and the spirit world. One aspect of that suspicion is that of being an *ogbanje*, which has the evil of an early death for that person as a punishment to the family.[29] In the view of Iwuagwu, "*ogbanje* means born to die; it is a group in a

[28] *Igba ndu* means covenant relationship.

[29] *Ogbanje* is seen as a punishment because the beauty and progress of the child or adolescent is a thing of great admiration to the family. Due to the love and hope for a very bright future on the child, the sudden death causes a deep grief to the family. As a result, if a child is born in a family the tension for the suspicion of being *ogbanje* gets high if the child is so beautiful, grows so quickly and is exceptionally gifted. Even if a child is not naturally *ogbanje* the exceptional qualities can make spirits start lusting for him or her. According to Okorocha, "One interesting outcome of this fear of beauty in children is that parents tend to make their children 'ugly' when they are ill. This stops the spirits from lusting after them and thus desiring to take them away" (1987:185). Making a child ugly means, using paint to draw ugly things all over the child's face and the rest of the body, usually, through a ritual conducted by a traditional priest or diviner. This will prevent any reason for both spirits and humans to be jealous of the child because ugly patterns do not attract them.

covenant bond for hasty journey" (1979:22). The purpose of *ogbanje* spirit is to continue causing ceaseless pain and grieving to the family until proper rituals are performed.

There are other innumerable causes and factors associated with misfortunes, sickness and diseases in the Igbo worldview. The Igbo does not only look at the physical aspects of their experiences or physical symptoms of disease, but they also consider other spiritual causes.

5.2.3 Protective Measures Against Misfortunes and Evil Forces

Traditionally, the Igbo believe that prevention is better than cure. In Igbo language this is translated *mgbochi oya ka ogwugwo mma*. As a result, people have the tendency to apply objects that can help to avoid illness and accident (Muller and Ritz-Muller 2000:238). Many Igbo join secret cults because they want to benefit from a wide range of protections. People will hang objects collected from diviners and traditional priests in their offices, houses and cars. The Igbo can be fascinated to hear that somebody disappeared when suddenly attacked by an enemy. It is believed that before this can be possible there must be some rituals and mystical forces. Even in the present Christian era, many Christians still believe in this kind of prevention. The researcher has lived in a Church-owned institution where the head of the institution called in some diviners to protect the whole compound with a ritually made thread because of the constant activities of robbers around the compound. This incident happened in December, 1997, inspite of prayer being said in the church for God's protection. The visit of the diviner did not, however, prevent robberies afterward (personal experience).

Okorocha writes of *ike-isi*, which literally means "tying the head" or "binding one's head" (1987:189). According to him, it is a kind of "life assurance with a particular divinity for anyone who enters into a special covenant with him." The divinity becomes a surety to the promises and also promises to protect the person from all malice as well as prevent him or her from dying too soon. It is also seen as a guarantee for long life (1987:189). This act is still very strong among the Igbo of today. Some people in high offices in the government, public and private sectors try to protect themselves from known and unknown enemies and evil forces through mystical powers and magic. There are Christians who believe in these powers but are afraid of what people will say if they are found in the shrines of deities. Such Christians often go to Prayer Houses or "Pentecostal Churches" whose

practices are similar to those of traditional religion. They go to seek the same protection sought in the shrines of divinities.

Seeking for protection against evil forces and misfortunes is common among the Igbo. This is part of the function that the people expect of religion. Many Igbo go to *Elele* (A community close to Port Harcourt in Nigeria) to seek holy water, oil, car stickers, crucifixes and some other religious symbols from the Roman Catholic priest there because of their search for protection. They place some of the materials they collect from this Roman Catholic priest on their house doors, cars, and other properties for protection. Comrade B. D. Nkemaka notes that "people go to Prayer Houses and Pentecostal Churches to seek the protection which they miss in their traditional religion and which their Churches cannot provide for them" (July 30, 2002). Muller and Ritz-Muller also comment:

> Protective magic belongs to the realm of preventive medicine; it is used to guard against evil spirits, witches, and magicians, the evil eye, envy, and resentment. Talisman and amulets are used mostly for this purpose (2000:238).

Because the identity of many Igbo is now Christian, people replace these objects empowered in shrines of local deities with other objects blessed by Christian ministers. Some use a crucifix and some use a Bible as their object for prevention. It is common to see people put a Bible under their pillow before sleeping in order to ward off evil forces. The Igbo believe that the attack by evil forces could be prevented before it happens.

5.2.4 Some Pastoral Concerns of the Igbo as seen in the above Discussion

From the above discussion, there are many pastoral concern raised by the people interviewed, as well as from the environmental, political, cultural, economic and religious situations. Some of the problems are summed up below:

1. Tension resulting from the political, social and economic situation in Nigeria.
2. Anger and depression due to helplessness over denials, marginalization, exclusion and rejection.
3. Fears within their environment associated with their traditional worldview.
4. Problem of mass poverty and inability to meet with a sustainable livelihood.
5. Problems associated with HIV/AIDS and other diseases and sicknesses and inability to handle the problems.
6. The demands of the communal life-style within the Igbo community.

7. Complications resulting from ethical requirements of the community.
8. Confusion arising from efforts to approach Christianity through Igbo traditional worldview.
9. Feeling of insecurity and instability resulting from a high level of criminality, fraudulence and increased violence.
10. Demands and expectations of the present society resulting from globalization, modernization and multiculturalism.

5.2.4.1 How these Problems Affect the Church

According to Bishop Godwin Okpala and some of the church leaders and laity interviewed, whatever happens in the society also affects the church. As Bishop Okpala points out, "All the fears and concerns in the society are also present in the church. The problems that exist within the society or the church are all of pastoral concern for the Igbo church" (July 26, 2002). Some of these problems are

1. The churches do not know who their real members are. Some people set their foot in the Church today; the next day they are elsewhere. As a result, the church does not know whom she is actually caring for. The congregation may be large, but there is no way of finding out who are the really committed members.
2. There are people who want visits only from the priests when they are sick or when they have problems. At other times, they want to stay on their own without any reference to the Church.
3. Even among the committed members, commitment to Jesus is in doubt. It is difficult to know where to start as they can hardly tell their stand.
4. To counsel is often difficult because one does not know with whom one is counseling or the stand of the person being counseled.
5. Many people are quite unwilling to open up in counseling. They may be telling the counselor one thing while their real situation is quite different from what they may be saying.
6. There is a big problem in the lack of openness based on the belief that a spirit filled pastor ought to discern the problems even if not told by the client. As a result, they cannot tell the pastor what their real problem is. The pastor rather has to tell them their problems; if not; the pastor may not be the right person to handle it according to the needy person.
7. Many people live in a real world of fear, anxiety, tension, suspicion and daydreaming.
8. Most pastoral counselors are not trained and equipped for the work. As a result they are incompetent to handle the pastoral problems of their parishes. This drives people away and some will prefer to seek for help elsewhere rather than meeting a pastor. Some pastors have Seminary training but without any counseling experience.
9. There are also pastors in parishes that can quote the Bible without being able to apply the passage to the situation and cannot even relate the passage to the problem before them.
10. Many pastors do not have a broad awareness of the individuals, environment and the situation they handle. They, therefore, offer help that may not be effective.
11. The clergy have very little time to listen and some do not have time at all. Despite this, they are so reluctant to allow other people to help them in this regard.

12. Poor attitude toward the use of referrals affect the community. The Igbo pastor will like to be seen as all-knowing and will like to be seen as one who does not make mistake. As a result, they hardly accept their ignorance. They do not attempt professional inter-dependence so that people will not see them as not knowing what they are doing. There is a know-all syndrome and unwillingness to accept the professionalism in others who can offer better assistance.
13. There is the problem of mass poverty. Poverty is high beyond what the Church can handle, and there is no way the Church can address it well (Bishop Godwin Okpala, July 26, 2002).

The above problems call to question the type of training and preparation given to pastors who serve in Igbo society. Their training must include coming face-to-face with the reality of the people they serve. The training of the pastors must be relevant to the needs of the people. CPE, being an on-the-job training program for pastoral care, can be a means of taking the pastors-in-training into the very communities where the Igbo families live in order to face their reality during their training process. The skills of CPE can be applied in a traditional Igbo context and be used in exploring ways and means of empowering the Igbo to face their realities gallantly.

5.3 Igbo Traditional Pastoral Approaches

Pastoral approaches in Igbo society are similar to Augsburger's idea of healing community (1986:365f). It is both metaphorical and reality. As noted earlier in chapter four, the Igbo is a community-based society. They relate to each other through family systems, neighborhood groups, age groups, religious groups and various forms of association that enable an individual to lean on others in times of difficulties and joys. These groups metaphorically form the 'healing community' in the words of Augsburger (1986:365). Their community setting forms a positive network that enables health, growth, and transformation to occur in the life of the people. This means if the community provides only maintenance needs or allows the people to live in deprivation, oppression and exploitation, it becomes negative. If it creates the atmosphere of security and safety, justice, empowerment and love, it becomes positive. According to Augsburger, "a positive community allows growth, maturation, and fulfillment and also supports physical, emotional, and spiritual needs among its members" (1986:365). The argument here is that the Igbo pastoral approach in all cases of need is that of linking the individual back to a very positive relationship with the community, which is where healing, comfort, sustenance, liberation, love and growth is expected. In a situation of negative community, the pastoral approach becomes ways and means of making it as positive as possible. Elder

Dan Nwokolo, therefore, says that a person is nobody when he or she is not with his or her people. As he goes on to say, "However highly placed you may be you must make efforts to be in unity with your immediate community . . ." (July 21, 2002).

5.3.1 The Pastoral Functions Within Igbo Context

Pastoral functions in Igbo context remain the same as highlighted by Hiltner, Lester, Clebsh and Jaekle (see chapter one). These include healing, sustaining, guiding, reconciling, and liberating. The researcher, looking at the real Igbo situation, adds deliverance and empowerment. These pastoral functions are directed toward fear, hunger, poverty, sickness, loss, stress, anxiety, bereavement, grief barrenness and a variety of needs that occur in Igbo daily living. Bishop Ken Okeke notes that the Igbo have a well organized pastoral care approach with which they used to visit every experience facing them. This approach, though not structured and documented, has been working for them. It has worked side by side with Christian teaching since the advent of Christianity (August 2 2002). Theophilus Ozodi suggests that the Church needs to value and explore the rich approaches that already exist in the environment in order to give meaningful help to the people (July 25, 2002). The functions remain the same, but the approach and emphasis differ in the Igbo setting due to the peculiarities of their environment. A CPE program can help the Igbo pastors apply the tools of social sciences in articulating these functions and communicating them to the people in the most helpful ways.

5.3.2 Igbo Traditional Therapy for Different Experiences and Events

The Igbo form a community or support system in every experience or event that occurs in the life of their members. Elder Dan Nwokolo says, "In the event of death, sickness, marriage, childbirth and merriment, the community supports whoever is in good standing with them." When community support is lacking, it becomes a disaster for the person (July 21 2002). The Igbo rally around an individual or family during a crisis and create a healing community that offers therapy in whatever experience the individual or family passes through at that time. Some of these events include marriage, childbirth, barrenness, sickness, success or failure, family conflict, mental sickness, death, succession and inheritance, bereavement and all other experiences that raise concerns to individuals or families. Traditionally the Igbo may not be said to apply the service of experts in all cases of

traditional therapy. However, Nwoye notes that whether experts are consulted or not, the basic outcome of any therapy is the "amelioration of stress." Quoting Frank (1985) he says:

> Whether practiced by the experts or non-experts or in professional clinics or local villages, all therapeutic efforts have certain objectives in common; one of which is to promote the amelioration of stress of their distressed clients (in Madu, Baguma and Pritz, 1998:66).

The Igbo have various methods of addressing the stress of their distressed members. Though experts may not often be contacted, the Igbo work together as a community to deal with the stressful situations. The following are some traditional pastoral approaches of some Igbo communities:

5.3.2.1 The Igbo Traditional Pastoral Counseling

The traditional pastoral counseling approach of the Igbo may not seem congruent with the Western approach. Some of the methods applied by the Igbo traditional counselors may seem opposite to Western methods. Since the worldview of the Igbo is principally religious, all their traditional forms of therapy or counseling are also religious. Augsburger, recognizing the differences in approaches, notes that a culturally aware counselor is "fully aware that others may hold different values and assumptions which are legitimate, even when they are directly opposite to their own." Citing examples with Western and Japanese approaches, he says that in Western culture, it is wrong for a counselor to induce guilt on a counselee or to suppress the counselee's communications. On the Japanese side this is central and widely recognized in their counseling theory (1986:20). The Igbo traditional counseling approach is more similar to the Japanese than the Western approach.

On the part of the Igbo, Augustine Nwoye refers to what he calls, "African Family Mediation Practice." Though he meant this to be a strategy of intervention for distressed couples, the general principles appear to be the same for all therapies including pastoral counseling (in Madu, Baguma and Pritz, 1998:66). One important factor a counselor for the Igbo must bear in mind is gaining insight into the person's community. Specifically, the community refers to relationships in the family, lineages, village and even clan that make up the person's healing community. Looking into the Akan tribe of Ghana, Ghunney shows the necessity of symbolic language and myths that permeates the people's culture in understanding their experience. He postulates that "traditionally, the African has a way of resolving life problems quite different from counseling in the Western world" (in Wicks and Estadt 1993:82). What Ghunney said about Akan is also true of the Igbo.

Makine, in Masamba ma Mpolo and Kalu, has the view that, though pastoral care, counseling and psychiatry in Western sense are relatively new in Africa, the Africans were already using these skills, helping others to be healed and to grow (1995:1). As he notes:

> The extended family system re-invites itself by using inherent capacity to be centre par excellence of support for and confrontation among its members, thus enabling the individual as well as the entire family, through dialogue and rituals or reconciliation, to deal constructively with conflicting and inhibiting personal drives, cultural and religious values. This family arrangement creates psychological atmosphere conducive to personal growth and family cohesion . . . (1995:3).

Makine's point agrees with what has been discussed above and re-echoes the idea that family, both nuclear and extended, plays a major role in the resolution and healing of crisis. In addition to this, other people that may be viewed as principal pastoral counselors in Igbo settings are heads of clans, extended and nuclear families, elders, diviners, herbalists, soothsayers, fortune-tellers, witchdoctors and other traditional religious personnel (Ozodi 2001:89). In their method of approach, they listen as in the Western method and also induce guilt as well as suppress communication as in Japanese approach to counseling (Augsburger 1986:20). Pastoral Counseling takes place in Igbo traditional settings in complex ways, from the time of birth till death. The researcher, therefore, agrees that training a pastoral caregiver using the CPE process will be more effective when conducted in a family/community-based center.

The Igbo act of pastoral counseling starts from the moment a person is born and ranges through all the periods of life until death. Even after death, the bereaved family can be ministered to, and, if there is any problem the dead person experiences in the land of the spirits, this can be addressed through rituals. These rituals, though performed for the dead, also become a form of healing for the bereaved family. Ghunney shares the same view in the Akan form of counseling. He writes,

> It must also be noted that counseling in the Akan society is not only done when people have problems but as "preventive counseling." From pregnancy through initiation rites of birth, puberty, marriage, and death, individuals and groups are counseled on "how to's" in order to prevent calamities (in Wicks and Estadt 1993:92).

Most of the rites of passage in Igbo culture form a means of counseling people, both at group and individual levels. For example, *otu mmanwu* (masquerade group) is a rite of passage in which members are initiated and led through different experiences of life that enables them to cope with the

life in the society (Ilogu 1974:26f). Though often viewed as a secret society, it helps in identity building and acceptance of self-worth. This kind of group often goes with confinement periods that are full of learning refinement and empowerment. During the period of confinement, some traditional specialists from the community or neighboring communities are invited to help in sharpening the life of the inmates so that, after that period, they come out as new individuals. Ghunney notes that "in every stage of an individual's life there are specialists in the community who are consulted" (in Wicks and Estadt 1993:92). Almost every stage in the life of the Igbo has an occasion for bringing him or her in contact with a means of character formation and training in coping mechanisms. All these stages and aspects may not be discussed, as it may be too broad for this research. A few of these are discussed below.

5.3.2.2 Marriage: Marriage is the recognized means of starting a family life in Igbo society. It implies that they don't yet recognize single parenting nor regard a single parent with children as a family. The idea of marriage and family has been discussed in chapter four therefore it will not be repeated here. What matters is the crisis that may be involved and how the Igbo resolve it. Though marriage is a highly desirable event in Igbo life, it goes with a lot of crises. A crisis is based on the sense of loss for separation from the old family and the anxiety of beginning a new family (Ozodi 2001:56). Looking at the rigors involved in Igbo marriage before a final decision is made requires a lot of counseling from local experts and elders. Marriage starts from the time of inquiry, negotiations and other events that bring the spinster, suitor, their families, elders and possibly religious personnel into dialogue (Ozodi 2001:26f). The end result is that when the marriage finally takes place, the whole party concerned will be confident that proper counseling was carried out and, as such, will be satisfied that the right choice has been made. If things go wrong after all these efforts, rituals and other forms of counseling which may involve elders and family heads may follow. Ghunney notes that "when there are problems to be resolved, normally there are family councils. Members of these councils are respected in society and regarded as people who have good morals and are wise" (in Wicks and Estadt 1993:92).

5.3.2.3 Childbirth: Childbirth is another area of crisis. It may not be the crisis of bitterness but that of joy. Childbirth is the ultimate expectation in Igbo marriage. The question that immediately follows after each birth is whether the baby is male or female. The expectations of the family at that time will

determine the level of joy that follows. In most cases, families expect a male child, especially where there is a female already. It becomes depressing when there are females without a male in the family. Lack of a male child may often cause a problem in the marriage because of the desire for a male progeny that will continue the family tree. The Igbo, therefore, christen their male children *ahamefula* (literally – let not my name get lost), meaning "continuity of the family name."

A crisis may also occur during childbirth due to the separation of the spouses. The female spouse may now give more attention to the new baby than to her husband (Ozodi 2001:33). This can bring about a lot of misunderstanding and disagreement between them. The joy of breaking through a period of barrenness can also be too much up to a crisis point (Ozodi 2001:56). The way of coping in this situation is the visitation of friends and relatives. At this time, mother or the closest female relative of the woman that gave birth comes to stay with her for a period of up to two months. Having passed through the experience of childbearing, she goes on counseling her daughter during that period. She also helps the husband of her daughter cope with the attention now diverted to the new baby. Friends and relatives at this time come to spend some time with the new mother, keeping her busy with friendly discussions and helping her do some domestic works. She, therefore, passes through the pain and experiences that follow childbirth smoothly because of this support system. During this period, too, if there are conditions that require rituals or consultation of traditional experts, there is no hesitation in responding to them.

5.3.2.4 Stress that is Caused before and after a Child is Born: Childbirth is a thing of joy in Igbo society, but at times it produces a lot of stress. A woman does not feel free when pregnant until she delivers a baby and is sure that the gender of the baby meets the expectation of her husband and the family. While still pregnant, if the condition of the baby is a threat to the mother's health, and she willfully resorts to abortion, it might be viewed seriously, and at times, sacrifice may be required to remove the "abomination" (Fanusie in Oduyoye and Kanyoro 1992:143). Fanusie mentioned a number of taboos surrounding childbirth that can cause stress for women. They include incest, pregnancy within a year of husband's death, pregnancy outside marital relationship, and giving birth to a child who does not resemble any member of the family. There is also taboo concerning "unusual, abnormal, and unnatural actions, such as giving birth to twins and abnormal presentation of the birth of a baby." According to Fanusie, "sacrifice is necessary to atone for the wrongdoers who wish to

regain full association with the rest of the community" (in Oduyoye and Kanyoro 1992:143). Women are treated as if they deliberately cause these problems. A childbirth which would have been a thing of joy becomes a time of guilt, regrets and mourning for women. Despite the fact that men are involved in these happenings, only women receive the blame.

5.3.2.5 Barrenness: Barrenness to an Igbo is the negative side of childbirth and an area which an Igbo family highly dreads. It is a childless marriage and one of the areas of deep concern that may be given different types of interpretation. Barrenness is so serious that it can lead to family conflict, polygamy, separation of family and divorce. Okorocha notes:

> . . . When an Igbo thinks of sickness and the removal of it, the question of what to do about childless marriage is usually uppermost in their minds. A woman, who is oppressed in this way, consults a *dibia* for help. After the appropriate sacrifices have been made, the *dibia* prays for the woman (1987:65).

The seriousness of this problem makes it a very big crisis in a family circle. Despite consulting a *dibia* (diviner), other forms of family therapy as discussed above may also be applied.

5.3.2.6 Family Conflict: Family conflict is a big issue in Igbo culture. This is because family is a central force that holds the individuals together. If a family is sick and dysfunctional, the whole members are also sick and dysfunctional (Ozodi 2001:34). Describing the same situation in Akan culture, Ghunney says that "the individual's problem affects his or her immediate and extended family, including the yet unborn and the living-dead" (in Wicks and Estadt 1993:92). A family crisis can be very complex. It is this complexity that makes Nwoye refers to what he called "African Family Mediation Practice." (in Madu, Baguma and Pritz, 1998:66). In this practice, the Igbo tap the wisdom of family elders, local practitioners and relevant rituals in resolving the conflict. During this period, there may be an imposition of guilt and at times a suppression of communication (Augsburger 1986:20) in order to achieve the required result. Conducting CPE programs close to where the families live will help the students understand family dynamics and the wisdom of the family elders in resolving family crisis.

5.3.2.7 Death: In the words of Nwoye, ". . . death in Africa is taken to disturb and destabilize the systemic equilibrium of those affected." He sees it as a "stress-related event" that affects the family,

neighbors, relatives, friends and the community as a whole (in Madu, Baguma and Pritz, 1998:65). As noted by Augsburger in 5.3 above, people affected by these problems form a healing community around themselves in order to bear the grief and loss together. Agreeing with the same idea, Nwoye notes that these affected people "rally round the bereaved to ensure that a naturally bad situation is not allowed to degenerate further into a chronic condition, which may become in the bereaved the phenomenon of pathological grieving" (in Madu, Baguma and Pritz, 1998:66). Nwoye highlights the positive healing community that can sustain, comfort, guide and reconcile at this time of crisis.

D. C. Okeke commends the reconciliation that death brings in Igbo society. He says that family members are drawn together to give their last respects to their dead member. Friends, relatives, community and even enemies rally round to honor as departing member. Differences are forgotten and pronounced differences are settled at this time (July 23, 2002).

5.3.2.8 Bereavement: Bereavement is one of the areas of intensive grief and loss in Igbo society. Nwoye describes it as a traumatic experience in Africa generally (in Madu, Baguma and Pritz, 1998:65). As he notes,

> The stress it comes with, particularly when the death concerns the loss of a young husband or wife or an only son or daughter, initiates a type of psychological pain that often involves a psychic breakdown, accompanied by a severe drain in the systemic energy of the bereaved (in Madu, Baguma and Pritz, 1998:65).

Though Nwoye refers to Africa as a whole, being an Igbo, he portrays what typically happens in Igbo society. Okeke supports the practice of a long grieving period for the bereaved families in Igbo society. According to him, "This has a psychological healing as well as satisfaction that the family has given a deserved respect and honor to their departed member" (July 23, 2002).

5.3.2.9 Stress Induced by Critical Taboos during the Period of Bereavement: Bereavement in Igbo society is not only accompanied by emotional stress, loneliness, abandonment, anxiety and stereotyping for women, it is also accompanied by some cultural tahoos that increase the crises of the women affected. Daisy N. Nwachukwu says that "the Christian woman in the contemporary world is culturally and socially an endangered species" (in Oduyoye and Kanyoro 1992:54). Nwachukwu's statement is true of Igbo women. Married women who suffer the loss of their husbands are often treated with dismay as if they were responsible for the death. Some of them are subjected to severe

suffering including sitting beside the dead body throughout the period the body lies in state. Other examples of ill treatments are: keeping women in isolation, barbing their hairs completely, and making them wear particular mourning dresses for more than one year. Nwachukwu frowns at this practice in Igbo society whereby only women are subjected to forceful observance of clothing, eating, or weeping rituals, as well as movement restrictions." Males are not subject to such rituals, no matter how closely related they are to a person who dies. She sees this practice as "sexist oppression, often accompanied by prejudice, stigmatization, and stereotyping" (in Oduyoye and Kanyoro 1992:61).

Reflecting on the same kind of ill-treatment, Fanusie comments that, "in widowhood even male children of a woman have control over her and have more say in the family than her" (in Oduyoye and Kanyoro 1992:137). All of these critical taboos induced by culture against women make them victims of every societal ill, and, as such, they face a lot of stress silently. Women are still unheard voices in the society and need to be empowered through a functional pastoral caring system devoid of bad aspects of the culture.

5.3.2.10 Grief and Loss: There are many experiences in Igbo life that can lead to grief and loss. Included in these are bereavement, amputation and any form of irretrievable loss. Grief, which is seen as psychological wounds and pains following a feeling of loss (Nwoye in Madu, Baguma and Pritz, 1998:66), becomes so severe when a family member or a beloved one dies. According to Nwoye, a "biopsychosocial assistance," which is a healing system grounded in the wisdom of local participation, is given to assist in the agony the person may be passing through (in Madu, Baguma and Pritz, 1998:66). Human psychosocial resources composed of priests, elders and kinship bonding is adopted. Through this means, social support is built around the person. This serves as an anchor for the grieving person in order to prevent further degeneration into chronic grieving outcome and depression (Ozodi 2001:96f; Nwoye in Madu, Baguma and Pritz, 1998:66). As an aspect of assistance, especially in a case of bereavement, the grieving persons have traditionally recommended a period of grieving that may count in weeks or months. During this period, friends, relatives, associates and even traditional experts will be around the person or family to guide, support and comfort. There are traditional dances in which all those involved will be expected to partake, with the support of those around them at that time.

Some other areas that require counseling include sickness, success and failure in business, poor farm harvest, cases of mental disorder, and cases of witchcraft, attack of *mamiwota* spirit, beginning a new life venture, and, as mentioned earlier, almost every event in Igbo life. All these are connected with human life within the community and, as such, follow almost the same dynamics. There may be differences in emphasis and on the type of people invited or consulted, depending on the intensity of the event that calls for counseling. As mentioned earlier, once the individual is affected, the family is also affected, so the family is involved and the ancestors are also involved. In a very traditional setting, the ancestors are the first invitees through libation as a means of invoking their presence and asking for their wisdom. There can also be divination as a supernatural means of diagnosing the situation and being in link with the world of the spirits (Ghunney in Wicks and Estadt 1993:92). The advantage of conducting a CPE program in a family/community-based setting is that the students will follow and understand the family and community dynamics in attending to people in various kinds of need. It will make their practice agree with the people's approach to life and how they resolve their problems.

5.3.2.11 Stress Following Gender Discrimination in Igbo Culture: One of the serious problems that needs pastoral attention in Igbo culture, but is usually ignored, is the stress resulting from gender discrimination. Women are mostly affected and always portrayed in the negative image. Even when they are involved in the same problem with their male counterparts, they bear most of the blame. Lloyda Fanusie notes with dismay how "women are relegated to the background" in almost every African society. She condemns the ancient myths of Africa that contribute immensely to the plight of women, by branding them as "witch, temptress, prostitute, demon and symbol of sensual lust." According to Fanusie, women are treated like mere property, belonging to men solely for the purpose of sex and procreation (in Oduyoye and Kanyoro 1992:137f). This unfortunate condition of women in Africa may explain why there is no traditional pastoral attention given to them to treat the stress following all of these negative portrayals. At the same time, this oppressive system against women justifies itself and as a result does not see anything wrong with their plight.

Igbo culture expresses less concern over failures of male gender in the society. Instead of seeing failures as shared responsibility between men and women or, even solely on the part of men, women are the ones blamed. In Igbo society, if a child is good, the father earns the glory, but if a child is bad,

the mother is blamed. Instead of blaming men, the society finds a way of turning the blame around to women. Fanusie laments over this kind of treatment and comments:

> In some African settings . . . women are blamed for monosexual acts (masturbation), male and female homosexuality, impotence, sterility, impenetrable uterine membrane and rare emergence of hermaphrodites. . . A childless wife would be blamed irrespective of the fact that her husband may be sterile or that she may be facing health hazards (in Oduyoye and Kanyoro 1992:142).

Traditionally, Igbo women face these stressful cultural conditions without society providing a system that will care or listen to their plight. Women seem to occupy a second class position, with their fate entirely in the hands of the male. Even when a woman has lived all her life in her parents' or marital home, a newly born male child in the family has better privileges than her. Women face many disheartening conditions silently and it causes them much stress. Similar stress inducing experiences closely related to this are caused by sexual taboos.

5.3.2.12 Stress that is Caused as a Result of Sexual Taboos: In Igbo culture, there are sexual taboos that mainly affect women and cause much stress to them. These problems are associated with natural biological occurrences and some bodily systems they cannot control, such as menstrual periods. Fanusie reveals how females who show a tendency of producing a beard are branded as witch. Also, girls are forbidden from climbing a tree because the Igbo believe the tree will be unproductive and eventually die. It is an abomination for women in menstrual period to prepare food for their husbands or the rest of the family because they are considered unclean during that period. At times they are kept away from males and important people in the society. If they happen to break this taboo, a series of rituals must be proscribed (in Oduyoye and Kanyoro 1992:143). Women are expected to suffer these ill-treatments silently. Even when a natural problem occurs, the culture adds to that natural problem by making them to suffer it emotionally.

5.3.3 People Concerned with Pastoral Care in Igbo Traditional Setting

Another feature of Igbo traditional religion is the religious personnel. They include the diviners, herbalists, deity priests/priestesses, soothsayers and sorcerers. The Igbo collectively call them *Dibia*, and they are believed to be servants of the deities and in possession of divine and mysterious powers (Ilogu 1974:25). They are also believed to be capable of killing or saving a person. Since some Igbo

attribute their problems to the work of witchcraft and evil spirits or the spiritual world generally, the *dibia* and other gifted local practitioners are seen as possessing power to intervene at that level. To prove their competence, they have to tell you what the problem is and also tell you authoritatively what the solutions will be (Sir George Anickwena, July 29, 2002). This Igbo approach might be difficult to apply to the westernized form of counseling communicated in CPE. However, it should not be forgotten that these local practitioners are also fully aware of the psychology of their people. It, therefore, justifies the presence of CPE students in the community during the CPE program in order to live in the midst of different families during the period of training. For the local practitioners, training takes place amidst the people so they pass through all the history of the community and gather all the relevant information about different families and individuals in the community.

5.3.3.1 **Diviner (Dibia):** The *Dibia* are dreaded, feared, or respected because of their link with both good and bad spirits. For many Igbo, there is an evil spirit behind virtually every crisis. Because of their special powers and links with the world beyond, diviners may be consulted to interact with supernatural forces and beings (including one's ancestors within the spirit world) to find out the cause of a crisis and to identify mechanisms for appeasement and resolution. Even to this day, many Igbo Christians sometimes trudge secretly to diviners for consultation and assistance. As Ilogu argues, "The Diviner uses *Ofo* as one of the apparatuses of divination, as it is generally believed that the ancestors whose spirit the *Ofo* represents, are always helpful in determining a successful result of the particular subject for which a client seeks divination" (1974:17). Some Igbo believe that, in the spirit world, one's ancestors may be reliably counted on to provide protection from evil and bad spirits and to intercede with God. This may account for why those people prefer to consult a diviner rather than a Christian pastoral counselor.

Onwuejeogwu points out the role of *dibia-ogwu*[30] in treating diseases with herbs, charms, talisman and rites (1981:139). It has been the belief of the Igbo that these aspects of rituals and symbols must be involved if good attention is to be given to a serious sickness. Elizabeth Isichei recalls that "the pre-colonial Igbo society had many skills in treating diseases through the herbalists and bonesetters though many diseases remained untreated being susceptible only to religio-magical explanations and

[30] Dibia-ogwu in Igbo society are traditional healers who specialize in diagnosing and treating diseases with herbs, charms, talisman and rites (Onwuejeogwu 1981:139).

remedies" (1976:223). Isichei goes on to refer to how the skills of medicine men in Igboland were rejected by the early missionaries. She says:

> Chive was a former *dibia* who had become a Christian and suggested to the local missionary in 1921 that "University of Medicine" should be established, where *dibia* could hand on their medical knowledge, in isolation from the corpus of traditional religious beliefs. The missionary snubbed the proposal, telling Chive "how organized society regarded quacks" (1976:223).

The pre-colonial Igbo society had a healthcare system, which served them. Though this was rejected by the early missionaries who regarded the medicine men as inefficient, they still need to draw the attention of a CPE student who will minister to the Igbo. By paying attention to them, the CPE students will know the focus and expectations of the people. The CPE students also need to investigate the psychological skills of the local practitioners in order to perpetuate them.

There are a lot of religious symbols and rituals in the Igbo traditional caring system. In their cultural setting, the *dibia* direct the focus of all the rituals toward the main objective of the healing. As David Power notes, "Sometimes what is called 'primitive' ritual is associated with magic, since observers think that the intention of such rituals is to influence the powers that control life." Power argues that "this is not exact, for it is more an expression of harmony with, perception into and conformity with the patterns of bios and cosmos" (1984:85). It might be necessary for a CPE student to be aware of the dynamics involved in the expression of the harmony that goes with the rituals and symbols.

Many Igbo lost their religious acts of divination, fortune telling, exorcism and mystical displays when they embraced Christianity. In spite of their new Christian religion, they still believe and trust these religious acts and the power accompanying rituals to heal and restore the sick. They may also look forward to having them in their care system, without which the care giving may not make much meaning to them. According to Ilogu, the need for this integration gave rise to the spread of locally found Churches, which sprang up almost immediately when Christianity came in. He says, "Another feature of the Church life in Iboland within this period of twenty-five years (1939-1964), was the growth of many Ibo inspired Churches" (1974:60). Some of their founders followed the examples of the local practitioners.

5.3.3.2 Fortune-Tellers: Fortune-tellers are traditionally known as *dibia afa* (literally doctor that reveals secrets). The difference between them and diviners is that fortune-tellers may only be involved with revelation of secrets while diviners are involved with revelation of secrets, exorcisms, and performance of different kinds of rituals. Fortune-tellers form part of the group of people involved in a traditional form of caring prior to Christianity in Igboland. They gave the Igbo a sense of reliance on oracles and being foretold of situations. Even in the present Christian Igbo society, divination has not been given up. In place of divination, some people follow the examples of the Old Testament prophets and some the prophecies in the New Testament and insist on having a prophecy. Muller and Ritz-Muller, writing on their experience in Africa, note that in many African communities "fortune-tellers are more than seers and priests; they are primarily healers." According to them, "premonitions and spirits take on a more important role in healing" for Africans (2000:236). It is believed that the *dibia afa* can see beyond ordinary human eye and can see past, present and future events in people's situations. They can communicate between human, spirits, nature, ancestors and to any other power capable of influencing human life to whom an ordinary person is unable to communicate.

Their system of intervention may be dialogical in a sense. The fortune-teller uses some divining objects (cowry shells, coins and bones from certain deities) that are frequently thrown on the ground in different directions (symbol of divination), and then engages the client in dialogue. Questions are asked to the client as if those questions come from the spirit world. The fortune-teller also communicates the answers back to the "source" of the questions, while constantly displaying his or her divining objects in a skillful way. During this period of conversation, diagnosis and spiritual assessment are in progress; several options are given to the client, and, from hints proceeding from the client, the fortune-teller prescribes appropriate remedies and offers therapy (Muller and Ritz-Muller 2000:236f).

Fortune-telling was an important aspect of counseling in Igbo society prior to the advent of Christianity. Many Igbo Christians still consult fortune-tellers secretly. Fortune-tellers give direct answers and solutions in a very skilful way. Social relations and conflict resolutions (particularly with family, friends, neighbors, community and even natural things and spiritual forces) can be part of the diagnosis. They also make good use of referrals as if the suggestion comes from the spirit world. In most cases, the client is blamed if the prescription fails. It is either that he or she concealed some of

the required information or that the prescriptions were not carried out correctly (Ilogu, 1974:129f). Prophetic Churches and many evangelical and charismatic churches of today imitate this tradition. Some just prophesy, and others apply a symbol of any other object in place of the traditional divining objects. What the researcher suggests is that CPE students must also be skillful as pastoral care while ministering in Igbo context.

5.4 Pastoral Care of the Anglican Church in Igbo Traditional Setting

Bishop Ken Okeke shares the view that the church found a strong footing among the Igbo because they have a highly organized form of pastoral care that worked hand in hand with that of the missionaries. The Anglican Church seems to be losing sight of the helpful aspects of the Igbo traditional approaches because these traditional approaches are not structured and systematized (August 2, 2002). What Bishop Okeke said shows that, on the arrival of Christianity, the first converts immediately started practicing it along with their traditional religious approaches. The problem that followed was that the practices that were passed on to the younger generations continued losing their values as the Igbo went on embracing modern ways. Despite changes that have occurred, there is a great deal of the traditional caring method in the present pastoral care of the Church. It may not be separated easily because of long interfacing between Western and traditional caring methods. The Western form of Christianity tried to erode some of the traditional practices in pastoral care but could not give a proper replacement. This is why people still look around to rediscover what served them in the past (Archbishop Anikwenwa July 31, 2002). A CPE program can use its scientific method of inquiry and training to help the Igbo rediscover their old caring skills.

Looking at the real situation and the present practice in the Church, pastoral care in the true sense is virtually disappearing from the Church. Preaching from the pulpit has become a means of generating funds from the Church members. The welfare of the people is hardly mentioned. Ilogu says:

> The organization of Churches' life in Iboland must eschew too much emphasis on money contribution as hallmark of membership. Rather teaching, praying and sharing in fellowship of joys and sorrows together, should be emphasized, for these are the more basic foundations of the Church membership (1974:214).

Rev. Canon Ilogu, an Anglican priest in Igboland and a Professor of Religious Studies in one of the Universities in the area, notes that the compassionate care for people in sorrow, praying, teaching and sharing of fellowship together, which marks a Christian group, are quickly disappearing in the Church. "What the Church wants from its members now is money and are less concerned for the poor" (1974:214). Attendance to burials, bereavement homes and places of crisis is no more for the benefit of the person in need but for what the pastor can gain. The poor and the very needy people are neglected because they don't have much money to offer. A Church leader has refused to attend to the weddings and burials of his clergy on different occasions and even the baptism of a clergy's child (names withheld for confidentiality) simply because they do not have enough money for his hospitality. The same Church leader, at the shortest notice given by a wealthy person, will leave another engagement because a lot of money is expected to accrue from meeting with the wealthy person (1993-Participant observation).

Ilogu condemns the title "Superintendents" which some of the Anglican priests in charge of parishes go by. Their parishes and areas around them are called "Districts". This makes them see themselves as rulers and administrators rather than pastors. As he puts it,

> Ordained ministers must be told in clear terms that we are the ministers of the Word and Sacrament and not superintendents of "groups" and "districts." To realize this is to make us ever humble searchers for the hours, the place and resources from where we can find "sustenance" so as to be able to sustain our people in the prayers, the preaching of the Word and in the breaking of the bread (1974:214).

Ilogu uses the inclusive pronoun because he is part of the system where these things happen. This title, both in notion and in the real practice, denies these pastors their roles as pastors. They see themselves as administrators who direct activities in the parishes and who the parishioners must serve.

The Church uses ex-communication from the Eucharist to punish whomever they want. As a punishment to the person, the clergy can by-pass someone already kneeling at the altar rail for Eucharist. At times the Churchwarden can stop someone who is already on the way to the altar to receive the Eucharist and turn him or her back to his or her seat disgracefully before the congregation. Are these practices not humiliation instead of caring? The reason for humiliation is either failure to pay one's Church levy or failure to attend a Church function. The Church may not have earlier made any effort to find out the reasons for those failures. Ilogu thus says:

> The use of ex-communication from Holy Communion as a sanction against breach of laws of the Church must be reviewed so as to leave the sacrament to continue being a means of grace rather than a punishment weapon (1974:214).

These acts of denial are still very much in practice today. Other areas of denial include refusal of the Church to conduct burial, wedding, baptism or even staying with a member in joy or sorrow when necessary, simply because one problem or the other cropped up.

One of the researcher's friends among the clergy informed him during the field research in July 2002 how he had disbanded a prayer group in a school building near the vicarage where he lives. The group, in the researcher's assessment, does not receive enough spiritual food from this pastor. They were in this school apartment at night singing and praying because the pastor would not allow them to stay inside the Church building. When the pastor realized that they were there singing and praying, he went for his gun and fired two shots into the air behind the school building. All of the people there took to their heels, running for their safety. The pastor was satisfied because he succeeded in disbanding them. They never knew that it was the pastor who fired the gunshots. (July 2002-name and place withheld for confidentiality).

Some of the pastors have no training for pastoral care and counseling. This is not because they are unwilling to study or because there is no money for it. Their superiors don't want them to rise beyond a Diploma in Theology. They suppress every effort by these pastors under them to study further and acquire more skills. Any contrary action to their decision leads to the ex-communication of such a pastor from the Church. They want to maintain an academic distance from their pastors in order to avoid challenges from them. They only train their favorite clergy to a very high level to take over top positions in the Church (July 2002, Source appeals to remain anonymous).

The very unfortunate situation in the Anglican Church today is that very little attention is given to the welfare of the people (Elder Dan Nwokolo 21 July, 2002). Paul Murray says that God's power to heal finds its most telling and most remarkable expression in the New Testament. He goes on to say that all four Gospels regard the healing activity of Jesus to be of central importance in His ministry (Priest & People 2001:88). Since the Church is the Household of God (Hunter 1983:48) and the Body of Christ (Hunter 1983:52), caring for and healing of the sick and the spiritually needy should also be central to

the ministry of the Church. This is because the people look unto the church for their spiritual health, and the church needs to prove its capability in meeting the needs of the people.

5.5 The Response of Prayer Houses/ Prophetic Christian Churches in the Pastoral Care of the People

The Igbo inspired churches give great attention to the traditional worldview in their approach to Christian teaching. Their approach seems to be closer to the type of therapy the people want. As a result, they have continued to grow and at times draw members from the mother churches in order to build up their own. Fairchild says that "when working with clinically depressed persons, the pastor must assess not only the condition of the counselee but the conditions of his or her own life as well" (1980:91). The cause of a sickness may not be related to physical injury but be spiritual and psychological. Rituals and symbols may be the best way to restore healing of the body and mind. The independent churches exploit all the available approaches in this regard from the traditional religion.

Independent churches in Igboland largely grew out of the ability of their founders to practice Christianity in line with their traditional religious expectations. They introduced traditional aspects that are not emphasized in the Western form of Christianity. Agreeing with this practice in other African contexts, Bourdillon posits:

> A specifically African form of Christianity developed alongside the missionary versions, in the independent church movement. There are now many thousands of such churches spreading throughout Africa, ranging from small local sects, to large international churches with branches in perhaps half a dozen countries. There is also a wide range of style, from formal austere churches, differing little from the austere missionary churches in which the leaders of the new churches received their Christian training to enthusiastic churches which emphasize healing and prophecy in long rituals punctuated by much singing (1991:271).

Bourdillon reaffirms that the inability of the Western culture propagated through Christianity to suppress African religious inheritance has led to the evolution of prayer houses and healing homes and other indigenous religious movements. In the view of Setiloane,

> It can, however, not be done for long time nor with impunity when it comes to matters of religion which seeks to give meaning to life, here and now, and to death and the thereafter. For a people noted for being 'a religious people', these are serious issues. Attempts to push them underground has given rise to a legion of tragedies in both communal and personal life, for example, in the Indigenous Church Movement, and in many cases of individual psychological complications (1989:32).

Setiloane sees the role played by African environment and the nature of religious inclination in the rise of the African Indigenous Churches. Africans accepted Christianity and the Biblical teaching, but tries to interpret and implement them in the African indigenous approach to religious issues as expressed by the African Indigenous Churches. There is the attempt by the African Initiated Churches to approach theology from the perspective of African grassroots background and culture. Setiloane further explains,

> This background and culture is seen and judged not only as an ingredient but as a determinant to the ultimate answers this theology gives to questions regarding the nature of Divinity and humanity; imperatives arising there from regarding human relationships, single and communities; and questions about death and the life thereafter (1989:35).

The Igbo Initiated Churches, just like the rest of the African counterparts, may not have been tremendously successful, but they are closer to the primal thoughts that inform the religious worldview of the people. The researcher argues that by making CPE programs family/community-based it can adopt such dynamism in order to infuse the kind of training that will permeate the people's lives.

5.6 Agreement of Christianity and Igbo Traditional Form of Pastoral Care

Setiloane agrees that Africans believe that Christianity comes from God. What he rather sees as the point of departure is the use of Christianity in the imposition of Western domination. The Africans cling to Christianity but are ready to revolt against Western domination (1989:29). In the Anglican Church in Igboland, people are happy to belong to the church but when it comes to their deep needs they seek for assistance from places closer to their traditional practices. They already have some attributes of God that seem not to appear in the life and practice of the mother churches. Smith notes that Africans had already known every aspect of the concept and attributes of God that the early Christian missionaries shared. In his words, "It is this awareness of God and religious disposition that made the evangelization of Africa possible and provided a basis for it" (1926:42). Both Christianity and the Igbo traditional form of pastoral care agree that wholeness and healing happen out of the initiative of a "Power" (Force) outside. It is this "Power" that gives intuition to diviners and caregivers and to prophets. The "Power" makes things come into view and into being. The experience does not happen once in life but is a regular event. The great Biblical prophets, like African traditional healers, go through the traumatic experience of encountering this "Power" in order to conceive His intension

for humanity. When the people fail to see this "Power" at work in the churches they become disappointed and then look back to the system that worked for them before. As Setiloane puts it,

> The great Biblical prophets also seem to go through this traumatic experience, for example Amos witness, 'The Lord took me . . .;' Ezekiel, so many times tells how, 'The hand of the Lord was upon me.' John Wesley's Aldersgate experience occurred after he had been ordained a priest, been a missionary, and returned and was again engaged in the exercise of his profession or calling (1989:16).

Human beings are in constant encounter with the source of all existence. The source, as believed in both Igbo religion and Christianity, uses human beings as instruments in a special way to reach out to other humans. It is manifested in a special calling and encountering experiences. This might be why Bishop Okeke said that the Igbo accepted Christianity not because it is something entirely new to them but because it has a lot of similarities with the traditional religious worldview (August 2, 2002).

5.7 The Relevance of Igbo Traditional Therapeutic System to CPE

The discussions so far on the Igbo traditional caring system, which include both traditional and Christian, do not suggest adopting it in exactly the same way in CPE. The suggestion is that CPE programs organized in a family/community-based center can interface with the primal concepts that inform these practices and build on them while training pastoral caregivers for the Igbo society. It might also be important to realize that most of the traditional approaches to therapy highlighted above are gradually phasing out, giving way to modern scientific methods that are not yet well understood by the people. Ilogu expresses fear for the effect of the erosion of the inherited Igbo community-oriented approaches to life. As he puts it:

> The moral problems of town life in Iboland, originate mainly from the fact that the change from village to town life means a sudden transition. It is a transition from a fairly neat pattern of community oriented life to another style of life where individualism, which requires inner-controlled and conscience-directed actions, as well as freedom of choice, make up the style of life (1974:95f).

The above viewpoint suggests that many Igbo communities are now leaving their traditional approaches to embrace new ones. By so doing they cease to be in touch with the system that worked for them in the past. Though these old systems need refinement, a CPE program needs to be conducted in a community setting where there will be full contact with the community and different families and

where old traditional approaches can still be found. A CPE program can adopt traditional elements and apply them in giving care to the people in a scientific way.

5.8 Conclusion

In this chapter, some similarities and differences in the Igbo traditional and the Igbo Christian concepts of pastoral care has been highlighted. It is understandable that the motives are almost the same and can be summed up as a search for a viable life (*Ezi ndu*) within the family and in the community of the living and the departed including the ancestors, as well as a reunion between God and humanity. The Christian approach to pastoral care in a typical Igbo setting is not divorced from the traditional practices of the Igbo. What makes a difference is the present attitude of the Church toward giving care to the people.

Hilary Mbachu, writing on the Igbo Church of today emphasizes the need for pastoral studies of Igbo traditional religion in order to "uncover those elements that continue to exercise powerful magnetic influence on the people." His argument is based on the fact that this is the cultural context from which most of the Igbo Christians were born. The Igbo are still who they are no matter the level of external influence they have experienced. They live in their environment and will continue to be influenced by it. There are certain elements of their culture they can hardly avoid in critical moments of their lives (1995:354f). The people have a system that worked for them and which have continued to be relevant to their needs before Christianity arrived. There were Igbo traditional pastors, ministers, priests, evangelists and teachers before Christianity arrived on their soil. The Igbo approach to religious experience and caring for the soul shares a lot of things in common with the approach to pastoral care that a CPE program propagates. Setiloane argues:

> Most important is to remember that African Theology is not a theology of the book or the classroom, as Western Theology has become. It attempts to monitor reflection about Divinity as found in the life of African humanity, as it is tossed hither and thither by the vicissitudes and rolling waves of life together on this earth. It attempts to bring these reflections to the surface and to assess them all in the light of an experience, which is both African and Christian (1989:36).

Seeing that Igbo theology is not concerned about what is done in the classroom or experimentation in the laboratory but is based on the actual life experiences and how these experiences are related to the

Igbo understanding of God, it makes sense to look into how this approach might be integrated into Igbo society and where it agrees and disagrees with CPE process.

Augsburger points out that "meeting the client within the initial set and working through rather than contradicting expectations invites the greatest growth" (1986:360). What matters may be allotting more time to the patient and giving more attention to the situations and circumstances surrounding the patient's sickness. Michelle Moran thus says that "we need to recover and rediscover our symbols and enable people to reinterpret them in the light of the gospel" (in Sanders, Priest & People March 2001:110). The argument is not to lead the people back into a life of "idol worshipping" but to interpret their rituals and symbols of healing in the light of the gospel for greater effectiveness. The Igbo initiated churches grasped this and transformed the local rituals and symbols in a Christian use.

The Igbo had a system that worked for them, which in most cases is characterized by the involvement of symbols and ritual displays. According to Van Arkel, "caring actions as such are not foreign to Africa. The indigenous African religious and medical systems always provided assistance, guidance, and care to families, groups, in communities, and individuals through specialized healers and priests" (Summer 1995:195). The system is not devoid of failures and deceits as some of the system may often fail to work for their adherents. Even in the Western system, Clebsch and Jaekle also see failures of symbols and rituals in some practices of pastoral care. They, therefore, argue:

> This high evaluation of ritual in pastoral care by no means leaves out of account the possibility of ritual failure. Formalism is a deterioration of once richly significant ceremonial into mere routine. Symbols can become mere shells and ritualistic acts can become empty, irrelevant forms (1983:72).

Realization of this weakness makes it necessary for a pastoral caregiver in the Igbo setting to look beyond the traditional symbols and rituals. Though this system has been effective and still attracts the admiration of the people, it can still face a critical situation of doubts especially when there are marked failures. The Igbo of today are no longer the same as those who believed in nothing other than symbols and rituals and held tenaciously to them. They have mixed with the rest of the global village and have seen the system that works for others. They have also seen occasions where rituals and symbols failed and situations where scientific approaches to human situations are very effective. However, the ability of rituals and symbols to appeal to the inner person cannot still be ruled out, especially where most of the Igbo grew and lived in a system where they are recognized. This makes it

necessary to seek for an artistic integration of Igbo use of symbols and rituals with westernized form of counseling through applying CPE training in a community-based setting where the families and community can easily be reached.

Operating on the knowledge that a society without a healthy and vibrant culture lacks focus and rudder (Cuoto in Madu, Baguma and Pritz eds. 1998:258), a family/community-based CPE program embodying non-sectarian institutions and mechanisms will collectively serve as a springboard for revitalizing the physical and spiritual lives of people throughout Igboland. Such a family/community-based center may go a long way in invigorating and modernizing Igbo culture and heritage by re-instilling moral values and a sense of direction and responsibility, creating modern employment opportunities, and working to promote integrative human values, multiculturalism and cross-cultural tolerance and peace (Bishop Benson Onyeibor July 24, 2002). The above claims rest on the assumption that the people can work hand-in-hand with the CPE center to identify where their problems lie in order to plan ahead for a meaningful insight into ways and means of solving such problems. The family/community-based CPE centre with the supervisors and students can apply tools of operational social science and work as facilitators to the community residents in their cultural setting. Through this means there may be a structured blend between the CPE, which is Western, and the Igbo traditional lifestyle as implied in the ideas of Bishop Ken Okeke (August 2, 2002).

This chapter has argued that pastoral care ministry of the Church to a people must recognize their cultural context. In line with Augsburger's argument, "culturally aware counselors seek sources of influence in both the person and the context, both the individual instance and the environment. Such a counselor is able to move beyond counseling theory, orientation, or technique and be effectively human" (1986:20f). In effect, the Church in Igboland needs a blend of culturally-based skills and the modern methods communicated in CPE for the effective care of her members. This chapter agrees that the CPE program can be designed to help the Church in Igboland to develop culturally-based methods and skills for her caring ministry and that the skills already offered by CPE can be a means of bringing a scientific base into what is pastoral care in the Igbo context. The next chapter goes on to verify CPE and pastoral care in the Igbo context and to highlight some of the elements in pastoral care that are common in both Igbo traditional perspective and CPE, as well as those that can be further blended in order to enrich and modernize the pastoral care in Igbo society.

CHAPTER SIX

CPE and Pastoral Care for the Igbo Context

6.1 Introduction

The concept of CPE, the evolution of CPE and the content of the CPE program have been discussed based partly upon the researcher's personal experience as a CPE student for the past five years. As an Igbo himself, the researcher has also discussed the contribution of the Igbo worldview in the application of CPE and the pastoral care in an Igbo context. Since the focus of this research is pastoral care for the Igbo society, the research explores different ways to make pastoral care effective by applying the most recent scientific approaches, of which CPE is one. As discussed in previous chapters, clearly CPE provides a clinical method of caring for the soul. The pastoral caregiver is seen as a physician of the soul, in agreement with Cabot and Dicks (1955:9). CPE can, therefore, equip pastors with the skills and approaches that can empower them to claim and defend themselves authoritatively as physicians of the soul. In this age when science and technology dominate people's lives, the skills provided through CPE can enable pastors to meet people's expectations regarding their social and spiritual needs.

In this chapter the researcher first investigates how pastoral care and pastoral counseling are understood in CPE and how they are taught. Differences and similarities between pastoral care and pastoral counseling, as taught in CPE, have often been debated; however, this research views pastoral counseling as an additional act of giving care at a deeper level to a person. Some practices in CPE that may not be quite suitable for pastoral care in the Igbo context will also be discussed. Awareness of some of the belief systems in Igbo culture will be very important for CPE students to know in order for them to understand the people's lives before ministering to their needs. Some theological issues that may be of concern in the Igbo worldview and clinical pastoral education will be explored. A clearer understanding of these concepts can lead to fruitful CPE programs for the Igbo.

6.2 Pastoral Care and Pastoral Counseling as Taught and Experienced in CPE

CPE is an experiential educational model that teaches pastors how to stand with others in their joys and sorrows by enabling patients to move outward. This happens gradually through the resourceful use of pastoral counseling skills, thereby fashioning for themselves appropriate healing attitudes and actions (Ferris1993 v-vi). In CPE, the tools of pastoral care and pastoral counseling are combined to offer assistance to the patients. Pastoral care, in this sense, is both the availability of the pastor to the patient and his or her willingness to offer assistance. Pastoral counseling here refers to delving deeper into sensitive personal issues and seeking ways to address them.

6.2.1 Pastoral Care as Taught and Experienced in CPE

The general concept of "pastoral care" has been discussed in chapter one; the history of pastoral ministry beginning with Jesus until the time that CPE was initiated has also been discussed briefly in chapter two. Examining the early understanding of pastoral care in the twentieth century, particularly in the publication, *The Ministering Shepherd*, by Charles E. Jefferson, it is seen as "the work of a pastor as a shepherd." This includes watchman, guard, guide, physician, savior, one who feeds, and lover of the sheep (Hitler 1958:37). With the emergence of CPE and all the fields of learning that contributed to it and is associated with it, the clinical aspect of the work of the pastor becomes distinctly associated with pastoral care. Cabot and Dicks, therefore, argue that the pastor focuses attention on the patient's whole person as well as his or her being in God. As a result, the pastor is concerned with the outline of the entire life of the patient (1955:9).

CPE offers the pastor the opportunity to learn about him or herself and others under supervision. It involves the observing and understanding of human personality through "clinical observation." Pastoral care in a CPE setting includes knowing to whom and for what the pastor is ministering. It involves "diagnosis prior to treatment for awareness of the depth and dimensions of personality, and for the reformation of ministry in ways congruent with new understandings of the needs of persons and of the process by which change occurs" (See chapter one. Also see Thornton, 1970:92). A pastor has the opportunity of in-depth understanding of a patient's situation through self-awareness, case study of the patient's situation, and supervision. He or she also has the ability to study particular cases and look objectively at one's own self in relationship to those cases. The pastor must be able to present cases out of the "living human documents" (Hemenway 1996: xi). To succeed in pastoral caring, a pastor

needs skills in listening, empathy and insight.

Although many modern authors define pastoral care, Hulme sees it as "a supportive ministry to people and those close to them who are experiencing the familial trials that characterize life in this world, such as illness, surgery, incapacitation, death and bereavement" (1981:9). This definition is in line with the day-to-day duty assigned to CPE students in a hospital setting (Winjum, March 19, 2004).

6.2.2 Pastoral Counseling as Taught and Experienced in CPE

Pastoral counseling occurs during pastoral visits in CPE. This may not be viewed in the same way as normal pastoral counseling that requires formal, defined goals and expectations of the counseling relationship, and which may extend over several counseling sessions with a particular focus (Clinebell 1984:74; Hiltner and Colston 1961:14). In CPE a chaplain may be invited by a patient, but he still enters into counseling by inviting him or herself into the patient's space. The CPE situation is different with a person deciding to contract with a pastoral counselor for a pre-determined problem. It is important to be aware that in order for counseling to bring about growth and healing, there is a need to lay and/or strengthen a foundation that will bring about a therapeutic relationship as the patient experiences the warmth, understanding and caring of the pastor (Clinebell 1984:74).

Pastoral theologians have defined pastoral counseling in different ways. Hiltner sees pastoral counseling as "a process" that occurs over a period of time; it is what happens between the pastor and the patient, not merely at any given moment, but "over a time span" (1949:80). The pastor attempts to help the patient help him or herself. As Hiltner clarifies, the pastoral counseling process occurs when a patient "directly or indirectly requests help, with the realization that in some measure the problem is within him or herself." The patient also understands that "the pastor's job in the process is to help him help himself" (1949:80). In other words, the request for the counseling process comes from the patient; the intention is not that the pastor solves the problem but rather assists the patient to find further clues about the problem and to summon the courage to address it. The initiative for the pastoral counseling comes from the patient and not from the pastor. In CPE, this process may be slightly different. Although it is true that there are patients in hospital beds who request pastors for the purpose of pastoral counseling, in some cases, this may be only one visit, and the pastor may not have any other chance to see the patient. Though a continuous process may not be possible, counseling still takes

place. Despite situations where patients take their own initiatives to invite the pastor, the CPE context generally is a situation where the pastor takes the initiative to visit the patient. In these situations a patient may not have requested a pastoral visit but may open up if the pastor establishes a good rapport during the visit.

According to Wayne E. Oates, "Pastoral counseling takes place within the context of Christian fellowship." As he explains, "The pastor performs his ministry of reconciliation, not only as a representative of God, but also as a symbolic personification of the corporate intention of the Church toward the individual" (1962:117). At the time of Oates' writing, there was little emphasis made on interfaith collaboration, so he writes about the Christian Church and community. His underlying principle is that pastoral counseling is linked to a faith group and is a service offered with the authority of that faith group to its members. Cabot and Dicks confirm Oates' idea that the pastor's presence brings the presence of the faith community to the bedside (1955:216). The attachment to a faith group is the point of difference between pastoral counseling and ordinary counseling. It is, therefore, an aspect of pastoral care offered by faith groups. Hiltner and Colston explain it as the attempt of a minister to counsel in his or her role as pastor (1961:13). The pastor is seen as a designated office of a faith group and plays a leadership role in pastoral caring ministry (See chapter one). According to Hiltner, "The special aim of pastoral counseling may be stated as the attempt by a pastor to help people help themselves through the process of gaining understanding of their inner conflict" (1949:19). These inner conflicts may result from a person's attempt to gain more insight into the meaning and purpose of life, especially in the face of difficulties. There is also the understanding that sickness, whether temporal or permanent, may have psychological or spiritual aspects. Hiltner affirms the modern medical research that states, "Directly or indirectly, even many physical disorders are caused at least in part by sick attitudes and sick emotions" (1949:17). This affirmation implies that pastoral counseling is concerned with the psychological and spiritual aspects of a person's suffering. As Hiltner further discusses,

> Counseling is sometimes referred to as emotional re-education, for in addition to its attempt to help people with a problem immediately confronting them, it should teach people how to help themselves with other problems (1949:19f).

Pastoral counseling aims at empowerment, not only for a present and particular problem but also for future and different kinds of problems. All counseling proceeds through accepting, understanding, and

clarifying inner conflicts. All personal counseling involves the process of creating and maintaining a justified sense of trust of the other upon the counselor so that he or she can eventually tell the counselor that which he or she has not been able to tell him or herself (Hiltner and Colston 1961:24f).

Pastoral counseling requires some psychological knowledge of personalities and inner dynamics of people that are revealed in a counseling relationship. The pastoral counselor learns much about him or herself, his or her personal strengths and blind spots in carrying out the counseling process (Hiltner and Colston 1961:14). In other words, pastoral counseling also helps the pastor understand his or her own personal dynamics before reaching out to help others. Oates supports this view by saying that the Christian pastor is enabled to be open and teachable. He or she must have a clear sense of his or her own selfhood as a pastor before having much to offer others. As Oates argues, "Borrowed selfhood will not sustain him in the long pull of the days and years as a counselor" (1962:12). One distinctive feature of pastoral counseling is the study of the personal internal dynamics of the person offering the counseling. The pastor must be original, authentic, and genuine and should not wear a mask or pretend to be who he or she is not. The CPE process helps the pastor understand his or her personal dynamics, strengths and weaknesses. As a result the pastor continues growing in the ministry.

Oates posits that the art and science of pastoral counseling requires time and timing. The pastor needs to be aware of the appropriateness of a given moment for a decision, delay, or demand (1962:101). By so saying, Oates refers to the idea of skills. Pastoral counseling requires specialized skills that will enable the pastor to hear the inner conflicts of a patient appropriately. The experiential training given in CPE allows the pastor to be directly involved in the process of emotional timing during visits. The pastor is directly involved in the life of the patient and knows when to be silent, when to talk, when to pray, and when to leave the patient alone. However, following Clinebell's explanation, "It is unnecessary that ministers be highly gifted in the ability to empathize (feel others) in order to counsel effectively." As he continues, "If pastors could really be with patients in a nonjudgmental, accepting way, their attempts to understand and reflect feelings may miss the patient's meanings and feelings at times without interfering with the therapeutic relationship" (1984:77).

In a CPE situation, a counseling relationship may not begin in a formal defined and pre-planned way. Counseling may begin as a visit in a more casual way, until the patient comes to the point of readiness

for formal counseling. CPE offers a great variety of interpersonal relationships in which pastors can study more fully the psychodynamics and pastoral analysis of their visits to patients. This is achieved through critical review of various verbatim reports of the students and the exploration of their counseling situations. In CPE, pastoral counseling pays equal attention to all of the types of contacts that precede its initiation. The study of these other relationships is considered absolutely important to the understanding of pastoral counseling (Hiltner 1961:16).

6.2.3 Differences and Similarities between Pastoral Care and Pastoral Counseling as Taught and Experienced in CPE

Thomas St. James O'Connor argues that there is little difference between pastoral counseling and pastoral care. This is contrary to the idea of a great majority of people who see pastoral care as being quite different from pastoral counseling. He argues that in the first 1900 years of Christianity, there had been no difference between pastoral care and pastoral counseling, and that any difference began to emerge in the twentieth century. One of the factors that reduced that difference was the development of brief pastoral therapy in the last fifteen years. He claims that short-term pastoral counseling could also be called short-term pastoral care (in Strunk 2003:3). With this idea in mind in a CPE program, it might also be hard to distinguish pastoral caring from pastoral counseling. The pastoral visits made by CPE students are their offers of pastoral caring; during such visits, short-term pastoral counseling can take place. Pastoral counseling can, therefore, take place in the context of pastoral care.

O'Connor refers to various pastoral theologians who describe both pastoral care and pastoral counseling as "cure of souls." These pastoral theologians include John T. McNeil, William Clebsch, Charles Jaekle, Charles F. Kemp, Charles Gerkin and others. By implication, in their arguments both pastoral counseling and pastoral care address the problem of "cure of souls." Reviewing the history of both pastoral care and pastoral counseling in all of the associations, both in USA and Canada, that have operated differently under these terminologies, O'Connor maintains his ground and insists that both pastoral care and pastoral counseling are in the same pursuit of the "cure of souls" (in Strunk 2003:4-7). The goal may be the same but the approaches differ.

One of the concerns and desired outcomes of pastoral counseling is gaining insight into a person's contemporary situation. Whether as a result of short-term or long-term reflection with a pastor, once

insight is gained, further growth is achieved. In CPE both pastoral care and pastoral counseling can take place in short-term or long-term visits. Neither pastoral care nor pastoral counseling are successful if further insight for a contemporary concern is not gained. The researcher agrees with Howard Stone who notes:

> Much of the counseling that goes on in ministry falls somewhere between a pastoral care visit and a pastoral counseling session, and the content of the book . . . while it certainly applies to formal counseling . . . also covers those many conversations that occur after committee meetings, at chance encounters, during illness or crisis or family celebration (2001:xii).

According to Stone, all that happens during pastoral care, pastoral counseling and pastoral psychotherapy are part of pastoral ministry that can be either helpful or unhelpful. In clinical pastoral education students are encouraged to assess the situations and enter into helping relationships depending on what the situation demands. A pastor need not be pinned down to a particular concept but respond to where the patient invites him or her with a view to being helpful at the end.

6.2.3.1 Differences

Pastoral counseling differs in a number of ways from pastoral caring. While pastoral counseling can still be seen as one aspect of pastoral caring, there are areas that make it distinct. Pastoral counseling may involve exploring the inner conflicts of a person and journeying with that person at a very deep level. There is need for accepting, understanding and clarifying the inner conflicts of a patient. Doing this requires creating and maintaining a justified sense of trust by the pastor (Hiltner 1961:24f). Pastoral caring may not get to this point. In other words, pastoral caring can still take place even when the pastor has not explored the inner conflicts of a patient. Even if trust has not been established between the pastor and the patient, pastoral care can still take place. In this situation, a patient may only accept the visit of a pastor without risking going to deeper levels with him or her.

6.2.3.2 Similarities

The concept of pastoral care and pastoral counseling is seen as an art which uses a wide range of sources, including the Bible, to encourage reflection in order that people may discover the meaning and sense of their experiences and to connect them with the Christian tradition (Atkinson and Field eds. 1995:43). This definition of pastoral ministry requires creativity in order to enable people to discover God and the meaning of life in their daily struggles. In the present usage where other

religious and cultural traditions are included, the art of pastoral ministry matters beyond Christian tradition. Hunter also defines the word pastoral as relational, both in the sense of responsibility and of attitude. Hunter continues that originally, and still sometimes, pastoral refers to the ministerial oversight of the total area or group for which one is responsible. The term also refers to a pastor's responsibility for one or more persons who are in some way estranged by illness or other life circumstances (1990:850). The idea here is that of showing concern for other people, seeing others as fellow human beings, and finding ways to make life easier for others. It refers to a ministry of caring for persons. The definition leads to the command of Jesus of doing unto others what a person expects from them (Matt.7:12). Pastoral care is an activity of offering, in the name of Jesus Christ, tender and solicitous concern to persons in need (Hunter, ed. 1990:337). Following this explanation, the ministry of Jesus can be understood to be full of what can be done for others, even to the point that Jesus gave His life for others (John 15:13).

According to William Hulme, the uniqueness of pastoral care and pastoral counseling is focused on the meaning of the word pastoral. This is an asset to the patient. The word pastoral assigns authority to the minister and presents him or her as a pastor. The title goes with the symbolic role of being responsible for the nurture of the worshipping and witnessing body of believers (1981:13). Pastoral must accompany the authority to care and to nurture. Just as a person needs training and authority to act as a medical practitioner, so it is with pastoral ministry. Caroll Wise adds that the word pastoral gives "depth and direction" to the concern given to a person in need. This shows a difference with other forms of care like medical care. Pastoral care is rooted in the Gospel of carrying the love of God to people in need (1966:8). A person that carries the love of God to others must first experience that love of God. The CPE group process helps the pastor embrace pastoral function (care or counseling) to the point that it becomes internalized and flows out from the person of the pastor. This makes it experiential training.

Pastoral ministry is the manifestation of a quality of love which points to and gives a basis in experience for the realization of the love of God in the relationship between pastor and persons either individually or in groups. It is not the pastor who loves but who can be "with" a person in a manner which gives reality and meaning to the infinite love of God. In order not to block the realization of the meaning of the love of God, the pastor must have experienced it personally. He or she conveys the

meaning of what he or she has experienced. Any genuine human love is the manifestation of the love of God, since it is the gift of God spread abroad in our hearts through the Holy Spirit. As a Christian, the pastor is called to love others as God has loved him or her (Wise, 1966:8); the pastor becomes the mirror of the true love of God. The common heritage for both pastoral care and pastoral counseling is "pastoral." Both of them need commitment and devotion as well as reaching out or letting self out to the other. CPE provides the training for the transformation of the inner person of the pastor and empowers him or her to reach out to others during pastoral care or pastoral counseling.

6.2.4 Important Skills communicated in Both Pastoral Care and Pastoral Counseling

As Hunter notes, both pastoral care and pastoral counseling require "contextual creativity" (1995:233). By this, Hunter refers to the ability to hear and be able to journey along successfully with the patient in any given situation. As taught in CPE, pastors need the ability for a non-judgmental presence and creativity in order to hear and respond creatively to the patient. They need skills in listening, silence, presence, prayers and other communication skills.

6.2.4.1 Listening: Listening is one of the most important skills in pastoral caring as well as pastoral counseling. Both the Old and New Testaments give a special place to listening. Listening is implied in the words of Ecclesiastes that says, ". . . let your words be few" (Eccl. 5:2c RSV). Also in the book of James it is said, ". . . be quick to hear, slow to speak . . ." (James 1:19b RSV). Cabot and Dicks point out that "great religious leaders of all time have been those who listened to God on one side and to the voice of the people on the other side" (1955:189). It is so important that Hunter notes, "Listening is inherent in the nature of God," and he sees it as a "spiritual reflective discipline" (1990:654). This means that it requires the discipline of the inner person. According to Clinebell, concentrating in listening and responding with caring empathy is a process in which the pastor pours himself or herself into the being of the other. Through this process a therapeutic relationship grows (1984:75). A pastor listening to the patient listens on behalf of the faith group, helping the patient express feelings and the faith group to understand (Cabot and Dicks 1955:190).

Listening opens up hidden feelings inside a person and allows them to flow out. Through this process the pastor can acquire a tentative understanding of the patient's internal frame of reference and how life looks from within the patient's world. Hunter also notes, "To work with the sick, needy, and

disenfranchised implies a generalized listening ability" (1990:654). To listen genuinely, a pastor needs to suspend memory, desire, and judgment, and for that moment exist for the other person (Nicholas 1995:64). Listening is a sacrificial giving to another. Some of the areas where the pastor needs to focus are, understanding how the patient defines the problem, the ways where his or her relationships are failing to meet basic needs, and the patient's resources and limitations in handling the situation. The above-mentioned areas are mainly feelings with focuses on those lines too painful to express with words. The pastor also responds with feelings. Clinebell explains:

> As counselors listen in depth to the multiple levels of communication, verbal and non-verbal, they reflect back to the person, in the paraphrased form, what they hear, and particularly the person's big (dominant) feelings. This kind of listening is "disciplined listening" – focusing on what seems to have most feeling, meaning, energy, and pain (1984:76).

The pastor periodically summarizes significant points and asks occasional questions for clarification, thereby helping the patients organize their confused inner world. This process helps them understand their problems gradually (Clinebell 1984:76). In this process, the pastor listens beyond signs, words, and sounds that mark a concealed condition of the soul. Though on the surface it may appear to be a simple act, listening is a difficult art. Hunter highlights some important factors that affect our listening skills:

> In serious listening the distracting or disturbing noises or the voice of the listener can cloud the interaction. Lack of interest and understanding, obsessions, compulsions, fatigue, and the like can also disable the listener. The listener's temptation is to resort to anxious activity, control, or fantasy as routes of escape. The capacity to listen to others depends on the ability to listen to self (1990:654).

The above point agrees with that of Cabot and Dicks, who note that interrupting or answering while a patient is speaking may spoil everything. In their view it is important to listen with "convincing concern, with evident pain in the patient's difficulty, and with complete absorption in his or her effort" (1955:194). There are other important functions that the process of listening and reflecting back serves:

1. It allows the pastoral counselors to check the accuracy of their perceptions. If they are not on the patient's emotional wavelength, their reflections provide opportunities for misperceptions to be corrected (Clinebell 1984:76).
2. It lets the patients know that the pastor is trying to understand their inner world of meanings and feelings (Clinebell 1984:76.
3. The awareness of the pastor's concern and dawning understanding stimulates the growth of the counseling relationship (Cilnebell 1984:76).

4. In some cases, responding to feelings lances the psychic wound, permitting the poison of powerful pent-up feelings to drain off so that normal healing can occur (Clinebell 1984:76).
5. At its best, listening is one of the ways of helping patients name their problems and be able to pray for the particular help they need (Cabot and Dicks 1955:194)
6. As counseling progresses, the pastor's listening and responding provides the patient with an opportunity to examine and test the reality of feeling and actions (Clinebell 1984:76).
7. It conveys to the patient a long-practiced certainty that there is an answer to all rational questions, and in every truth-seeking person this answer lives and redeems (Cabot and Dicks 1955:194).

Empathetic listening can also lead to empathetic understanding of a patient's inner world. There is the acceptance, confirming, and understanding inner yearning of self. According to Clinebell, "empathetic listening is active listening demanding an emotional investment in the other and relative openness to one's own feelings" (1984:77). In good listening, two kinds of attention can be distinguished. These are listening "to the point" and "around the point." Good attention to what the patient has to say also brings out two other aspects, "the positive" and the "negative." The pastor makes an effort to "listen *past* the patients' terrifying pallor, their wasted muscles, and their look of suffering that makes us suffer too" (Cabot and Dicks 1955:194f). Empathetic listening goes beyond the ordinary words and actions of the patients to the meanings, fears, anxieties, worries, disappointments, expectations and hopes around their verbal and non-verbal communications.

Cabot and Dicks identify two aspects of listening. It can be passive or active and can also be a combination of both passive and active (directed listening) (1955:197). They see passive listening as "following the patient where he or she takes you while active or directed listening means leading him or her to think and talk about a definite subject" (1955:197).

Elaborating more on this, Hunter sees passive listening as avoiding intervention in the flow of language, thought and feeling. It is not the same as being detached or remote. Active listening means that the pastor can ask "a quiet question, perceptive comment, or sensitive story that portrays hearing beyond the overt words." Active listening is a method to engage the patient in a deeper level of a communicative relationship (Hunter 1990:654). The third aspect of listening is meta-listening. According to Rev. Jim Winjum, it is listening beyond ordinary words. The statement made by the patient may be factual, but there is a hidden message behind or beneath it (June 8, 2004). The pastor must listen to that hidden message. A pastor can choose a listening approach depending on the condition of the patient. Continued use of passive listening depends on the understanding or the

diagnosis of the condition or situation. Hunter suggests that passive listening is generally the most effective method while ministering to the deeply troubled, agitated, or the dying. The pastor can also apply passive listening when he or she wants to escape from a responsive relationship (1990:654).

6.2.4.2 **Silence:** Silence can be understood in different ways during a pastoral visitation; it can be on the part of the pastor or the patient. Either of them can convey different meanings. According to Hunter, "the meaning of a particular episode or period of silence comes from the context." It can have a conscious or unconscious purpose. The pastor has to understand silence and also has to "live in" the silence, experience it alone or with another person (1990:1172). Describing silence in pastoral counseling, Hunter writes:

> In pastoral counseling, silence is surrounded by a variety of other phenomena which may convey meanings in regards to the silence itself. The most important of these include the latent and/or manifest content of the last remark made; the "body language" of the persons present in the silence; and associations to similar silences in similar contexts (1990:1172).

The pastor recalls or examines the elements of the silence in order to give it an accurate interpretation. Silence on the part of the patient may mean resistance. According to Hunter, the patient is aware that if the silence is broken, he or she may be brought face to face with a key issue (1990:1172). The patient may not have been ready for a change that may occur afterwards or may be afraid of what the result of disclosing the key issue would be. However, Hunter notes, "Counseling consists essentially of the process of working through resistance" (1990:1172). The pastor may require a skill that will help him or her break the silence in a way that will be helpful for the patient. At the beginning of a visit, the pastor may not need to worry about what to say or do next. During a period of silence, though, the pastor could focus energy on being aware of and with the patient in "an alive human relationship" (Clinebell 1984:75). Though silent, the pastor also conveys the message that he or she is present.

6.2.4.3 **Presence:** Offer of presence in pastoral caring is increasingly being recognized as a ministry on its own. It is seen as "a form of servanthood characterized by suffering, alongside of and with the hurt and oppressed." It is seen as "being" rather than "doing or telling" (Hunter 1990:950). The pastor suffers with the patient rather than altering the circumstance. There is a fusion of presence and action. According to Hunter, "the ministry of presence in the pastoral office means vulnerability to and participation in the life-world of those served" (1990:951). This, as Hunter goes on to explain, is

"the sharing of existence, satisfactions, and burdens that may take the specific form of silent witness." The pastor gets involved vicariously in the joys and pains of the patient (1990:951). According to Edwina Ward, "'presence' means, through the act of imagining, one joins oneself to the plight of the other" (April 2003:36). In a secular institution like a hospital, prison, or other public facility, the presence of a pastor means the presence of God's people in the place.

Citing Elizabeth Johnson in her book *Friends of God and Prophets*, Suzanne Mayer sees pastoral counselors as ministers of presence and blessing (in Orlo Strunk Spring-Summer 2004:24). There is deliberate pastoral connectedness between the pastor and the patient during a pastoral visit, even when no word is uttered.

6.2.4.4 Other Communication Skills: Different kinds of communication skills applicable in pastoral caring and pastoral counseling are taught in CPE. They can be used in a progressive manner to facilitate openness and growth on the part of the patient. Cabot and Dicks highlight the importance of palliation in attending to the sick. It demands a sense of humor, use of music and facilitating an occasion for laughter. As they explain:

> Laughter lifts us for the moment above the wounding surface of our road. It is the nearest that some of us come to the praise of God, and if we cannot help a man to pray it is some comfort to help him laugh (1955:66).

Cabot and Dicks acknowledge that everybody is not gifted with a sense of humor, but everyone can increase this gift by training whatever sense he or she has. This value of humor is one of the trainings CPE can give to Igbo pastors. The Igbo pastors and other pastoral visitors can increase whatever sense of humor that works for them and use such communication skills to help their people.

Another area that Cabot and Dicks mentioned is music. Music can be very therapeutic and soul-lifting when applied properly. In pastoral visits, music may be in the form of hymn singing, playing a musical instrument or a particular song that the patient chooses, or singing any song that can touch on the condition of the patient. Donald Houts notes that music can lift a person "out of the person's self" and can speak to the here-and-now of the patient at a deep level of awareness, one which is sometimes difficult to penetrate (in Thornton 1981:194, 202). The Igbo, like other Africans, love music and apply it in their traditional form of therapy. It will be fruitful in pastoral care in the Igbo if applied properly.

Body language is another communication skill that matters so much in pastoral caring and pastoral counseling. Body language comprises "physical movements, postures or gestures that express human feelings, attitudes, or a relationship state" (Hunter 1990:103). It is one area of communication the pastor must always be aware of. Body language can give messages different from what the pastor or the patient is saying. Hunter notes that the human face is capable of giving a wide range of messages. The entire human body also communicates in a wide range of ways through gestures, postures and movements. As Hunter continues, this can range from "obvious, stereotyped patterns to extremely subtle expressions of thought and feelings" (1990:103). Body language in most cases comes up unconsciously, and as a result it is seen as significantly revealing of a person. It is the direct expression of the unconscious mind and, as such, more candid and truthful than verbal language. Different cultures understand body language differently and also respond to it differently. One thing general in every culture is that body language can be a direct way of revealing and understanding the inner person. As a result, it is important for pastors to learn how body language communicates in the culture in which they operate. According to Hunter,

> Learning to read body language well is crucially important for pastoral care and counseling because it broadens and deepens communication, opening more significant forms of relationship, especially when body language contradicts verbal language (1990:103f).

In CPE pastors are encouraged to focus on body language and draw the actual message of the patient from it. The ability to move beyond verbal communication makes it possible for the pastor to reach the crux of the patient's concerns.

6.2.4.5 Prayers: Margaret Ferris sees prayer as one of the most powerful means to help a person achieve a greater self-understanding. Prayer helps in understanding the psychological and spiritual self. Quoting Ann and Barry Ulanov in the book *Primary Speech*, Ferris writes:

> Prayer is our "primary speech," the most fundamental of all languages, a language which is common to all human beings, whether they know it or not. It is the most direct line of communication we have to our interior reality. And it is in prayer that energy to improvise and imagine different courses of action and ways of seeing things comes to us (1993:38).

Prayer is seen as a very useful result-oriented instrument in pastoral caring. Thomas notes how Russell Dicks wrote down his pastoral calls and prayers and also had his students write out their pastoral calls

and prayers during their visits to patients (2000:16). Relating listening with prayer, Cabot and Dicks write, "Listening, at its best, is one of the ways of helping a sufferer to pray for the particular help that he needs" (1955:194). During a pastoral visit, the pastor prays for what the patient needs most in the light of his or her condition, spiritual or physical.

According to Cabot and Dicks, "prayer should be used for a definite need seen in the light of the pastor's understanding of the patient's spiritual development" (1955:218). It should also be in the mind of the pastors that when they visit patients, in most cases, prayer is expected. Cabot and Dicks suggest, "Prayer in the sickroom should monopolize the attention of the pastor and the patient." The prayers must be cast in the language of religion, part of the content being that God may not only heal the body but also the spirit (1955:219f). The content of prayer in the contemporary American context may be different from the suggestion of Cabot and Dicks. From the researcher's experience during a yearlong chaplaincy residency at York Hospital, there are patients who do not want prayer for healing. There are many patients who are so fed up with life that they don't want to live any longer. Ministering in the cardio-vascular service line of the hospital and other service lines during on call periods, the researcher has visited patients who requested prayer for death. Some requested peaceful death, some for eternity, and some for the peace of their family they would leave behind. This makes it necessary to find out from the patients what they need the prayer for (Personal experience September 2003-April 2004). It is important to know that a pastor cannot give what he or she does not have. If a pastor does not live a prayerful life or does not believe in prayers, to pray for others will also sound artificial and ineffective. As Cabot and Dicks affirm, "Adequate and effective prayer in the sickroom must grow out of the adequate and effective prayer life of the pastor" (1955:233).

6.3 How these Similarities and Differences will Affect the Introduction of CPE into Igbo Culture

In the above discussion, the researcher described how pastoral care and pastoral counseling have more similarities than differences. While in pastoral counseling a pastor will need additional skills to get into the counseling relationship; in pastoral care the pastor can get started even in a casual visit. Listening, silence, presence, different communication skills and prayer all apply in both pastoral care and pastoral counseling and are both pastoral services to the needy. In the Igbo context, both pastoral care and pastoral counseling can also apply to the Igbo.

6.3.1 Pastoral Counseling in Igbo Setting

Outside the westernized form of pastoral counseling, the Igbo have their own approaches. They have a pastoral care formula that takes into account their inherited Igbo symbols and rituals as well as their family and community systems. Elders do most of the counseling in the Igbo context. Unfortunately, the younger generations have begun to disregard the counsel of the elders in recent times. Eide notes a sad situation in many African communities where the younger generations no longer listen to the elders and find it hard to accept the old cultural patterns because of the effects of the fast changing world (1990:3). The effect of this fast changing world makes it necessary to find modern approaches to pastoral counseling which will fit into the Igbo context.

In the Igbo traditional approach to counseling, the elders, family members and, at times, community members are asked for their consideration before making a decision. The focus of the counselor is not just the individual, since he or she does not exist alone. The responsibility for making decisions does not depend on the patient alone but on the family too. One of the problems in this practice is the lack of any documentation of the practice and the lack of structure and systematic application of skills. Any particular approach depends on the practitioner. For the Igbo, the pastor is expected to demonstrate his or her involvement by taking a clear, firm and concerned position to the point of decision making for the patient and even the family (Augsburger 1986:358).

The above idea might be why Joseph Ghunney, in reflecting over his counseling experience in Ghana, says that the Western form of counseling gives more responsibility to the client in dealing with problems (Wicks and Estadt 1993:82). He goes on to say, "Unfortunately, the African client has a worldview that makes it impossible for him or her to take responsibility alone in solving problems" (Wicks and Estadt 1993:83). Augsburger confirms this stand by pointing out that the much-researched trinity of warmth, empathy and genuineness, which appear to the Western patient as authentic caring, are evidence of weakness and incompetence to the African. The "openness, mutuality and egalitarianism" of the client-centered approach that fosters trust in the West may be misinterpreted as lack of interest in a hierarchically structured setting of an Igbo community (1986:358). This is quite true of the Igbo situation because the Igbo rely on the ability of a pastor to give them the solution to whatever problem they take to him or her. A patient can see a pastor as being incompetent if he or she suggests alternatives for the patient to choose from. It may also be an indication of lack of interest on

the part of the pastor. The pastors belonging to the new generation need to integrate the local approaches and the modern ones. Without this integration both the old and the new may be lost without any good alternatives and replacements.

In CPE the pastor needs to recognize the nature of the Igbo culture in order to be beneficial to the people. Joseph Ghunney says that, traditionally, the African has a way of resolving life problems quite differently from counseling in the Western world. According to him, "pastoral counseling as practiced in the West is a new discipline in Africa" (in Wicks and Estadt 1993:82). For CPE to succeed in the Igbo culture the fundamental elements of caring among the people must be identified. Kwame Bediako thus says, "The primal imagination could help us avoid destructive dichotomies in epistemology and also offer guidance toward an organic view of the knowledge of truth increasingly felt to be desirable in Christian theology" (1995:210). By this idea, Bediako reflects on the impact of the African primal worldview which pastors need to acknowledge while helping the African. It is also good to consider the impact of using the African traditional languages, symbols and rituals to attend to them when they need pastoral counseling.

6.3.2 Pastoral Care in an Igbo Setting

The Igbo are a people that value caring. The act of caring is reflected in their communal way of living as already discussed in chapter four. Since their worldview is mainly religious, they have high regard for the caring of pastors. Writing on how the Church can make more impact in the Igbo society, Ilogu says:

> Priests and *nwadibias* (medicine-men also diviners) healed, divined and prayed. Teach the ordained and lay apostolate of the Church to cultivate and grow in their understanding of nature of man who needs wholeness through his body, his mind and his spirit. Spiritual healing should be explored and institutionalized in more orthodox Churches so that they become not the preserve of the Aladura Churches and questionable 'Healing-Home-Churches' (1974:214).

In the above quotation, Ilogu is concerned with an increased level of pastoral caring for the Igbo. The Igbo traditional priests and diviners cared for and healed the sick through divination. The African Initiated Churches (AICs) followed this path and won a lot of converts, but the mainline churches seem to be uninterested in this approach. The people still need to receive pastoral care as they did before the advent of Christianity. The traditional rituals and symbols, as well as the communal approach to caring, can still be integrated into the Church's ministry of caring without taking the Igbo back to idol

worshipping. In this context, clinical pastoral care tries to refine and apply what is already available in Igbo society in caring for them.

The researcher interviewed many Igbo people in different locations about how they see the present practice of pastoral caring and their expectations. The people interviewed responded in different ways. Some of their responses have been discussed in previous chapters. Some others responded as paraphrased below:

Mr. Obi Aniekwena (An Igbo Church warden living in Lagos – outside Igboland) (August 3, 2002): The Igbo believe in what they see. They are so materialistic that no matter what you tell them verbally, what they see, touch, smell and experience physically is what they will believe. They are attached to symbols and rituals, but when these do not produce a result they expect, they will discard them and treat them as being meaningless to them. In our Church here (St Bartholomew's Church, Aguda, Lagos), people can come for prayer if prayer can solve a problem for them. Our prayer team has been visiting communities on invitation because of results they achieve. A lot of people have been blessed with material things due to our intercessory prayers. This is why our Church has continued to grow. People leave their various Churches and denominations to join us because of their expectations in our Church. We have many prayer teams that care for different groups of people in the Church. Because of the speedy way in which the Church is growing, we are now looking for empty land to buy for expansion of our Church.

It could be noted from this interview that Mr. Aniekwena assigns the success and growth of his church to the ability of the church to care for the needs of the people in physical terms. Their practices are in line with what the Igbo traditional religious leaders have been doing for their followers.

Bishop Benson Onyeibor (Bishop of Abakaliki Diocese – North-eastern part of Igboland) (July 24, 2002): Whatever we are doing in pastoral caring, what the Igbo people want is practical Christianity. Many people are hungry. Many have no house to live in. The majority of the people cannot meet their daily needs. What kind of gospel will you preach to them when you cannot help them meet these needs? The type of pastoral caring they want is one that will help them meet their daily needs for survival. A person needs to eat, wear clothes, and live in a house in order to survive.

We as pastors should look into these basic needs of the people first before whatever we are saying can make meaning to them.

Bishop Onyeibor is a church leader and has interacted with people of different kinds of needs. He knows the problems his church members bring to him. Out of his experience with the people's complaints, he still thinks that they are not yet satisfied with the level of pastoral caring they are receiving. CPE as an educational model will engage pastors in studying how to care for the people at the point of their needs.

Sir George Aniekwena (Knight of St. Christopher – Diocese of Enugu, central Igboland) (July 29, 2002): Just as traditional religious leaders speak with authority, our pastors need to do the same. A diviner cannot seek your opinion in telling you what to do. He rather shouts at you and commands you to go and do this or that. This is the system under which many Igbo people grew up. A person coming to a pastor expects him to know what he is doing. To turn the other way and ask the client to suggest or to give the client alternatives to choose from can make the client feel that the pastor is incompetent. The client will simply leave him and go to another person. Where the Church continues in the same way, the client will simply move back to a diviner or any other traditional practitioner who claims to know what he is doing. While practicing the Westernized form of pastoral care, we shall not overlook what already exists in our environment and what our people really expect.

Sir Aniekwena speaks out of his personal experience as a church member and as one who interacts with other church members. He is aware of their complaint against the church and where they go when the church fails to meet their expectations. His view is that pastors must be very knowledgeable in their caring ministry and must be able to meet the expectations of their parishioners.

The Rev. Cannon Dr. Emma Ekpunobi (Rector, St. Paul's University College Awka-where Anglican priests from different Dioceses in and outside Igboland receive their training) (July 31, 2002): The Igbo person approaching a diviner expects the diviner to tell him or her the problem or the cause of the problem and what to do about that. Trying to get the problem and answer from the client is a sign of incompetence. A person in crisis goes to a diviner when whatever he or she could do as an individual, family or even community has been tried and failed. As the last resort, they approach the

diviner who must of course know the cause of the problem and how to address it. When the Igbo visit the pastor they also have the same expectations. They see the Western form of counseling as advice that does not need expertise. They do think that, whether trained or not, you can still give counseling in the Western sense. For the Igbo, if you cannot give direct answer to their problems, you may not be able to do much for them.

Dr. Ekpunobi has studied in Europe and America and is aware of what counseling in the Western sense means. Being an Igbo and a trainer of pastors in the Igbo context, he looks at what the situation demands and how his students are prepared for the ministry. He believes that CPE can take the students to the very places where the people facing problems live.

Lady Victoria Aniekwena (A Lady Knight and wife to Sir Aniekwena. Lady Aniekwena has passion for incorporating traditional pastoral approaches into the Church's pastoral ministry) (July 29, 2002): When an Igbo person has many alternatives (traditional and Western), how can he or she rely on a system that cannot give an answer to his or her problem? People want what works for them. Every Igbo wants an immediate solution. If you decide to meet a pastor with a problem or a pastor visits you, you will be expecting something special from him or her just as in the traditional way. The Igbo is too impatient to wait for long stories, or if after telling his or her story, you end up not giving an answer to that, he or she will see meeting with you as useless. Their attitude is "after all that is said and done, what have I gained?" The Church needs to be more real and closer to the people's needs. Our people want action, not words. They want something they can see. If you tell them that Jesus saves, they want to see how Jesus saves. It is better not to tell them something they cannot see happening.

Different people were interviewed about this same topic and they all shared similar views. As indicated in all of these interviews, pastoral caring for the Igbo means problem solving. CPE is useful because of experiential method of training and social science skills it applies. These skills can be taken where the people live and be applied while interacting with them.

6.3.3 The Place of Language as a Means of Communication in Igbo Pastoral Care

One factor that makes pastoral caring in the traditional setting unique is the method of communication.

This includes verbal, non-verbal and extra-verbal communications. In all of these methods, there is a lot of symbolic use of the method of communication applied. The method applied must help in driving the message home and deep into the heart of the problem. The place of language as a symbol of communication in this regard cannot be ignored in the caring ministry to the Igbo. Chinua Achebe argues that language is one of the primeval achievements of humanity upon which special qualities of mind and behavior were built. Language has contributed to the continuous existence of humanity and as Achebe argues, ". . . without language we should have long been extinct" (1990:127f). Language was crucial to the creation of society. Human society may be inconceivable without speech. This gives a sense of community where humanity is able to live together and jointly challenge the peculiar and perilous destiny confronting them.

One pillar that holds the Igbo together in their community is their language and the method of applying it. The notion here is opposed to a mechanical and mindless association of people who live together because circumstances and situations have compelled them to do so (Achebe 1990:128). Language helps humanity to understand one another and to live peacefully together. About the importance of language, Achebe writes, ". . . because of a child's inadequate vocabulary even its simplest needs cannot be quickly known and satisfied" (1990:129). In this regard, language as an important tool and symbol of communication is a very valuable means of facilitating the affairs and transactions of the community. It enables people to pass their messages quickly and exactly. Language makes it possible for everybody to ascertain what goes on in the community, understand and evaluate it. Through the language of dialogue, people can settle their differences and extend their period of life on earth. In pastoral caring, the pastor needs to understand the language of pain, joy, fear, and anxiety that are not often spoken directly. As communities differ from each other, a pastor can understand a people better by learning and practicing in their midst.

New language and new vocabulary are needed to address old systems through new innovations. Achebe posits that language "can never change fast enough to deal with every new factor in the environment, to describe every new perception, every new detail in the ever-increasing complexity of the life of the community, to say nothing of the private perceptions and idiosyncrasies of particular speakers" (1990:132). Achebe warns about the moral lessons imbedded in African myths, "For when language is seriously interfered with, when it is disjoined from truth, be it from mere incompetence or

worse, from malice, horrors can descend again on mankind" (1990:137). CPE provides an opportunity for the openness of the pastor in hearing from the core of a patient's heart. Both the verbal language and other forms of communication can be understood through a close interaction with the people in a community-centered CPE program.

6.3.4 Necessity of Charisma in the Igbo Traditional Method of Pastoral Care

Max Weber speaks of the effect of charisma in the ability of a person to influence others. Charisma is beyond the context of ordinary authority and beyond the powers that the people used to know. From his concept and the etymological meaning of charisma, it is defined as a 'gift' that is special to the person that has it. The gift is divine and bestows some special power and authority to the person that has it, independent of ordinary experiences of life. It is bestowed on a person, usually in times of stress or need and usually through miraculous signs. People can easily conceive that the person has some supernatural powers. This forms the bases of attraction to him or her (1968:18-27, 48-65).

The way Weber explained charisma can be seen in the pastoral caring offered by the Igbo Initiated Churches. Charisma forms the main bases of their caring that enable them to attract many people to their churches. Some charismatics speak in tongues and also make their members do so. They speak prophecies and display a lot of supernatural acts. People, therefore, believe that the charismatics have a lot of supernatural powers and move to them because they can give answers to their needs or tell them how to tackle their problems. The same situation is found with the Igbo traditional healers and diviners.

In its pure form, charismatic authority lies outside the norms of ordinary life, as is seen in Jesus Christ. To be a healer recognized by the people, there must be some level of charisma. People can say, "He has gifts of healing." By this saying, a lot of people can be attracted. The pastoral caregiver then becomes popular and recognized as having supernatural gifts.

The Igbo are used to their traditional healers and diviners who possess these charismatic qualities. They acquire their reputation through their ability to heal. Prophesies appeal to the feelings of the people. Charisma, as Bourdillon notes, depends on success (1991:79). It is a break from the normal routine of life. If pastoral caregivers do not have such charisma, people will not take them seriously.

6.3.5 Necessity for *Ike* (Power, Force or Energy) in Pastoral Caring of the Igbo

The Igbo believe in the possession of *ike* (power, force or energy), especially in a person who is capable of rendering care to them. The possession of *ike* in a caregiver will be a justification for people to approach him or her. In other words, the ability of a pastor to give effective counsel may not be well taken except if it is associated with some kind of divine power. According to Chinua Achebe, "the Igbo world is an arena for the interplay of forces. It is a dynamic world of movement and flux" (1990:62). This implies that to an Igbo; the community is not just the people you see but also a place where different forces, both human and spiritual forces, work together. To meet with serious circumstances in this kind of situation some spiritual energy, power or force (*ike*) is required. For example, some of the spiritual healing homes begin their rituals of healing by calling down power from heaven, *Ike si n'eluigwe bia* (may power come down from heaven). In his assertion, Achebe states:

> *Ike*, energy, is the essence of all things human, spiritual, animate and inanimate. Everything has its own unique energy which must be acknowledged and given its due. *Ike di na awaja na awaja* is a common formulation of this idea: "Power runs in many channels" (1990:62).

The concept of *ike* implies that everything has its own level of power, and this power has things it is set to achieve. According to Achebe, this notion is also evident in the Igbo popular way of greeting: *onye na nke ya, onye na ya* (literally – everyone and his own). This notion recognizes different kinds of powers possessed by different people; nothing should be taken for granted because whatever is looked down upon may possess such unbelievable power. An Igbo proverb says, "*e nenia nwa ite o gbonyuo oku* (literally, if a small cooking pot is looked down upon, water proceeding from it while boiling can quench the fire)." It means that no power should be taken for granted no matter how small and insignificant it may seem. The Igbo value expression of power in addressing their problems.

Achebe notes that the Igbo try to satisfy all the demands of their traditional religion. In other words, every god that deserves to be worshipped is given its due worship because, although a person may satisfy the demands of one god, another god can kill that person. As he puts it:

> All the people must placate all the gods all the time! For there is a cautionary proverb, which states that even when a person has satisfied the deity Udo completely he may yet be killed by Ogwugwu (1990:63).

The Igbo are cautious at all times to do everything well. They are careful of what must be done to give proper attention to their problems. The question of holding *ogu* and *ofo* may apply here, especially

when a person senses that he or she does not owe anything to any human or spirit or even nature. Before the assertion of holding *ofo na ogu* can be made, a person may be needed who possesses extra power (*ike*) to see beyond the ordinary human eye, to confirm it. In search of proper answers to their problems, many Igbo seek prophetic Christian ministries, especially when they can no longer consult diviners. Ilogu notes that one of the factors that can motivate an Igbo to accept pastoral counsel from a caregiver is the awareness and conviction that he or she has the power *ike* (1974:156) and can empower the patient. Pastors, like local diviners, must posses the power to placate or drive away evil forces that disturb their members (Parrinder 1954:154). This is why they are different from their parishioners who look to them for help.

Pastoral care and pastoral counseling as taught and experienced in CPE may not fit in well in Igbo context. Pastors will still require the same skills of listening, presence, silence, prayers and other communication skills but must also make use of charisma, power/energy, authority, and proper symbols and rituals that minister to the needs of the people. The experiential method of learning in CPE will still be used, applied amidst the people's community.

6.4 The CPE Experiential Educational Methodology

Referring to what Egan calls the encounter group, he sees CPE as "laboratory learning" or "laboratory training." He defines CPE as "a form of experience-based education in which the participants learn principally through some sort of activity or practice rather than from lectures or books" (1973:6). A variety of human relational skills is developed when students come together and interact in small groups. Learning takes place through direct interaction with the "living human documents." During the group sessions, the experience of ministry is reflected upon and matched with the educational theories through the action-reflection-action model.

6.4.1 Areas of Conflict – CPE as Education or as Therapy

Though CPE has come to stay, it has continued to swing like a pendulum of instability, at times getting stuck in one direction while at other times in another. Hemenway, commenting on this situation, points out the agreements and disagreements that mark both past and present debates. As she notes:

> Other lively issues include debate about CPE as education versus CPE as therapy, training for specialization vs. training for parish ministry, sorting out issues of program content

> (accreditation) vs. the dynamic process of interpersonal supervision (certification), and administrative location of programs. Reverberations from these themes continue to the present day (1996:19).

Another issue that Hemenway notes as a problem facing CPE is the split between the pastoral theologians and the clinicians. Some pastoral theologians depend on the developmental theories from psychologist Erik Erikson, whose theory is based on the psychoanalytic tradition that is rooted (and limited) in the hope of self-realization in developmental (historical) realities. Gordon Allport, Abraham Maslow, and Karen Horney also influenced the clinicians. They asserted that the innate power of growth within the individual can not be overemphasized. According to Hemenway, "These differences were reflective of the old New York/Boston split and have persisted to this day" (1996:20). Since then, CPE has not experienced any particular way as the best. It is necessary to discover the best approach that will work well in the Igbo society.

In spite of the disagreements, the CPE process can still be viewed both as education and therapy. Though one may be emphasized more than the other, depending on the group, both of them occur when small groups meet. Looking at some of the outcomes during the CPE process, Egan notes that members of the group reflect on their personal behaviors through the feedback they receive from each other. This results in a feeling, which he sees as a "diagnosis," that can help each of them experiment and improve his or her style of interactions (1973:6). As the students adjust their skills of interaction, they acquire such learning that will help them in relating with others, as well as helping others. By so doing, they also resolve their own personal relational problems. The learning they acquire by doing and the feedback they receive from each other help the students in personal healing and in the skills of ministering to others. Both therapy and education have, therefore, taken place. Carl Rogers, reflecting on his experience in his counseling center in Chicago, says that the group process they introduced in Chicago, which was for training in counseling, merged training in human relations skills with personal and therapeutic growth (1970:4). Though the original intention was for training, it developed into a therapeutic group. Therapy may not be intended, but it cannot stop once it has begun among the members of the group.

6.4.2 Differences between Therapy and Education in the CPE Process

According to Asquith, Jr., CPE started as a study of the "living human documents" under Boisen to

supplement the classical study of theology by theological students (2000:1). It is not theological education on its own but a supplement to theological education whose aim is to focus specifically on the "living human documents." Theology is then brought into the actual life experience of persons. John R. DeVelder and Raymond J. Lawrence note that "the clinical pastoral movement has from its first days experienced the tension between the objects of pastoral transformation on the one hand and skill development on the other hand" (in Orlo Strunk Jr. 2003:2). This marks the area of conflict between seeing CPE as therapy or as education. The College of Pastoral Supervision and Psychotherapy (CPSP), formed in 1990 takes a stand on the conflict, asserting that "the new vision of CPSP is in part a reassertion of the preeminence of personal transformation" (in Orlo Strunk Jr. 2003:2). The researcher, having participated in CPE in different settings and recounting his experiences both in his past and present CPE experiences, agrees that it is both for personal transformation and for training in skills. As DeVelder and Lawrence maintain, "Skill development, important as it is, is an inadequate description of the principal task of clinical pastoral supervision." They affirm that "the self is the principal tool of the ministry" based on their conviction that "the untransformed self is not pastoral material regardless of the array of skills that may be acquired" (in Orlo Strunk Jr. 2003:2).

6.4.2.1 CPE as a Method of Education which Teaches Ministry (The Care and Cure of Patient/Parishioners' Souls)

By 1934, the focus for CPE in Boston was on the student, while in Worcester the focus was on the patient. The theological supervisor in Worcester then was the Rev. Caroll Wise, who wrote, "The individual patient is the center around which the entire summer activity revolves" (Powell 1975:14). It is understood that CPE for that center was a method of education that taught ministry. The focus was not on the student but on training the student to minister to patients and parishioners. The student studied and understood the patient as thoroughly as possible. There was almost a tendency toward "moralizing on the basis of case material as to what a minister ought or ought not to do in a specific situation" (Powell 1975:14). Powell also noted, "The main stress was given to an endeavor to understand the basic drives within personality, the conflicts in which they may become involved and the possible abnormalities arising out of such conflicts" (1975:14). The training was aimed at helping the students understand human nature in preparation for evaluating any given situation in future parish work. What was seen as fundamental in their training was "the need of a relationship of understanding

and confidence between the minister and the persons with whom he is working" (Powell 1975:14). CPE, as a training in skills or an educational process, has the tendency of emphasizing better training in skills for ministry and steering clear of problems in personal transformation (DeVelder and Lawrence in Orlo Strunk Jr. 2003:2).

One of the fears that led to the formation of the College of Pastoral Supervision and Psychotherapy (CPSP) in 1990 was the emphasis given to psychology over theology in the clinical pastoral training. Psychology, which is more for skill training, received a greater attention than theology, which is more for personal transformation. John R. DeVelder and Raymond J Lawrence argued that "a psychologically informed minister is different from a theologically informed psychologist." CPSP will like to reassert the identity of pastoral caregivers as psychologically informed ministers (in Orlo Strunk Jr. 2003:1). It does not deny the necessity for skills in pastoral ministry but stresses the person of the minister.

6.4.2.2 CPE as a Ministry in and of Itself (The Care and Cure of the Souls of the Student Ministers)

Powell notes that in 1934 there was much focus upon the CPE student on "what he prayed, what he said, how he dealt with situations . . . faced in the sickroom." This was typical of the Boston group (1975:14). CPE for the Boston group emphasized the care and cure of the souls of the student ministers themselves. Four issues emerged in the clinical pastoral movement that spawned the creation of the College of Pastoral Supervision and Psychotherapy (CPSP) in 1990. DeVelder and Lawrence note that one issue was "a conviction that clinical pastoral training is more about personal transformation than skill development." The other three were "a return to theology, a revivified personal authority and a more communal political system for the professional community." These issues support the vision of the "Recovery of Soul" that CPSP stands for (in Orlo Strunk Jr. 2003:1). All of these issues directed their concerns of CPE as a means of personal transformation more than for skill training. CPE is more like a ministry in itself. However, CPE as an educational process cannot escape therapeutic values as well as training in skills since education brings about transformation both in skills and in personal values. CPE is rather a therapeutic process that increases the awareness of personal skills in interpersonal relationships. There is empowerment in education, and, when a student is empowered to face a situation that he or she would not have faced before the CPE process,

transformation has occurred, and, as a result, therapy has taken place. DeVelder and Lawrence also argue that significant training and counseling can only take place in a strong self (in Orlo Strunk Jr. 2003:1).

6.4.2.3 CPE as a Therapy:

According to Jay Haley, "Therapy can be called strategic if the clinician initiates what happens during therapy and designs a particular approach for each problem." There is an encounter between a therapist and the person receiving help, both of them determining the action that occurs. As Haley postulates, if the therapist largely initiates the action that takes place, it becomes strategic therapy (1974:1). This often happens in a CPE setting where the supervisor initiates what happens with the students or where the student, while visiting a patient, initiates what happens during the visit. Haley goes on to describe the role of the therapist in strategic therapy:

> He must identify solvable problems, set goals, design interventions to achieve those goals, examine the responses he receives to correct his approach, and ultimately examine the outcome of his therapy to see if it has been effective. The therapist must be acutely sensitive and responsive to the patient and his social field, but how he proceeds must be determined by himself (1974:1).

Therapy, as shown above, includes the following: identifying solvable problems, setting goals, designing interventions to achieve the goals, examining the responses received, and examining the outcome of the therapy. Looking back at chapter three, it is clear that CPE includes not just the characteristics above but more. Haley argues that the therapist needs to take action in order to make a change in the patient. He criticizes the modern approaches in which the patient is expected to take the lead in the therapeutic process. About this latter approach he writes:

> During the first half of this century, clinicians were trained to avoid planning or initiating what was to happen in therapy and wait for the patient to say or do something; only then could the therapist act (1974:1).

His criticism is that "the person who does not know what to do and is seeking help is determining what happens in the therapeutic session, while the clinician sits passively and only interprets or reflects back to a patient what he was saying or doing." He argues that the supporters of this approach consider it "manipulative" if the therapist focuses on a problem, sets goals, deliberately intervenes in a person's life, or examines the results of such therapy. According to him, "This passive approach lost for the clinical profession many effective therapeutic strategies that were developed before this century"

(1974:1). The expected outcome of therapy is change. Whether a patient initiates new behavior and chooses his or her own direction in life, or the therapist applies a strategy that enables the patient to choose a direction in life, once change occurs, the therapeutic relationship has shown an effective outcome. The strategic therapy suggested by Haley may fit in well in the Igbo context since they expect results from the pastor.

6.4.2.4 Is the CPE Student "the Living Human Documents?" (How this fits into Igbo Culture and how it relates to Preparation for Ministry)

One area of interest concerning the group method in CPE is that it provides a primary source for learning through behavior modification that happens during group interaction. Seeing the student as the "living human documents" means that the learning of behavior modification is no longer exclusively restricted to the patient but to the CPE students as well (Thomas 2000:16). Egan notes that learning through "independent reading, lectures, and exercises that focus on various aspects of group experience" is only secondary (1973:8). In Igbo context, this latter method of learning is Western and foreign. Their method of traditional education has always been through firsthand personal experience and through interaction. The CPE experience gives the students the opportunity to learn how to learn from their behavior during group interactions. The CPE students become the documents. According to Thomas, "Well before the fiftieth anniversary of the formation of ACPE, the "documents' became the students themselves. CPE became the study of relationships with patients, fellow students, the professional and the non-professional staff members, and the supervisor. Relationships became the focus of the group" (2000:16).

Egan refers to the cultural permission in a CPE setting. He sees the process as a "cultural island," which points to the cultural freedom expected in the group when the students are cut off or insulated from the "highly routinized culture of the back home setting and because they develop their own culture in miniature" (1973:9). Egan's view will be possible if the group is able to actually operate on the culture determined by the group instead of what the students individually brought from their own contexts. Their new setting must differentiate from what their day-to-day living used to be. This can facilitate the emergence of new behavior in the group at the end of the program. The climate of cultural freedom helps build a natural atmosphere in which the group experience has impact in the actual day-to-day living (Egan 1973:10). Seeing the CPE student as the "living human document" is

close to the Igbo traditional method of professional training in which personal transformation is the focus. It will, therefore, match what existed in the Igbo culture in the past.

6.4.3 How Small Group Process will fit and not fit into the Igbo Society

Egan sees the focus of the small group process as a learning that centers on interpersonal relations. By coming together in a small group, students assess their interpersonal strengths. He calls this a form of diagnosis. As they spend time together and reflect over each other's daily interaction styles, they learn (1973:7). The Igbo are a community-based people (See chapter 4). Before the Western form of pastoral caring, they lived the greater part of their lives in small groups like *otu mmanwu* (masquerade group), *otu ogbo* (age group), and different types of groups for the purpose of social interaction and support. The small-group process in CPE will fit in well in Igbo context. Unlike the CPE supervisor, whoever is the leader must be strong in his words and must need some level of charisma and power in order to influence the group.

6.4.4 Personal Experience as an Igbo doing CPE in the USA

The CPE process can best be viewed and expressed from personal experience through active involvement. Marianne Corey and Gerald Corey share the view that "it is difficult to learn about self-disclosure, working with resistance, confrontation, giving and receiving feedback non-defensively, and identifying with others by simply reading about them" (1997:4). To be a participant in a group gives a first hand experience of what happens in a group process and what group process is all about. Being personally and actively involved in the CPE process as a student in a different cultural settings makes the concept of group experience in CPE part of the researcher:

"I arrived into a new cultural context to begin CPE with people I had never met. Without a formal learning about the context, culture and the worldview of these people, I went straight into participating in the group process and visiting patients, staff and family members. I needed to begin the learning process and also give a daily report of my ministry, as well as a weekly report on my level of integration into the system. The hospital has its policies and expected outcomes of services offered to patients. I entered into this system and immediately became actively involved. There are over 6600 workers in the hospital with about 900 different job descriptions. All of these people who were foreign to me were the people with whom I had to collaborate. I also met a different technological approach to

medication, a different system of charting, a different communication system using pagers, and different methods of recording the daily and weekly outputs. These were the challenges, and I had no other option but to adjust as quickly as possible.

On the social level, I missed my family that I had left thousands of miles away; I needed a place to live and people to interact with after working hours. Some of the food was strange to me, and I needed to learn the names by which they are called before I could request them. I needed to find my way to shopping centers and other places where I could meet some of my needs. Transportation was very difficult for me, particularly to move around in search of accommodation, attend church services, and meet with other problems that needed transportation. I had the challenge of learning about the people and how to live among them. My program did not give me extra time to sort through these obvious expectations. Immediate results were already being demanded.

I can say that in this regard, the CPE experience increased my ability to attend to all these situational demands. Participating in the group gave me the opportunity to discuss them. As I learned from the responses of the group to my own personal challenges, I also learned how they tackle their own problems. Since we were in a group, I enjoyed the support of the peers and supervisors. I was assured that whatever problems I might encounter, there are people who will be willing to help. In this regard, I join Glenn H. Asquith, Jr. in seeing CPE as a process that builds bridges. In his introductory remarks to his book, Asquith writes:

> CPE has been "building bridges" since 1925, when Anton Boisen brought theological students into a psychiatric hospital. As will be seen, major bridges then had to be built between the various organizations and individuals that eventually formed ACPE in 1967. Finally, this book is the story of how the Eastern Region of ACPE has been building many bridges across regions, cultures, religious traditions, and diverse contexts for clinical training, from urban centers in large cities to centers in rural areas, as well as theological seminaries and churches (2000:I).

Asquith's ideas describe my experiences so far. I can see the bridges being built between the contexts I was in and me as a person.

During the last two weeks in February 2004, the pressure of my doctoral studies, as well as the CPE residency at York Hospital was so heavy for me that I considered shelving my doctoral studies in order to effectively learn the new context. Interestingly, I read a book where Jan de Jong shared a similar

experience to what I was passing through but did not give up his studies (in Myler ed. 1978 vol. 1:11). I spent much time during this period discussing with my supervisor, Rev Jim Winjum, the process of giving up my doctoral studies. However, Rev Winjum kept encouraging me to move ahead.

As an Igbo doing CPE in an American setting, I needed time to adjust and to integrate into the context. Every member of the group also needed time for adjustment, but mine took longer because of my different cultural context. It took almost a year for me to be fully acclimatized to the context. If this were Igbo society, just like my fellow residents who are all Americans, I would need a shorter time to integrate into the system. I had earlier experienced CPE units in South Africa and Brazil before coming to USA. From my experience, I would suggest that any student going to a new cultural setting to do CPE needs a longer time to complete the program than those from that setting. The first part of the program would be a period of integration and adjustment before the actual learning could be meaningful."

6.5 Possible Problems for CPE in Igbo Society

Despite the hope expressed by the researcher that CPE will succeed in Igbo society, the program will face some problems if introduced. Being an Igbo and having had the opportunity of participating in CPE in different contexts, including America where it originated, the researcher believes that, for Igbo, there are some approaches to life that will be a hindrance to some of the practices in CPE. Though the Igbo have similar traditional models of training religious persons to the group method in CPE, there are many challenges a CPE student must face.

6.5.1 Resistance/Defensive Attitude of the Igbo as a Likely Obstruction to Western Form of Counseling as Communicated in CPE

The Igbo are considered a people that are very defensive. They are often resistant to the public sharing of personal experience. Their worldview makes them secretive and careful of what they share with someone else. These traits can be attributed to historical, religious, cultural and social factors. The Igbo have a negative concept of sharing one's feelings and experiences, especially with a person that is not close to them. They see it as *isa asisa* (a concept that shows a person haunted by evil things he has done and as such confessing them). *Isa asisa* is linked with antisocial behavior that can alienate a

person from his or her community. The Igbo always like to be together with their people, so whatever will separate them is often avoided. Since the westernized form of counseling is foreign to Igbo, some of them may not yet be familiar with the benefits of sharing one's life with another at a deeper level. They are protective because of their past history.

6.5.2 Historical Factors

Afigbo postulates that by the time of the European advent into Igboland in the sixteenth century, "the basic character of Igbo culture and society had emerged." Before this period, there were a series of movements and migrations. The Igbo was in a struggle for expansion and settlement. The main features of this pre-European advent that dates for more than two centuries according to Afigbo include the following:

1. The introduction of agriculture and iron technology into Igboland,
2. The mounting population pressure on the Awka-Orlu uplands and dispersal of the surplus population west and east,
3. The rise of the divine kingship institution of the Nri and the emergence of the basic features of Igbo society and culture,
4. The encounter in the west between the Igbo and the Edo and in the east between them and the Benue-Congo-speaking peoples with consequences . . . (1981:15).

Each of the above mentioned periods and conquests associated with them impacted the cultural formation of the Igbo and informed their worldview. These periods were marked at times by fatal conflicts among the Igbo themselves and between them and non-Igbo (Afigbo 1981:9ff). The result was fear and distrust among the people. People tended to hide their identities and became defensive for fear of unknown enemies. The defensive attitude and identity secrecy gradually became ingrained in their cultural pattern.

6.5.3 Factors Relating to Age

An elderly man in traditional Igbo society may term it an insult being counseled by a younger generation. The Igbo claim that the wisdom is more with the elderly than with the younger generation. They say, "*Onye bu ibe ya uzo sibe ite na-aka ya enwe mkpomkpo aya*" (Literally, he who started cooking before the other has more cooking utensils). They can also say, "*Ihe nwata no nelu oji wee*

hu, okenye anorola n'ala hu ya" (Literally, what a younger generation climbed a tall tree to see, an elderly person has already seen it while sitting down). The Igbo have a way of addressing such insult. They can derogatively say, *"Nwata si na ya bu nna ya uzo muta diokpara"* (Literally, a son who claims to have his own son before his father). All these are ways of protecting the authority of the elderly people and demonstrating that the younger generation cannot counsel the elderly. Kalu Ogbaa notes that the counsel of elders is often more powerful that that of a local god, such as in the attitude of the elders of an Igbo clan, Umuaro, towards their local god *Ulu* (1992:53).

This approach to life may be a hindrance in practicing CPE in the Igbo community, especially where the pastor is younger than the patient. The elderly person may feel superior and see receiving counsel from a younger person as an insult.

6.5.4 The Concept of *Okenye adighi agba ama* (An Elderly Person Does not Reveal Secrets)

The Igbo expect matured people to be careful with what they say; they should be conservative with their words as a sign of wisdom and speak after due reflection. Even when insulted or angered, they are expected to remain quiet about it. It is believed that the ancestral spirits are aware of this and will exact revenge at the appropriate time. The Igbo families train their children and expect them to embrace wisdom from their parents. They will be seen as the *nna m mulu m* (literally-real son of the soil) because they have the wisdom of the elderly (Achebe 1990:131).

6.5.5 Maintenance of Status

For the sake of maintaining high status in the society, the Igbo pretend that they have no problems. Title-holders such as *ozo* (red cap chiefs) and other similar titles want to be seen as being perfect (Kalu Ogbaa 1992:69). Some of the people at that level have some secrets to protect and may not find it easy to open up; they claim to possess the wisdom of elders and should be the ones giving counsel to people. Chinua Achebe notes the Igbo adage, "As the elders said, if a child washes his hands he could eat with kings" (1958:8). Because they wield the highest political power in the clan, in order to maintain high status, the title-holders prefer to be consulted instead of consulting someone else who is not yet up to that status (Kalu Ogaa 1992:69). This is not restricted to the people holding particular titles; even heads of families and those finding themselves in any kind of elevated position want to prove themselves worthy of their position and, as such, be infallible. Because the ability to speak few

words is a mark of being great, even people who do not belong to any of the above categories want to be regarded in the same manner.

6.5.6 Loss of Identity/Personality Problem (*Okorobia kochaa ihe o na-aya ibe ya asoo ya oyi*).

Some people often think that others carry heavier problems than they. Revealing their problems may cause them to be looked down upon. Even though other people may also have the same problem, every eye will now focus on them as if their own problem is the worst of all (Also see chapter 3).

6.5.7 Powers of Traditional Priests and Diviners

Traditional priests and diviners are believed to have the power to bless and to curse. They are linked with the world of spirits and are dreaded in their villages. A client expects them to reveal the client's problems to him. An Igbo may not accept help from a pastor who does not know about his or her problem prior to the visit. Since the local practitioners not only tell their clients the source of their problems but also, through divination, tell them the solution, the clients expect the same from the pastor. According to Sir George Aniekwena, an Igbo wants to see the pastor as a person of authority like the local practitioners. When this fails, the pastor is not taken seriously. The Igbo prefer to consult a person who can tell him or her the actual cause of the problem and what must be done to solve it. The local practitioners can also give assistance toward solving the problem through their ritual acts of blessings, which the Igbo believe are powerful. People believe that when these local practitioners say that something will happen, their words have the power to affect the future (July 29, 2002). A pastor trained in a CPE program in the Western sense may hardly influence the people since his words may not appear to be as powerful as those of the local practitioners.

6.5.8 Use of Proverbs

Kalu Ogbaa notes that the Igbo folkways must be mentioned while discussing Igbo culture. These are made up of folktales and proverbs through which the Igbo people express their myth and poetry (1992:4). The Igbo prefer to speak indirectly, using proverbs. As Chinua Achebe puts it, "Among the Igbo the art of conversation is regarded very highly, and proverbs are the palm oil with which words are eaten" (1966:6). According to Kalu Ogbaa, the use of proverbs is a highly regarded art in the Igbo worldview. In his words:

> Igbo conversation has to have its formalities; it requires some responsibilities on the part of the

> conversationalist such as knowing what to say, when and how to say it, to whom it should be said, as well as the ability to communicate without being nasty, offensive or misunderstood (1992:111f).

An Igbo person can hardly talk without being very careful about what is being communicated and to whom. At this level of communication, what is said may not be literal but a carefully thought out idea presented in a proverbial way to represent the truth without offending.

Chinua Achebe refers to George Orwell who said, "Language can be used not only for expressing thought but for concealing thought or even preventing thought" (1990:133). According to Igwe and Green concerning the Igbo:

> A speaker who could use language effectively and have a good command of idioms and proverbs was respected by his fellows and was often a leader in the community (1967:25).

Such a conservative attitude in the use of words may not be helpful in a CPE program because the pastor may feel uninvited by the patient.

6.5.9 Age of the Pastor

Not everything is said openly to a younger person. Ilogu notes how seriously various Igbo communities regard matters relating to age and seniority. Political, social and religious organizations of Igbo communities are handled by different age sets. People try to move along with their own age sets. The work of counseling in an Igbo society is associated with the elders rather than the younger age sets (1974:26ff). It is, therefore, a matter of respect for a younger generation to listen to the wisdom of the aged. An elderly person may view a younger person as disrespectful if the younger person tries to give him or her counsel. This might be enough insult for the elderly to close his or her ears to whatever the younger person has to say.

Muller and Ritz-Muller note the high level of respect accorded to people in virtue of their age in African communities. They remark that "older people were seen as superior to those who were younger because of their experience in every regard and so were closer to ancestors." The authors observe concerning Africans, including the Igbo that "anyone may expect respect and obedience from those younger than himself, while the older is duty-bound to be helpful and generous toward the younger." As they point out,

> Africans have a strong sense of tact and treat each other with the utmost consideration. For example, well-behaved children would never open their mouths while anyone older is speaking, particularly adults. For this reason Westerners are regarded as highly ill-mannered . . . (2000:17).

6.5.10 The Oracular Life of the Igbo

The Igbo have the tendency to rely on any person or group believed able to predict future actions with infallible authority. They are interested in prophetic and often mysterious interventions, though such may often be ambiguous. This oracular attitude has formed major part of their lifestyle.

6.6 Pastoral Care and the Concept of Health and Healing in Igbo Culture

One of the expected outcomes of pastoral caring is health and healing. Healing may be of a disease or sickness and also of a broken spirit (Psalm 51:17). Health also looks at the overall wellness of the individual and the society. The definition of health and healing may not be the same in every culture.

6.6.1 Health

According to Paul Murray, the World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being (Priest & People March 2001:89). Though he thinks that this may not be possible to attain, it is necessary for healers to try their best. Whatever method adopted to achieve health, that may seem very effective, will be good. What matters for a sick person is the end result. An Igbo prefers to achieve good health before looking back at the process undergone. They say *a na-ebu uzo chopu agafu tupu ataba nwa uriom uta* (It is better to save a chicken before turning back to blame the hawk). This implies that the solution must come first before looking back at what happened.

Paul Murray sees health as one of life's greatest gifts that are something almost miraculous (Priest & People, March 2001:87). He says that some sick persons in hospital beds are gripped by deep anxiety on occasions and especially at night with the cold hand of fear. This is not necessarily the dread of death, but rather being hunted by the fear that, as a result of the almost continual tiredness, one would never again return to one's old self, never again, perhaps be able to relax enough to enjoy, for example, the company of family and friends (March 2001:87). Health is not restricted to the healing of the biological ailment alone but also the restoring of broken links both at human and spiritual levels.

David Sanders confirms this by saying that a Christian's vision of health has to integrate the physical, spiritual and social dimensions (Priests & People March 2001:86). In line with the above discussion, Okorocha points out that the Igbo see health as being important both to humans and to animals. Both the society and the natural order require health. As Okorocha argues:

> The Igbo pray not only for the health of the young and the old, the increase of their family, and the health of their animals, but also for the health of the natural order: that the rains may fall peacefully, that an old year may pass away uneventfully and usher in a peaceful new year (1987:67).

Health to an Igbo is important but that is not all. When the Igbo think of the recovery of health in the event of sickness, they also think of "the protection of life and the state of health from any vitiating forces" (Okorocha 1987:68). In anything the Igbo want to embark upon, they ask for wisdom and protection against opposing forces. Okorocha also notes:

> When setting out on a journey, the Igbo not only inquire from the divinities as to the wisdom of such a journey but also ask for the protection along the way and safe return. He prays for protection from the capricious Alusi and evil men (1987:68).

6.6.1.1 Healing

To the Igbo, any healing which fails to bring the patient to a renewed contact with the community and the spiritual world is not yet complete. This might be why the Vagciriku people of the Kavango Region in northern Namibia say that "if you heal with God, the ancestors will support you" (Samuel Mbambo August 2000:1). Edwina Ward confirms this by say that "Health and healing occur within the collective grouping of the person, the community, the ancestors and God" (July 2003:55). Ward's comments refer to Africa generally and it also applies to the Igbo. George Fitchette also says that CPE at its best is an experience of spiritual growth. It is an experience that touches and transforms our soul (1998 vol. 19:131). If this growth and transformation can be achieved in an Igbo society, their cultural context must come into play. In Ezeanya's view:

> Since life is such a valuable gift, it is clear that any means by which it can be saved or prolonged when it is threatened is of paramount importance to the African. Healing is one of those vital processes (1976:3).

6.6.1.2 Dimensions of Healing

Health and healing can be understood in many ways, depending on the understanding of the people. According to Bourdillon, "Healing can be seen in a more general context of coping with stress." He goes on to argue that "many, though not all, religious practices are a response to stress and anxiety."

Bourdillon agrees that even people who claim not to be religious often resort to religion "when trouble—particularly the trouble of life-threatening illness" arrives (1991:20). People seek religious rites of healing when anxiety leads to the physical symptoms of disease. For healing to be effective, rites that can touch the very needs of the person might be necessary. The person performing the rite needs to be fully aware of the situation of the sick person for whom the rite is being performed. This will help him to know what he hopes to achieve. "Healing rites often, though not always, do achieve what those performing hope to achieve" (Bourdillon 1991:20).

6.6.2 Igbo Culture and Healing

The contribution of a people's culture to their healing process cannot be underrated. Stuart Bate points out the three areas of biomedical research that have affirmed the influence of the mental, symbolic or cultural phenomena on the physiological state. These include psychosomatic illness, biofeedback and host pathogen interaction. He goes further to say that a large body of research has given evidence to show how cultural, psychological and sociological phenomena can be shown to correlate with a variety of physiological symptoms (1995:112). The culture of a people has a link with their healing process when they get sick.

Mbiti points out that traditional African religion has deep roots in African culture and history (1986:11). It determines their approach to their entire life, which includes how they respond to sickness and healing. As Jacob points out, the Western worldview might be different from the African worldview (1978:5). He argues that each culture has an internal consistency in which the worldview clusters around some self-evident philosophical presuppositions (1978:6). The Western concept of pastoral care is based on their own cultural context, which clusters around their own worldview. This might be different from the African perspective of caring and, as such, may not be effective for a patient with an African background. In line with the above idea, Danfulani says that the way illness is perceived is determined by the worldview of the people (2000:5). He also points out that "people's cosmology determines their attitude and belief system concerning causal agents of ill-health and, hence, their healing praxis" (2000:1). For a holistic healing to be achieved, Okorocha proposes that there should be "no dichotomy between the gospel and social action" (1987:79). This implies that pastoral work, which is seen from the Christian religious perspective, must also recognize all that makes up daily living in the Igbo community. According to Chinua Achebe:

> In popular contemporary usage the Igbo formulate their view of the world as: "No condition is permanent." In Igbo cosmology even gods could fall out of use; and new forces are liable to appear without warning in the temporal and metaphysical firmament (1990:64).

The above standpoint re-echoes the readiness of the Igbo to go for something new that can enable them to reach their goal. Achebe goes on to say, "It stands to reason, therefore, that new forms must stand ready to be called into being as often as new (threatening) forces appear on the scene" (1990:64). The argument here is that the Igbo can embrace CPE if it becomes a means of enhancing greater health for them.

6.6.3 The Question of Identity in Igbo Sense of Holistic Health

Elder Dan Nwokolo lays emphasis on the role played by identity in the Igbo sense of holistic health. In his words, "You are nobody when you are not with your people." As he goes on to recall, no matter how strong, rich, highly placed, physically healthy or, educated a person may be, he or she remains alienated if there is no strong link with his or her people. In this sense, community identity comes first before any other achievement in Igbo sense of holistic health. If not, in any event of marriage, birth, merriment, misfortune, sickness, death and other existential events around the person, the community will not be there. This can be devastating to the individual and the family concerned (July 21 2002). The consequences on the individual may be lack of peace of mind, restlessness, a sense of insecurity and a feeling of non-existence among his or her people. This kind of situation may lead to high blood pressure, a stroke and even sudden death, with no member of the community showing any concern or interest.

6.6.4 Rituals and Symbols

Every event in the life of an Igbo is significant, ranging from birth to death, and this is backed up by a series of rituals and symbols. As Setiloane notes concerning the Sotho-Tswana people of Swaziland, there is the performance of a festival of reeds called 'Umhlanga,' which is a religious festival marking the myth of the first people that came to the land who were said to have come out of a bed of reeds. In line with this myth, a ritual is performed at the coming of every new life into this world. The ritual is marked by taboos of separation and confinement. The mother of the new baby may be confined to her hut where male members of the family may not be allowed to enter. A reed is placed across the

entrance of the hut as a sign to those who are not supposed to enter the hut. This ritual links the new child to the coming of the "first parents." Setiloane points out that this kind of ritual is spread over all the African people. Africans recognize that they are all children of one mother. This is indicated in the similarities in their myths of origin, festivals and rituals (1989:6). The Igbo also have many myths attached to all of their life experiences like the Sotho-Tswana people.

Setiloane notes that Africans always bury their dead facing east from where the sun rises. This is in line with their belief that all humans came from the east and need to be set in journey towards the direction they came. Dying is seen as going on a journey back home. Burial and all the accompanying rituals are seen as a vehicle of carrying a person away to after-life. As a result, Setoloane notes:

> The dead were buried sitting on their haunches with the utensils and accompaniments they used in life: men with their entire warrior gear, their spears and assegais, and women with their dishes and hoes, mats and water pitchers. Seeds were also put in the grave (1989:7)

Mainly, words of farewell are said to the departing because they are embarking on a journey in which they will meet old acquaintances. The dead person is often given a message to deliver in the land of the spirits from where they came. Some of these messages include requests for protection, food, wealth, rain and other things the people may need. It is believed that the life below has power over the life in the surface of the earth (Setiloane 1989:11). What Setiloane described of other African cultures is also true of the Igbo.

6.6.4.1 The Role of Rituals and Symbols in Igbo Traditional Method of Healing

A justification for a Community/Family-Based CPE Model is the availability of the community rituals and symbols. These can be best understood within the context of that community. Starting within the community offers the best opportunity for the CPE student to have direct interaction with the members of the community, see their yearning, their ways of approaching different problems, and the rituals and symbols that work for them. According to Bourdillon, "Symbols and rituals of religion comprise a highly developed form of a broad system of communication" (1991:16). CPE students need to understand that level of communication by participating in community life.

6.6.4.1.1 Ritual: Bourdillon sees ritual as "actions which are in some way prescribed and repeated and which convey an element of symbolism" (1991:13). Ritual may not convey some mental action

since it flows out of repeated actions. Rituals use symbols to convey some meanings. Symbolic statements and actions take certain activities to the realm of rituals. Rituals are not technical actions; they require interpretation. A symbolic action can be more appropriate when people are involved. They can then understand and be influenced by the symbols. In religion, it is believed that spirits understand symbolic actions. What is contained in a ritual is usually cut off from everyday life. From the beginning to the end of the ritual, actions take place in a special sacred realm, which gives them a solemnity and importance. Religious rituals often provide a sacred frame for statements and actions made during the course of them (Bourdillon 1991:15).

Rituals in the life of a people are indispensable. According to Bourdillon, "Ritual remains an important force even in societies which try to do away with religion" (1991:311). Rituals occupy a central position in Igbo traditional religious practice and were developed without any written document. Bourdillon highlights that "In traditional African religions, which were for the most part developed without the help of written documents, ritual is the most important part of religion" (1991:6). Ritual, here, is described as symbolic actions. He continues:

> One area in which ritual very often is performed for a material motive, and in which it can be efficacious, is the area of sickness and healing. There is correlation between a person's psychological state and their bodily health. Because of this, religious rites, which provide calm and confidence, or which in other ways help to resolve personal problems can be efficacious in healing (1991:20)

6.6.4.1.2 Symbol: Another area of concern in this topic of religion and healing is the use of symbols and rituals. *Chamber's Twentieth Century Dictionary* defines symbol as "an emblem: that which by custom or convention represents something else: a type." Masamba Ma Mpolo describes symbols in the context of social institutions as signs of unity, meditation and mediation (1985:324). He goes on to say that traditional and prophetic therapies use vivid and visible symbols which unite the individuals to the renewing power of nature such as water, flowing river and domestic animals. In traditional therapies, as a means of dramatically and symbolically accepting the casting out of anxiety and ill-producing factors, the patient may be taken to the river, where water is seen as the symbol of purification and renewal (1985:324). By the above idea, Mpolo affirms that the use of symbols and rituals are inevitable in therapeutic intervention to an African. Ilogu says that visible symbols are very important in the life of the Igbo (1974:88). He goes further to say that the Roman Catholic Churches in Igboland capitalized on them to win converts when they first came in. Today, the Pentecostal

Churches and the prayer-healing Churches use them in appealing to the depth of Igbo sentiments. They use visible symbols of well-being as part of religious faith and practice (1974:88). Such visible symbols, which can be useful in pastoral care, can be a consecrated crucifix and handkerchiefs, holy oil, water and other visible items that are likely operating within their worldview.

Stuart Bate notes that the symbols operating in the healing process are culturally conditioned and the process is a universal one (1995:93). He goes on to say that "faith, the Word of God, the Holy Spirit and so on are some of the symbols operating within cultural view." The healing occurs in terms of this cultural view as it is accepted by the sick person (1995:148). The indigenous inclination to worship God is a symbol of its own. The worship should be creative enough in order to minister elements of healing to a sick person. The sick can be given assurances that they are not alone in the suffering. There is need for creativity in order to carry the message of healing to the sick. In caring for an Igbo, there are rituals and symbols that can contribute positively to the healing process.

A symbol cannot be so easily separated from what it symbolizes, and it cannot be so easily translated into some other conventional code (Bourdillon 1991:10). Meanings given to symbols depend on culture. People respond to symbols according to the meaning they give them. One symbol can mean one thing to a culture and another to another culture, or even be meaningless to another culture. Those who attach meaning to a symbol pay attention to that symbol when it comes across their life experience. For example, the owl is a symbol of witchcraft to the Igbo. It might also mean the same or something else in other African cultures, while possibly in western culture it might mean nothing more than an ordinary bird. The response of these people, when they come across an owl, will be different, and it will give different levels of concerns to them. Following this example, the Igbo will react differently from Europeans when they come across any owl.

Symbols cannot be detached from their cultural background. In the words of Bourdillon, "Although a number of symbols have similar meanings across cultures, ultimately they can only be properly understood in their various cultural contexts" (1991:10). A symbol is a particular but powerful kind of sign for a given cultural context. The strength of the symbol comes from vague and general associations connected with the name. Symbols do not necessarily represent images. All words are signs and symbols because they stand for something beyond themselves. This is clearly distinct from,

and independent of, the word. Symbols are central to humans' mental activity, and, therefore, to all ideology. "Symbols have a range of connotations or meanings which are not usually clearly defined; and in particular contexts, different, and often indefinite combinations of meanings can be recalled from the potential range of a particular symbol." They have a number of meanings (Bourdillon 1991:12). "Symbols often communicate information which is not easily communicated in any other way because they bring together a number of associations" (Bourdillon 1991:13). Communication and symbols refer to language and words. This is followed by gestures and patterns of behavior.

6.7 Expected Outcome of CPE in the Training of Pastoral Caregivers in Igbo Context

CPE is an educational process that is result oriented. As Thomas highlights, CPE has a transforming effect on the students. In his words, "CPE was often experienced as a 'rebirth' experience giving new life to the student who felt freed from intellectual doctrines and religious legalism" (2000:16). The idea of Thomas is similar to that of Okorocha who refers to the aspiration of the Igbo as achievement of *Ezi ndu* (viable life). *Ezi ndu* literally means good life. Okorocha gives the full meaning:

> The viable life: a life which goes far beyond merely being alive to include such desirabilities as health, prosperity, longevity, and offspring – the fertility of beast, land and mankind – as well as tranquility of order within society manifested in the reign of *ofo-na-ogu* in both public and private life (1987:204).

Viewed from this perspective, *ezi ndu* represents the entire quest in the life of an Igbo. This means that change or novelty must lead to *ibi ezi ndu* (living a viable life or living a good life). Summarizing the elements in CPE that bring about transformation and new life Thomas writes:

> This new discovery took place in the relationship with the supervisor(s) and fellow students as they reviewed case studies, study verbatim records and reviewed "critical incidents." They critique one another in sermon seminars, clinical seminars and group concerns seminars. They examined their reactions to each other in the small group seminars. The accepting attitude of the supervisor helped create the freedom to explore the religious beliefs, practices and experiences of both patients and themselves. Thus, these relationships were examined and related to the students' own experiences and beliefs. In this way CPE was still concerned with living human document (2000:16).

The above summary is a picture of what CPE applies in transforming a person into a new individual. Students transform from their old persons to new and viable people.

Suzanne Mayer, discussing the communion of saints as a paradigm for pastoral counseling, sees a

united effort as a group and application of unanimously agreed symbols with focus on God as a means of throwing light into the future. In her conclusion she argues:

> When I can bring some elements of this hope beyond death, whatever that death is, to those with whom I sit, I am in a communion of saints. When the power of God's love overwhelms any limits imposed by life circumstances, illness, or the behavior of others, my clients and I live in a communion of saints. When the sense of vocation is stronger than any challenge the world sets before us, the broken and those somewhat mended live and thrive in a communion of saints (In Orlo Strunk Jr. Spring-Summer 2004:30).

Mayer's argument points to the power in connectedness, presence and hope. This power emerges when people join their solitudes in the communal struggle. CPE ignites this process of putting one's struggle into a communal one. Once empowered, the person will then go on living in the present within whatever circumstances that exist in the society. The community based CPE can serve this purpose well in Igbo context.

In agreement with Okorocha, an Igbo aspires for *ibi ezi ndu*, which means living a viable life or living a good life. All the efforts of the Igbo are to live a viable life and be recognized as such by the community of both humans and spirits. CPE in the Igbo context needs to train the pastors in the ability to touch the inner persons and make them understand that there is someone who cares about their struggle for *ibi ezi ndu*. They need to be reassured that their identity as a people is not lost and that in times of sickness, poverty, oppressions, denials, and all other suffering they face, and even in times of joy, they are not alone. Through pastoral care, the Igbo need to understand that the pastor, the community, the ancestors or saints, and, above all, God are with them. All that gives the Igbo their true identity is found in *ibi ezi ndu*. In this situation even if the suffering leads to death, it is not a terminal end, but a glorious transition to a better resting place because the person has lived a viable or a good life. The goal of CPE will be to help an Igbo person achieve *Ezi Ndu*.

6.8 Conclusion

The researcher has looked into the concept of pastoral care and pastoral counseling and has related it to the pastoral care for the Igbo. In addition to the crises the Igbo experience as a people in their place of living, they also face the stresses that the modern life demands. Despite having a culture that served them in the past, they are also part of the larger global community and, as a result, face the same problems of modern times. This means that they need modern approaches to pastoral care, such as communicated in CPE, for the pastoral care of their people. John Rea Thomas, reflecting over different ideas theologians had about CPE, notes the perspective that sees CPE as "the movement in search for ways of effective ministry to individuals under the stresses of all that modern life demands" (2000:14). The researcher agrees with this perspective in view of the understanding that CPE is not pinned down to particular old ways of doing things but continues as a process that moves along with the changes in the society. CPE does not only deal with the "living human documents" but is also a living process. It grows, changes and adapts to new situations. It is not static and stagnant, locked up into a particular way of thinking or doing things. In this sense it can adapt in any cultural setting despite its American origin. Its principles can apply to the Igbo setting, adapting the same principles that are already available in the Igbo context.

In view of the above position, CPE in the Igbo context still has to contend with the following old questions:

1. What must I do to help?
2. What must I know to help?
3. What must I say to help?
4. What must I *be* to be of help to the patient? Because I bring myself to every human encounter, I must understand and accept myself. Until I do this, I cannot understand and accept my patient, or my wife and children, or my friends. If I am a helpful person, then what I do or know or say can be helpful if my patient or parishioner can respond (Kuether 1953 vol. 4, No. 36, pp 19-20)

In this chapter, the researcher has shown that listening is one of the central factors in both pastoral caring and pastoral counseling as taught and practiced in CPE. According Clinebell, "The art of reflective empathetic listening is essential in all caring and counseling" (1984:75). A pastor must not show that he or she listens but also that he or she hears. In the words of Cabot and Dicks, "Beside

aiding self-creation, good listening enlarges the pastor's understanding of the patient's life and so fits him better to forward it, especially if he meditates on the notes that he writes after every important conversation" (1955:191). The CPE program will train the Igbo pastoral visitors in the central place of listening and the art of good listening while giving care to their people. Supporting the advantage a pastor has over other helping professions in giving spiritual cares Cabot and Dicks note:

> He has been trained to see past irrelevant details to the invisible meanings of scripture, of history, of evil, and of material world. He ought to be better prepared than most to "greet the unseen with a cheer" when he faces some poor paralytic or cripple. He can welcome the sufferer's lonely soul because he has learned by practice to disregard the surface of his body (1955:195).

The point made by Cabot and Dicks shows that training in good listening skills is very important before good care can be given. Pastors should not only listen to the patients but also to themselves. They must listen to their doubts, listen to the methods they use, listen to their cues to be quiet, their cues for prayer and their cues to leave. Through good listening, the pastor can win the appreciation of patients by revealing interest in whatever claims the patient's attention (1955:197). Since CPE provides the opportunity for training in listening, the Igbo pastoral visitors will benefit from it.

Cabot and Dicks justify pastoral care training that takes place in a hospital setting because it offers the pastor the opportunity to learn the act of listening and empathetic caring quickly and thoroughly. According to them, in the hospital the pastor can build up his or her "power to ignore smells, sights, and sounds which obstruct his mission to human souls." The pastor "gets used to the smell of ether, of disinfectants, and of the unwashed." The hospital setting can also help the pastor learn how to be unmoved by the sight of blood, the sound of disturbing breathing, be at ease with a dwarf and all the abnormalities seen in the hospital without being obsessed (1955:195). Any person that can give meaningful pastoral care needs these qualities and training, no matter the setting in which the person operates. In the Igbo context there are other settings similar to that of the hospital that can also offer the same advantage as the hospital. These settings can be seen where the people live within their community. Such community settings can provide avenues for creative and empathetic listening. According to Hunter, "Clinical pastoral education usually provides pastors with the foundations necessary for creative listening" (1990:654). Since it is part of the skills offered by CPE, the caregivers in the Igbo context can benefit from it, whether conducted in the hospital or within the community centers.

A CPE program within the Igbo community can help the theological students and pastors apply the tools of modern operational social sciences to the approach that has existed in the Igbo culture. Pastors can work in collaboration with the elders and local practitioners to determine what will be acceptable for this modern generation. If these roots of the Igbo approach to pastoral counseling are not documented or taken into a structured and systematized form of practice, the time may come when the old generation will phase out and the posterity be cut off completely from their roots. According to the research so far, it is determined that CPE can be a tool to embrace what is traditional and practice it with modern skills and approaches.

CHAPTER SEVEN

How People Value the Pastoral Ministry Offered as a Result of CPE Experience
(Possibble Implication for Igbo Society)

7.1 Introduction

Through the discussions done in previous chapters, the researcher has established that a CPE program can be conducted in the Igbo society. However, the researcher has gone some steps further to interview other people to assess their perception of CPE programs, before drawing a final conclusion. In this chapter the researcher will discuss the outcome of pastoral ministry offered during the process of CPE and how different people, including patients, family members, medical practitioners, counselors and parishioners, view the ministry. Services offered by pastors who experienced CPE and those who did not will be compared to determine the difference CPE makes in pastoral ministry. This investigation will focus on two areas of research: publications of similar research in both medical and pastoral care journals; and interviews with various professionals in both clinical and pastoral settings in Pennsylvania. The objective of this chapter is to verify whether CPE actually affects pastoral ministry and whether it adds to the ministerial skills of pastors, in addition to their seminary training. If it does, what do people see as the strengths and weaknesses of the program and how can the awareness of the strengths and weakness of pastoral ministry and CPE in USA help to shape the program in Igbo society?

Since the Igbo and American contexts are different, what works in an American context may not work the same way in an Igbo context. Similarities and differences in determining whether CPE will fit into the Igbo context or not, and if so, what CPE model will benefit the Igbo most will be considered.

7.2 The Visit of Patients by Hospital Chaplains and Parish Pastors

There were researches conducted in the American context to determine the difference between the value of pastoral visits by parish clergy and those of hospital chaplains. In the research, out of the 245 patients who were visited by hospital chaplains, 138 were also visited by their various parish clergy. An interesting observation is that the patients were able to distinguish between the services of the hospital chaplains and those of their parish clergy. They provided two different types of pastoral services to the patients (Shrunk 1991:120; Levey 1991:459). In another study by Kurt Parkum, a

stratified sample of 432 patients from six hospitals was surveyed. Comparing the visits of hospital chaplains with those of parish clergy and other professionals, the conclusion was that "chaplains have more impact than any other support service" (Shrunk 1991:118). Hospital chaplains were seen as being more successful in meeting patient expectations (Levey 1991:461). While the parish clergy were able to meet the needs for the administration of the sacraments and prayers, the hospital chaplains met the need for support and counseling of the patients more effectively (Levey 1991:463). The research shows that most of the hospital chaplains had some training in CPE, which equipped them with the skills of self-giving, counseling and ability to journey along with patients in the painful moments. It then means that CPE can make a difference in a pastor's ministry. If that is the case, CPE can also make a difference in the ministry of the pastors in Igbo society if introduced.

7.2.1 The Value of Hospital Ministry According to Patients' Families

The families of sick persons seemed to place a higher value on the visit of chaplains than the patients themselves. Levey (ed) reported that the family and patients valued visits by hospital chaplains, at the family mean was higher than that of the patient regarding the chaplain's visit to patients during hospitalization. Family members and patients with "chronic illness who entered the hospital repeatedly and remained there longer or had died" responded more to chaplains (1991:458). According to Levey (ed.), "The patient's illness is an anxious time for families and the attention of the chaplains is helpful, presumably, allowing them then to aid and support the patient" (1991:458f). While patients are in the hospital, the family also feels sick and has to endure the patient's period of hospitalization (Wynn 1982:31). According to Dolores Curran:

> Family members needed one another as a protection from hostile forces outside the cave, the manor, or the igloo. They banded together to face the elements, to fight off intruders and illness, and to feed and protect their helpless, who could not protect themselves (1983:4).

The love and care some families have for their hospitalized member increases. These families may be willing to give more protection to the sick member, and the chaplain's presence is a supportive role for this protection. Levey (ed.) noted that family members highly valued the services given by chaplains during hospitalization. Hospitalization has an impact on family members and, as a result, hospitals take care of both patients and families. As Levey (ed.) argues, "Family members may possess more needs than hospital staffs have typically recognized" (1991:464).

Levey (ed.) also noted, "Chaplains traditionally pay considerable attention to the emotional and spiritual needs of family members." As a result, chaplains have a significantly positive impact on a patient's decision to choose a particular hospital. Chaplains are able to help families with their emotional and spiritual needs during hospitalization. According to Levey (ed.), "Effective pastoral care affects both the patients' present and future plans" because patients place a high value on pastoral services (1991:466). Levey (ed.) suggested that ministering to ill patients and anxious families requires a skilled clergy person who can respond to their spiritual concerns (1991:466). These skilled clergy need proper field training as well as coordinated and articulated didactics such as offered in CPE. As already discussed in chapter four, family ties are very strong among the Igbo. The ability to give meaningful help to an Igbo family when one of its members has a problem will be a highly valued ministry. Since CPE training can bring about self-transformation and skills in pastoral care, the Igbo will valued it most if the field training takes place close to where the Igbo families live.

Though many benefits are expected from pastoral visits to patients, pastoral care is still dependent on the needs of both the hospital and the patients. According to Peter Hartmann, patients' perceptions vary, depending on the role of spirituality in their lives and their experiences with the clergy who attend to them (Interview, July 15, 2004). As Hartmann continues, some patients will value pastoral care, while some may feel insulted being visited by a pastor. Most may be comforted and see it as better than having nothing. Considering Hartmann's point of view, pastoral ministry may not be a priority in people's search for well-being. People accept the ministry as an addition to their primary source of care, which they can also choose to do without.

Strunk (ed.) says that pastoral ministry in the hospital lacks the professional security that many other health care disciplines enjoy. As a result, job security for a chaplain is relatively vague when compared to their more technologically based colleagues (1991:117). Pastoral ministry in a hospital setting, no matter how attractive it may seem, remains valuable if the hospital administration accepts it and if patients and staff of the hospital are willing to hire the services of the pastor. If pastoral ministry in America can be subject to the above problems despite the advancement of America, it may be more complicated in Igbo context, where the funding and the facilities are not available. However, unavailability of resources for the pastoral ministry cannot replace the interests of the people. The CPE program in Igbo society must be organized within their available resources.

7.3 Interview with Different Professionals in a Clinical Setting

The researcher conducted a series of interviews in York County, Pennsylvania, with physicians, professional caregivers, guidance counselors, and theological students to assess their perception of the successes, failures, standards, expectations, and training needs for pastoral services and the CPE program. The selection was made through random sampling. Those contacted have vast experience in their profession and are aware of CPE programs and pastoral services in different clinical settings. One of the benefits of these interviews will be to enable their counterparts in Igbo society to hear York County professionals' views about CPE and pastoral ministry and as such be aware that they, too, can be of help in organizing the program. Some of the questions they answered were:

1. From your personal viewpoint, how would you describe the relationship between spirituality and health / emotional health?
2. In your experience, how would you assess the pastoral care given by the clergy in the context/healthcare facility with which you are familiar? What recommendations, if any, would you make to improve the quality of pastoral care?
3. What are your expectations of clergy in handling the counseling needs of their members/working in healthcare facilities?
4. To the degree possible, how do you think parishioners (patients) perceive the pastoral role of the clergy (in healthcare facilities)?
5. As pastoral care may often lead to pastoral counseling, what venue would you suggest to be the best for training pastors for counseling during CPE?
6. To enable pastors to achieve the best result in counseling, what approach would you consider best during a CPE program?

The above questions varied, depending on the location and area of operation of the person being interviewed. Some of the key responses are directly quoted while some of them are paraphrased. The responses under each name as shown below are the direct answers from each respondent. The answers from the respondents who want to remain anonymous are paraphrased.

Rhada J Hartmann (July 10, 2004)

1. From my personal viewpoint, there is a relationship between spirituality and emotional health. When there is existential despair there is emotional despair. Without meaning and hope there is hopelessness. Without a sense of spirituality of some kind there is loneliness. The bereaved that I have companioned in grief have taught me that when there is some kind of a belief or a sense of spirituality, they move through the journey of grief in a smoother way than those who had no belief or sense of spirituality.

2. In my experience I have found clergy to be below average in providing pastoral care giving. In order to improve the quality of their pastoral care giving I would recommend more of a balance

between grief theory and theology. There have been too many times that I have witnessed clergy marginalize a bereaved person's experience of grief or belittle the mourning behaviors exhibited by the bereaved. Another thing I would recommend is better communication skills, especially listening. Many clergy like to interrupt or tell the bereaved how they should feel instead of listening to what the bereaved are truly saying.

3. My expectations of clergy in handling counseling needs of members include the following: excellent communication skills, especially listening skills. I also expect to see unconditional positive regard for those who are being counseled. And confidentiality is a must.

4. I imagine that most parishioners want their clergy to minister to them in difficult times and look forward to that interaction with great hope.

5. The venue I would like to see are real-time patient interviews by a highly skilled pastoral counselor being witnessed by the students, followed by role-play of the students with each other. I would like to see supervisors visit the patients that have been visited by the students and review the medical record in which the student has documented the visit.

6. To enable pastors to achieve the best results in counseling I would recommend a very structured and supervised approach during CPE with regular feedback from a supervisor.

Suzanne B. Moyer (July 15, 2004)

1. I believe that spirituality is the prerequisite and guardian of emotional health. It is the inner light that leads to hope in the face of adversity, engagement in the face of rejection and growth in the face of death. It is the fuel from which warmth is received in the cold days of life's winters and by which the heat of life's passions is tempered.

2. I have had quite a number of experiences with clergy in relation to pastoral care needs in a variety of settings. In the context of my Church setting, I would have to say that the quality of pastoral care has been inconsistent and variable ranging all the way from "poor" to "excellent," depending both on the specific pastor and nature of the situation under consideration. In the context of healthcare and educational settings, my pastoral care experiences have been consistently in the range of "good" to "excellent."

I think the difference in these settings is that, in the instance of healthcare and education, the clergy, I am certain, were all exposed to specific clinical training. Except in one or maybe two instances, I don't believe that the parish clergy to which I have reference had any specific clinical training; their effectiveness was dependent, then, on the raw talent resident in them as individuals. I would recommend that **exposure** be a required component of seminary training for every pastoral candidate and clinical **training** and/or **supervised experience** be a requirement for any pastor who intends to engage in counseling as part of his pastoral care. A parish pastor who does not intend to engage in counseling as part of his responsibilities should insure access to such services elsewhere for parishioners.

3. I expect that clergy will either be qualified to handle counseling needs themselves or be prepared to get competent clinical pastoral services from another source to those within their care who need or desire counseling.

4. While I certainly can't speak for others, through involvement in my own denominational setting, it is my perception that parishioners generally see the pastor as being the source of virtually all knowledge and information regarding anything and everything spiritual or "churchly," and the ultimate authority on most day-to-day church affairs, unless the pastor intentionally (or unintentionally) does or says something to alter that perception.

5. I think a variety of settings are potentially workable, but probably I would consider the ideal situation to be a combination of an institutional setting (educational or treatment center such as a college or hospital) with which the pastor would likely work in caring for parishioners during his pastorate, along with supervised or "mentored" experiences in a parish setting.

6. I envision a supervised, highly experiential ("hand's on") approach in real counseling settings with a quality mentorship component augmented by guided instructional reading, meditation and discussion among a "community of learners," including mentors. I also believe that personal participation in counseling by learners should be part of the learning experience.

Peter M. Hartmann, M.D. (July 15, 2004)

1. I accept the World Health Organization definition of health, which notes that health is more than absence of disease. It suggests general well-being. It is my understanding and experience that physical, emotional and spiritual healths are all interrelated. When we are physically ill, especially if we experience noxious symptoms such as pain, we are likely to have an increased incidence of physical illnesses. In part this is due to impairments in the immune system; alterations in the hypothalamic-pituitary-adrenal axis; increased alcohol, drug and nicotine intake; injuries due to inattention; and diminished self-care, e.g., poor diet, decreased exercise, etc.

The role of spirituality and health is more elusive. We do know that people who are religious and have a belief in God tend to have an easier death. Research on the incidence of physical and mental illness is not conclusive as to the benefits, if any, of spirituality. The role of prayer has been tested in a few studies but in aggregate is uncertain in their results.

Spirituality is hard to define. For many it deals with our ultimate concerns. For others it relates to the meaning of existence and our lives in particular. For others it is a manifestation of our particular religious faith. Etymologically, it derives from the notion that our "spirit" is within our bodies and is released when we take our last breath (expire). In that regard it is similar to or identical with our soul, which is typically thought of as our "life force." There are many varying beliefs about soul. Is it immortal? Is it recycled? If so, does it inhabit only human bodies? Will it go to a heaven or a hell?

From a secular perspective it is hard to distinguish a person's spirituality from that person's mind. Even that begs the question of what it really is. We don't really know if the mind is something apart from the brain. Is the mind just the term used to describe certain electrophysicochemical processes in the brain? In that sense the mind is to the brain as running is to legs. Running is not the ultimate

concerns of the legs and how we understand them, have dramatic impacts on our sense of well-being.

A wonderful clinical example is found within the 10 steps of Alcoholics Anonymous. They believe in turning over their lives to a higher power, however the alcoholic understands that. AA has shown itself to be a powerful force in the management of alcoholism and drug abuse. I believe that its attention to spirituality enables the alcoholics to transcend their daily concerns and to find the motivation to get well. However, I must admit that there appears to be equal efficacy from the group process called Rational Recovery, which disavows any "higher power." Perhaps it is the group process, the strong support and the shared belief in the explanatory model provided that provides efficacy.

As Nietzsche said, "He who has a 'why' can endure any 'how'." I believe that an individual's awareness of what is important to him and acting in accordance with the implications of that which is important will lead to a type of well-being that transcends disease. We know that illness is the experience of an individual who has a disease. Even when a disease is minimally impacted, the illness can be dramatically changed by attention to one's spirituality.

2. I have limited direct experience with the work of the clergy in healthcare facilities. However, I do remember being visited by a Catholic monk when I was hospitalized as a 15-year-old teen. I recall that his visit was reassuring, and it disrupted a lonely day. However, I was not really ill; I was just admitted for testing. I did ask for a priest to come and baptize my older son when he was admitted to Walter Reid Army Hospital for uncontrolled bleeding after circumcision. I thought that he might die. It was comforting to me to have the priest come and baptize him. I imagine that the benefits of clergy attending hospitalized patients depends on how they approach the patient, what the patient's beliefs are, and what the patient's wishes are. This requires great sensitivity. If I had to rate it, I would say "good."

Since I don't really know what is done in our hospital, I have no suggestions for improvement. For a brief time I was involved in reviewing candidates' applications. If that experience was any guide, I believe we must be cautious in our selection process. I suspect that the quality of pastoral care is directly affected by the quality and mental stability of the residents.

3. My expectations vary depending on whether the healthcare facility is secular (like York Hospital) or religious. A secular hospital should have clergy of varying faiths available for the patients who wish to see a clergyman of their own faith tradition. For example, Catholic patients may want a Priest who can provide the sacraments, e.g., communion and the anointing of the sick. A Jew may want a Rabbi. For other patients, any non-judgmental clergyman will do. This requires the clergyman to be open to the spiritual traditions and needs of the individual. The clergyman must consider the patient's family and minister to them when appropriate. The clergy can also provide good feedback to the rest of the health care team. He may learn things that can benefit the patient or his family. Likewise, there will be times when the clergyman can translate some of the medical issues for the patient to enhance the patient's understanding. The clergyman should become an expert on grieving, death and dying and demoralization.

4. I think patients' perceptions vary depending on the role of spirituality in their lives and their experience of the clergy who attend to them. Some will value it highly, and others will be insulted that

anyone would think that a clergyman would possibly be of any use to them. Most would find it comforting and would welcome the company, if nothing else.

5. I lack a comparison base for deciding. However, on general educational grounds I think that careful selection of candidates is paramount. The education should be a combination of didactic and experiential learning. There is no substitute to being at the bedside. I think they need to train in an interdisciplinary manner. They need to learn what is known to be effective. They must also develop an ethical approach, avoid imposing their particular beliefs on a patient, assiduously avoid religious abuse (for example, telling a patient that their sickness is the result of their sins), learn basic medical terminology and enhance their active listening skills. At some point they need to determine their purpose in attending to the sick. Is that purpose appropriate? Are they able to achieve their purpose? Finally, they must adopt an attitude of humility and continuing, lifelong learning.

Scott Mann, M.D. (August 2, 2004)

1. From my viewpoint I see the relationship between spirituality and health to be most evident when a person is ill. Those who are "spiritually healthy" or have a full and deep spiritual life are better able to deal with the vagaries of physical illness without also succumbing to mental depression. Spirituality enables people to set their worries in the hands of God, thereby lessoning the stresses on their body, both physical and mental. While I assume that spirituality may help to heal an ailing body, it is more often something that I recommend to patients who have grave illness or need counseling for stress or depression.

2. The clergy in York Hospital have a history of excellence in caring for my patients and in being available at any hour for patients or family in times of an crisis or great need.

3. Clergy working in healthcare facilities need to be familiar with the basic tenets of various faiths to assist any patient in a time of crisis, given our multicultural society. They need to be able to support or guide a patient in his faith as he deals with his health crisis. They must be open minded and good communicators and listeners, and they must have adequate time to devote to their patients.

4. I believe patients perceive the role of clergy in a healthcare facility as being supportive of their spiritual and emotional needs during a time of high stress, facing a lot of unknowns.

5. The best training approach for pastors during CPE would be to combine hand-on care for patients in a hospital setting along with education regarding physical and psychological effects of stress and illness. In a multicultural society the training should also incorporate learning about the various predominant faiths and how they view spirituality and its relationship to health and illness.

John S. Monk, JR., M.D., F.A.C.S. (July 16, 2004)

1. Spirituality and health are woven closely together. When we are ill, we think of Christ the Healer, and we ask to be relieved of suffering. When we are deathly ill, we ask for eternal life after earthly death. Physical well-being and mental health are related. It is hard to conceive of good mental health if you are not right with God. Most patients seek pastoral help when they are seriously ill.

3. York Hospital has a pastoral health care residency, and the work of the clergy is "very good."

3. The most important thing is for pastors to "be there." People today are often secretive about their faith because it is not popular to be churched. If a person is in need, and a pastor happens to wander by, good things can happen.

4. Most patients welcome pastors seeing them. It is a simple thing, for a nurse or doctor who recognizes a patient in need to suggest that maybe a pastor could help.

5. There is an old saying in Medicine that the best way to learn to care for a patient is to "care for patients." After the usual didactic courses, such as caring for patients at the end of life, the pastoral student must spend time in the hospital, wandering the halls, going to traumas, and keeping an open ear to those in need. Truly the way to learn more about healthcare and being a great pastor is to "pastor to those in need."

Andre F. Lijoi, MD (August 16, 2004)

1. Spirituality and Health interrelate. When our spirits are concordant with our state in life we are more likely to remain healthy. Likewise, when our health is compromised we often find ourselves in a spiritual crisis. In caring for patients, I routinely assess how their experience of faith and spirituality impact their health condition and their ability to cope with it. I refer them to their usual sources of spiritual support.

2. The work of the clergy in our health care facility is generally excellent. Many of our patients rely on their parish clergy, some of whom are less well skilled at chaplaincy than our chaplain team. When they cannot meet the needs of their parishioners, they have our chaplain team assist them.

3. The clergy who work in health care setting should help patients cope with the spiritual challenges and crises that occur during times of illness.

4. I believe the patients rely on their clergy for guidance and support when they are hospitalized. They really count on their clergy.

5. As for training clergy, there is no better learning laboratory than the encounter with a patient that is supervised by experienced chaplains. In addition, the opportunity for reflection with peers, guided by a facilitating faculty member, can be invaluable. I am also impressed by the degree of self-reflection that the chaplain residents and interns undertake. These are very formative experiences.

Jeanette D. Leisk, MD (August 17, 2004)

Below is the response of Dr. Jeanette Leisk, a physician of Internal Medicine and Pediatrics. She felt called by God into pastoral ministry and responded to the call by enrolling in the Lutheran Theological Seminary, Gettysburg, Pennsylvania. At the time of this interview, she was a seminary student, and as part of her seminary requirements, was enrolled in a Summer Unit of CPE at York Hospital, York.

1. In my seminary, we were expected to do our CPE after the first year of studies. There were no particular required courses prior to beginning CPE, but we were expected to have completed a yearlong teaching parish assignment (8-10 hours/week in a church) and also have entrance approval from our synod's candidacy committee. After completion of CPE, we will have a ½ course "integrative seminar" where the focus will be on our CPE experience.

2. In my previous hospitals of employment, we did not have theological students on staff and I rarely had any contact with chaplains. My understanding is that the purpose of CPE is not primarily to teach pastoral care but to engage the students in understanding themselves as pastoral caregivers. In the coming years, I will have seminary coursework and an internship to develop skills in pastoral care.

3. I expect CPE students to be engaged in a learning environment with oversight from their supervisors. Like medical students and residents in the hospital, at a teaching hospital, I am used to having students as part of the staff.

4. I think the patients see the theological students as carrying the same role as full time chaplains.

5. It depends on the goal of CPE – if it is primarily for students to learn to do pastoral care, then more emphasis on verbatim/observed interviews would be helpful. If, however, CPE is more geared toward the student's person as a minister, then the mix of verbatim/IPG's/IS seems appropriate.

6. Unlike other areas of the hospital where there are students, the theological students have a great deal of independence. Their notes are not co-signed by supervisors and they are not required to present to their supervisors every patient they see. I don't see this as a weakness, however. I think that most theological students are self-directed adult learners who recognize areas of needed growth and are willing to ask for assistance in these areas. The other areas of the hospital have much greater supervision because of billing/liability reasons – but this often denies their students the opportunities to engage in self-directed learning.

7.3.1 Paraphrased Summary of the Remaining Interviews

Other people were interviewed on the same subject matters as above. Some were theological students, hospital chaplains, nurses and chaplaincy residents. To maintain anonymity in line with their requests, the researcher summarized the common understanding that ran through their responses.

1. Patients, family members, parishioners, hospital staff and other support services highly value contributions made through pastoral services. When serious illness or death approaches, patients and families frequently raise spiritual concerns. As a result, there is need for professional training for pastors as offered in CPE in order to be able to meet these deep needs.
2. It is not uncommon that families need pastoral care when their member is hospitalized. As a result, pastors would do well to meet these expectations by developing more pastoral care strategies oriented toward the family.

3. When families and individuals experience extended periods of crises such as long periods of hospitalization, severe illnesses, therapeutic failures, losses and other kinds of crisis moments, they have existential questions that demand the attention of a pastor.
4. People passing through a crisis period are more satisfied with the frequent visits of a pastor. A well-trained pastor has substantial opportunities to develop relationships with the persons in crisis in order to engage them at the deepest level of their struggles during such moments.
5. Families journey through many threatening, painful and challenging moments during crises and hospitalization. A single pastoral call, however deep and meaningful, may not communicate the sense of journeying with them. Regular visits, even if they are brief, may be more helpful.
6. The counseling and support provided by pastors to families in crises affects the attitude of the family and its members. Religious affiliation does not matter in this regard. The pastor needs to be attentive to the emotional and spiritual needs of the families. The care given to a family by a pastor determines the attitude of individual members of the family to the pastor and the organization for whom he or she works. The support of the pastor can help a family face their crises more positively. Anxieties may be reduced and more effective coping strategies may be developed.

7.3.2 Summary of the Discussions

The above discussions show that spirituality has connection with both emotional and physical health. According to Andre Lijoi, spirituality and health are related. We are more likely to remain healthy when our spirits are "concordant" with our state in life. We can also find ourselves in a spiritual crisis when our health is compromised. Proper attention to spirituality can go a long way in keeping people strong even when infected by sickness or painful experiences. Rhada Hartmann agrees that spirituality and emotional health are related. "Existential despair can lead to emotional despair" when life loses its meaning and finds a person in a state of hopelessness. A sense of spirituality at this point helps a person feel accompanied in this hopeless situation. It is easier for people who have a belief system to journey through a grief period than those who have none. Well-trained pastoral caregivers can be of great help in this situation. According to Suzanne Moyer, spirituality is the "prerequisite and guardian of emotional health." It leads to hope in the face of adversity, engagement in the face of rejection and growth in the face of death. John Monk sees spirituality and health as woven closely together. He further explains that ill-health can lead to suffering, and, when life is threatened, the person starts to be pre-occupied with the thoughts of eternal life after earthly death. Monk also argues that it is hard to conceive of good mental health when a person is not right with God.

Peter Hartmann argues that physical, emotional and spiritual healths are interrelated. Physical illness can bring about pain and negative emotional responses. "Emotional stress can also cause increased incidence of physical illnesses because the immune system is impaired and there can be alteration in

the hypothalamic-pituitary-adrenal axis." As he goes on to explain, "Even when a disease is minimally impacted, the illness can be dramatically changed by attention to one's spirituality." Supporting the same viewpoint, Scott Mann, reflecting upon the experience of his medical practice, says that those who are "spiritually healthy" or have a full and deep spiritual life are better able to deal with the vagaries of physical illness without also succumbing to mental depression. According to Mann, spirituality enables people to place their worries in the hands of God, thereby lessoning the stresses on their body, both physical and mental. The common understanding here is that when human life is threatened, whether by illness or any other life circumstances, it raises some spiritual problems that need attention in the form of counseling or any form of pastoral attention. Peter Hartmann, therefore, supports the World Health Organization's (WHO's) definition that sees health as being more than absence of disease. In agreement with WHO, Hartmann explains health to include general well-being. According to him, "physical, emotional and spiritual healths are interrelated. Physical illness like noxious symptoms such as pain can lead to negative emotional response and emotional stress can also lead to physical illness. As a result spiritual attention contributes to holistic health."

Hartmann continues to argue that there is need for a well-trained pastoral caregiver who can hear the stress or depression and give the required attention to that. The people mostly positioned to attend to these spiritual needs are the clergy. Parishioners have certain expectations from their clergy. When these are not met they lose confidence in their pastoral role. According to Scott Mann, people expect spiritual and emotional support from the pastor in times of high stress and when they face a lot of unknowns. Monk says that the most important expectation of the pastor is to "be there" and to "be available." People today are often secretive about their faith because it is becoming increasingly unpopular to be churched. The availability of a pastor can attract a person in need. Where the need is not met the disregard for the pastoral role will be higher. This is why a pastor must have every clinical training requirement in order to be able to meet parishioners' expectations. Monk continues to argue that other people in helping professions and even people in need are often on the borderline as to whether pastors can be of help or not. Pastors need to be well equipped through clinical training in order to be able to meet people on one-to-one level and thereby maintain the credibility of their helping status. People have many options now and have no time to spend where much help may not be given.

Suzanne Moyer notes that parishioners see pastors as being the source of virtually all knowledge and

information regarding anything and everything spiritual or "churchly." The pastor is understood as the ultimate authority on most day-to-day church affairs, unless the pastor intentionally (or unintentionally) does or says something to alter that perception. Rhada Hartmann also supports the above viewpoint by saying that most parishioners want their clergy to minister to them in difficult times, and they look forward to that interaction with great hope. In agreement, Lijoi notes that many patients rely on their parish clergy for guidance and support to face spiritual challenges and crises of life, some of whom are less skilled. Their failure to meet the needs of their parishioners adds to people's hesitancy in meeting with pastors. Lijoi commends the work of the pastoral care department of York Hospital and describes them as offering excellent pastoral ministry in the hospital by virtue of their training program. The high expectations of the pastor from the parishioners make it necessary for every pastor to receive both seminary and clinical training to enable them to measure up to their expectations.

In the view of Rhada Hartmann, the clergy are not yet doing enough in providing quality pastoral care. She grades them as below average in providing quality pastoral care and argues that there is need for balance between their theology and grief theory. In her observation, some clergy have often marginalized a bereaved person's experience of grief or belittle the mourning behaviors exhibited by the bereaved. In Rhada's assessment, the clergy need better communication skills that will make them good listeners who can hear the deep needs of people who are suffering. They also need to learn the act of unconditional positive regard for the people they help and be able to maintain a high level of confidentiality. Arguing along the same direction, Suzanne Moyer says that quality pastoral care is inconsistent in different church settings. It is a variable ranging from "poor" to "excellent," depending both on the specific pastor and the nature of situation under consideration.

Comparing the parish setting and other settings where pastoral care is provided, Suzanne Moyer argues that pastoral care in the healthcare and educational settings are in the range of "good" to "excellent." Being more specific on this, Monk says that the work of the clergy in the pastoral care residency of York Hospital is "very good." Mann, who was interviewed separately, also agrees with Monk that the clergy in York Hospital have a history of excellence in caring for patients. He gives them credit for being available at any hour for patients and families in times of crises and great needs. Dr. Mann pleaded that the pastoral care staff need not be overworked.

Suzanne Moyer looks into the reason for the differences in the pastoral care given in the parish setting and those of the institutions and hospitals. In her observation, the clergy in healthcare and educational settings may have been exposed to specific clinical trainings and some may have also met board certification requirements before getting involved in pastoral care. The advantage they have through their training is different from the situation in the parish where some clergy do not have any specific clinical training. Their effectiveness, therefore, depends on the raw talent resident in them as individuals. If they receive any clinical training, it can help to nurture and sharpen these raw talents.

It is understood from the above discussion that clinical training makes a difference in pastoral ministry. Theological theory needs to be transferred into a reflective action in people's real life experiences. According to Suzanne Moyer, the theological students must pass through a highly experiential ("hand's on") approach in real counseling/real life setting under supervision. Dr. Mann also supports the same approach, which he called "combined hand-on-care." To learn how to counsel, there must be personal participation in counseling. There must also be quality mentorship and guided instructional reading. Rhada Hartmann recommends that CPE students need to witness a **real-time patient interview** by a highly skilled pastoral counselor in order to learn how to do it themselves. In addition to what they see highly skilled pastoral counselors do, they have to be engaged in role-play among themselves. Supervisors also have to revisit patients already visited by students, review the medical records where they documented their visits and give feedback to them. There is need for a very structured approach during CPE with regular feedback from the supervisors. John Monk, comparing clinical training in pastoral care with training in medicine, says that the best way to learn to care for a person is to "care for persons." By pastoring people in need under supervision, actual learning takes place. Pastors receiving their clinical training in a hospital setting must spend time in the hospital, wondering the halls, going to the trauma bays, and keeping an open ear to those in need. They have to be actively involved in every aspect of the hospital life in order to be able to care for the hospital community. The same would be applicable in any other setting they would choose for their clinical training.

As in other professions, Dr. Monk suggests didactic courses in caring for persons at the end of life and different stages and experiences of life. Scott Mann suggests didactics on the physical and

psychological effects of stress and illness and the spirituality of different faiths and how they view and respond to human suffering. According to Moyer, topics can be discussed among a "community of learners and mentors," accompanied by periods of meditation.

To achieve the best training experience, Suzanne Moyer suggests variety of settings that are potentially workable. Good settings might include a combination of an institution (educational or treatment center such as a college or hospital) with which the pastor would likely work in caring for parishioners during his pastorate, along with a supervised or mentored experience in a parish setting. The viewpoint of Moyer brings in the idea of general clinical training for pastoral ministry and specialization for pastoral ministry in a particular area like parish, hospital, prison, college, nursing homes, hospices, old age homes and all areas that require the specific attention of the chaplain. The researcher views the above suggestion by Moyer as appropriate for Igbo society and will discuss this further in the next chapter.

Spirituality seems to be the central focus that draws the pastor to a person when sick or in crisis. At times it is difficult to determine the actual contribution of spiritual attention in the recovery process of a sick person. According to Peter Hartmann, how spirituality plays a role in health is difficult to find out. Hartmann pointed out that no research has yet shown the benefits of spirituality to physical health and that the role prayer plays in the sick bedside is still uncertain. The above conception might be different in Igbo society where the people are still very religious (See chapters four and five). Since spirituality is the central focus that draws a sick person to a pastor, the Igbo will value the visits of pastors highly. There is, therefore, great need for using the skills of CPE in preparing the Igbo pastoral caregivers for the ministry to their people within their society.

Peter Hartmann also pointed out that people understand spirituality differently. Some see it as manifestation of particular religious faith, others as dealing with one's ultimate concerns, relating to the meaning of existence and meaning of life in particular and dealing with questions regarding the immortality of soul: recycled or going to heaven or hell. From the secular perspective, Hartmann argues that it is hard to distinguish a person's spirituality from that person's mind. If spirituality is the working of the brain or seeking for an answer to fears and anxieties, then it becomes a particular aspect of mental function. If spirituality is seen from this perspective, it then means it needs the attention of a skilled person who is capable enough to journey with the person in need. Hartmann concludes that

attention to spirituality can enable a person in crisis to transcend his daily concerns and to find the motivation to get well. The above argument by Hartmann makes it necessary for CPE programs for the Igbo society to be conducted within their communities. By so doing, the CPE students will be able to understand the people's spirituality and how their spirituality helps them cope with crises. Understanding the people's spirituality will be a starting point for giving meaningful help to them.

Despite all the merits attributed to CPE as a means of training value-oriented pastors for effective pastoral care, there are some areas that need to be reviewed. From the researcher's point of view, based on his experience as a CPE student and from some of those who have experienced CPE whom he interviewed, CPE still has room for improvement. There is need for a real training on "how to go out and do it," which the present system lacks. The present CPE approach is telling students to "go out and do it," whether they know what to do or not. Those who have not had ministerial experience before will then start their ministry with mistakes and continue in the same mistakes because they did not receive a formal training on "how to do it." There are people who do not know how to listen and what it means to listen. In CPE, they visit the patients with the attitude of "I have to do it." Since CPE is a self-directed education, they do it themselves without anybody showing them "how." They, therefore, continue with their old mistakes without seeing any model on "how best to do it." The above discussion provides a guide for the researcher in designing a CPE model that he thinks can best fit into the Igbo context. The model is discussed in the next chapter.

The CPE program has good intention. The environment is good but students do not come out with what they want at the end. It would be good for students to have an example they can follow. For example, in the field training of other professionals like medical students, nurses, or surveyors, students first watch their supervisors do it and then follow their examples. They may later disagree with their supervisors, but, at least, they have seen an example of what they are expected to do. If a student sees his or her supervisor in action, the student can see the benefits of that action. CPE students do not see their supervisors in action. It might be important to read a lot of theories and follow them up with field experience, starting with the supervisor's demonstration. Role-play, as done in some CPE centers, is not an effective method of training for the ministry because it is unreal. It is a made-up story known to the actors and does not produce a real change. The players try to act what they plan in their heads and, as such, do not reach a deep level. Further discussion is found in the next

chapter on how to manage this weakness of CPE when introduced in Igbo context.

One unit of CPE (comprising of three months CPE) is not enough to achieve the required transformation for effective ministry. A pastor that wants to be a true caregiver needs to get deeply involved in a real clinical experience during the training period, and this cannot be achieved within just one unit of three months. The CPE model of training in ministry is quite good but can only be appreciated toward the end of a yearlong residency. It is, therefore, important that CPE programs are not just given for brief periods and then students go out and claim to know it all. They must spend enough time, up to one year, in a real life situation during their training period so that they can claim mastery of the profession.

7.4 The Researcher's Recommendations Resulting from the Above Findings

The following recommendations emerge from the above discussions:

1. Clinical exposure must be a required component of seminary training for every pastoral candidate.
2. Clinical training and / or supervised experience must be a requirement for any pastor who intends to engage in counseling as part of his or her pastoral care.
3. A parish pastor who intends to engage in counseling as part of his or her pastoral care responsibility and has no clinical training and has no plans to receive any training should insure access to such services elsewhere for his or her parishioners.
4. CPE is a good clinical exposure to prepare pastoral care givers for effective pastoral ministry.
5. While in seminary, there is need to give a course that will prepare the students for CPE experience so that they are aware of what it is all about before proceeding to the actual field experience.
6. Students need to understand clearly their expectations during CPE: personal transformation; learning how to care for others; or for both personal transformation and learning how to care for others.
7. The pastors do not have to depend on the raw, unprocessed and unsupervised talents they have while handling serious emotional needs. A little mistake can cause unexpected damage in a person's emotional and spiritual life. They must be qualified to handle serious emotional problems. As a result, it will be necessary for every clergyperson to have clinical training or be prepared to get competent clinical pastoral services from another source for those within their care or need or desire such help.

8. Clergy working in healthcare and other helping facilities need to be familiar with the basic tenets of various faiths like Islam, Judaism, and Igbo Traditional Religion in order to be able to assist any patient in crisis in a multicultural and multi-faith setting.
9. The pastor must remain a non-judgmental presence and be open to the spiritual tradition and needs of individuals from other faith traditions.
10. There is need for a wide range of brief rituals and prayers available to meet the needs of individuals in crisis according to their beliefs.
11. Pastors have to understand how other people's faiths and cultures help them face their crises and should be able to assist them to use their own resources to help themselves in times of need.
12. Such qualities like open-mindedness and good communication skills as taught in CPE are very important for pastors and can make a difference in a person's life during a crisis' moment.
13. Pastors need to have adequate time to devote to people approaching them with problems. The people want to be listened to and also be heard. As a result, pastoral care must be a fulltime ministry after adequate training.
14. The training of pastors must emphasize excellent communication skills, particularly the skill of listening more than speaking. They do not have to interrupt or tell a person in crisis the way they should feel. Pastors have to learn how to listen to the inner troubles of the person in need.
15. There is need for an unconditional positive regard for those who are being counseled.
16. The pastors must learn the importance of confidentiality and while preaching a sermon, must not refer to a problem that somebody communicated in confidence.
17. Supervised small process group (SPG) can be an effective means of clinical training for pastoral care givers. It can also add to the efficacy of the recovery of the sick.
18. While attending to a person in need, his or her beliefs and wishes must be put into consideration and must be respected.
19. The family of a person in crisis must be attended to since the family is also in crisis.
20. It is necessary to provide good feedback to the rest of the caring team involved in the collaborative ministry.
21. Didactics during CPE must include those topics that will benefit both patient and family.
22. In a hospital setting, the pastor can often translate some of the medical issues for the patients and family in order to enhance their understanding. This makes it necessary for a pastor who will

work in a hospital setting to learn medical issues and basic medical terminologies typical of that hospital.

23. Pastors need to be experts in handling loss, grieving, demoralization, death and dying since they are common among people in crisis.
24. There is need for careful selection of candidates applying for pastoral care training to make sure that those who are really called for the ministry are accepted.
25. While training pastors in a hospital setting, there is no substitution to being at the bedside. This enhances didactic and experiential learning.
26. Training in an interdisciplinary environment makes it possible for the trainees to be familiar with the skills of other professionals.
27. Pastors-in-training must develop an ethical approach of avoiding imposing their particular beliefs on the people they help. They must also avoid a religious abuse of connecting people's crisis with sin.
28. While visiting a person, the pastor must determine his purpose of the visit, whether the purpose is appropriate and whether it is achieved at the end of the visit.

In line with the above recommendations, the researcher sees it necessary that pastors giving care in Igbo society receive CPE training. Despite some of the shortcomings associated with the current CPE training process, it can still be an effective means of training pastors for the Igbo society. The shortcomings can be reconsidered and the program modified a little in order to fit into the Igbo cultural context. Though cultural settings differ, whoever is in crisis needs attention, and skillful attention will be very helpful. The CPE program for Igbo society will be one that emphasizes both personal transformation and training in the skills of pastoral care. Since this is seen as a new program in the Igbo context, most of the above recommendations would apply in designing the model of the program. Instead of the usual "action-reflection-action" model of the program, the researcher proposes a model that would be "theory-observation-action-reflection." This particular model will be discussed in more detail in the next chapter.

7.5 Possible Problems that face CPE Programs

The success and continuity of the program depends on the varying policies of different bodies

connected with CPE. This means that where the policies of an institution do not favor CPE, the program will be a failure. Asquith notes how varying policies of seminary representatives in the Eastern region ACPE of the USA regarding CPE affected the progress of the program. As a result, CPE lost ground both at Yale Divinity School and at Princeton Theological Seminary in 1992. This can either happen through a shift in the attitude of the administration or a shift in the CPE liaison person "who might regard the significance of CPE differently from a predecessor" (2000:22). Asquith has also noted that different supervisors in different centers can determine the failure, success, continuity or closure of a CPE program (2000:7f). The fate of the program depends on who is interested and who is not. It also does not promise immediate jobs for its participants. Since CPE started, there have been a series of splits with little bodies and groups springing up here and there for one kind of accreditation or another (Asquith 2000:29; Orlo Strunk ed. Spring 2003:3ff). Citing an example of the above problem, Asquith describes the College of Pastoral Supervision and Psychotherapy as "a sharp criticism of the established pastoral care and counseling organizations, including the ACPE." He goes on to write:

> While "The Underground Report" has now become the "Pastoral Report" and the message is less sharply antagonistic to ACPE, CPSP remains as a challenge, a competitor, a thorn in the flesh, and, at times, a creative stimulus to the work of ACPE (2000:29).

There were open demonstrations of anger, distrust and alienation, open attacks, and misrepresentations. To cover up this unfortunate situation, the ACPE decided to view these acts as visionary ones "that suggest some creative opportunities for growth and changes" (Asquith 2000:29).

Even within settings where the program is organized, there is still a struggle to make the significance of the program clear to other professionals. Success depends on the capability of the Director of the program and the supervisors, further, putting more power in the hands of the supervisors. In this regard, Robert Powell still questions the fate of CPE and the direction it is going. He was concerned whether CPE will be associated more with allied health groups or with theological education. The problem he foresees is the ability of CPE to reconsider and reconcile the clinical and the educational aspects of CPE's pastoral focus (1975:23). CPE fights a battle for its continued existence. Reduction in funding wherever CPE is established affects the program first. Asquith, therefore, notes that since 1975, Pennsylvania discontinued CPE programs in its state hospital system, and many general hospital CPE programs suffered cutbacks in staff as a result of "the volatile environment of the healthcare

funding" (2000:30). Joan Hemenway foresees all of these problems when she says: "...it is important to recognize and accept the fact that the specialized craft called CPE rides within the rich and sometimes rapid confluence of many difficult streams of influence . . ." (1996: XIII). CPE is still passing through a period of struggle despite its long history in American context. It is important to be aware of these problems before planning for a CPE program in Igbo society so that measures can be taken early enough to ensure its productivity and continuity.

Another problem facing CPE is sexual orientation. Even when that is resolved in religious bodies, it will also continue to cause problems in different CPE centers, as people of diverse interest are often involved (Asquith 2000:31f). In Igbo society, the family system is regarded highly, and the only recognized family is that of male and female who are legally married. Religious organizations in Igbo society still have a zero tolerance for any marriage outside male and female. Sexual orientation may not be a problem for the Igbo since none of the religious organizations will allow any other type of marital or family relationship. What may be considered a problem for the Igbo is gender issues. The Igbo may hardly accept a female pastor. The gender problem is one of the concerns that will be given attention in a family/community-based CPE program.

7.5.1 Attitude of Faith Groups to CPE

It is the view of Rev. Paul Derrickson that CPE has not been completely accepted by faith groups and different Christian denominations. Since its inception, different denominations have responded to CPE differently for some reasons:

1. The supervisors have to be paid, and there is need for enough funds to do that.
2. Educational issues and ecclesiastical politics also affect the attitude of the denominations to the CPE program.
3. There is the problem of power and training. Here denominations may not want pastors who are empowered to make their own decisions. They want those who will remain loyal and dependent on whatever the authorities say.
4. Some denominations may be unwilling to cooperate in paying different people to be supervisors of their pastors. This may bring about divided loyalty.
5. While CPE requires students to choose their own learning goals, some denominations may not want it so and, as such, will be unwilling to send their students for the training.

6. Some denominations had bad experiences with CPE programs and are unhappy with it. For example, in the 1960s, the Roman Catholic students got in touch with their sexuality as a result of CPE training and decided to drop out of seminary (Winjum March 19, 2004).
7. Students come to the program for many reasons, and some of the reasons may not be in the best interest of their Churches (Paul Derrickson, March 24, 2004).

Generally, different Christian denominations and faith groups have been relating to CPE in different ways. At first, the Lutheran Church required it for all of its pastors; this can depend on the Synod. For the Presbyterian Church, each Presbytery decides who needs the training and who does not. There is no uniform attitude to CPE by different denominations. It would have been good if different denominations could have organized their pastors and invited supervisors to apply CPE skills in training them, but so far none has shown interest in doing that. This is why CPE flourishes more in secular institutions than with faith groups (Paul Derrickson, March 24, 2004). The above problem may be worse in Igbo society because many religious bodies do not agree, and a great majority claim superiority over others. To make it work, it might be necessary for CPE program to become an independent organization where different denominations, who desire it, can send their candidates for training, or it can be completely organized and sponsored for particular denominations for their own pastors.

7.5.2 Financing a CPE Program

In an interview the researcher conducted with the Rev. Jim Winjum on March 19, 2004, he highlights a number of difficult conditions affecting the financing of a CPE program. It is true that CPE students generally pay tuition for their training. However, tuition from students does not meet the cost of staffing the CPE center with management and resources for the program, accreditation costs, and supervisors' salaries. In some centers there are CPE Residents who are also paid for services while in the training program. Also, without financing, it will be difficult to train future supervisors who are also paid during the period of their training. These concerns make financial issues crucial in CPE programs and make it dependent on already existing institutions that have the financial resources.

As Winjum goes on to review the situation so far, CPE has not had a consistent source of finances since it started in the early 1920s. At this early stage, CPE-like programs began developing out of the interest of individual chaplains - beginning with people such as Anton Boison. Chaplaincy services

were being supported in a variety of ways. Some were supported by committed Church members including medical doctors and other professionals who were interested in bringing spirituality to the healing process of sick persons. Winjum goes on to argue that after World War II, especially in the 1950s, there was a rise in church and community involvement. Interest in church attendance was high. Community owned facilities such as schools, hospitals, and local governments often reflected religious affairs. For instance, there were statues of Ten Commandments and other religious symbols in public facilities. Places like prisons, psychiatric hospitals and other public facilities attracted religious interest. Governments at local, state and federal levels also found interest in spiritual affairs. As a result, there was a natural support for chaplains who were involved with the spiritual needs of the society. Training these chaplains necessitated programs like CPE and the further training of CPE Supervisors. Faith groups such as Lutherans, Roman Catholics, and Jews who sponsored chaplains and CPE programs owned many hospitals. The larger community hospitals were prospering financially and were able to sponsor chaplaincy services and training programs. There were, therefore, more financial resources available for CPE programs that were present in psychiatric hospitals, prisons, and medical centers. Unfortunately this support was not developed in endowments and foundations that may have secured the financial stability of chaplains and CPE. However, there were some exceptions. One example would be the Cabot Foundation that started sponsoring CPE programs in the early 1920s.

According to Winjum, the above situation has changed dramatically in recent years for a number of reasons. There have been changes in people's attitudes to life and religion. The society is more pluralistic and secular than before. Religion is increasingly questioned and excluded from public affairs. There is more emphasis on an inclusive society embracing Moslems, Jews, Hindus, Christians and all other belief systems. This situation has reduced the direct involvement of churches in CPE programs. Since CPE is now a multi-faith program, no one religion or denomination has the same investment as in the earlier years such as the 1950's and 60's when Southern Baptists and Lutherans were two of the founding groups of ACPE. The problem of financing depends on the institutions like hospitals, foundations, and endowments that have the resources and are willing to sponsor the program.

Institutions have been finding support from Federal Medicare funds in sponsoring CPE programs because of the accreditation of the ACPE by the US Department of Education. Under this, CPE is recognized as an educational program and one of the allied health professions in medical institutions. The USA government, as a result, reimburses the institution for costs spent in CPE training at all levels. The levels include individual summer and extended units as well as first and second year residencies and supervisory CPE. Now (as of October 2003 rulings) there are cuts in the support of Medicare education-related expenditures, and programs like CPE conducted within the hospital setting are affected. Only CPE directly related to certification as a chaplain will be reimbursed. The USA government position and policy on the financing of educational programs can shrink the CPE programs in many centers, while others may be forced to close down. Hence, CPE programs face a continuing challenge to develop a stable place in health care that will insure their financial viability (Interview with Jim Winjum, Friday, March 19, 2004). It is good to know the financial implications of organizing a CPE program ahead of time before introducing the program into the Igbo society. It must be noted that there is need for a solid financial support in order to ensure the stability and continuity of the program. The researcher suggests that, just as Igbo churches map out plans for seminary training for their pastors, they must also attach equal importance to planning an accompanying clinical training as offered in CPE, since pastoral ministry is a major aspect of the ministry offered by the church.

7.6 The Future and Job Opportunity for CPE

According to Paul Derrickson, Churches are aware of the skills and training offered through CPE. They realize that these skills can still be helpful for their pastors, deacons and lay people. Churches also need non-medical support for their members in homes and will need people who are trained to offer that support. Because of improved healthcare, people may be living longer years now to the point that the retirement homes and nursing homes that exist now may not be able to accommodate the number of people demanding them. This may lead to increased home-based care in the near future. With all of these possibilities, CPE will continue to be in high demand because of the training required for the chaplains that will work in these places. Though CPE is concerned with pastoral care, many centers are located in secular institutions like hospitals. If these institutions continue to exist, CPE may also exist with them, if the services of chaplains continue to be in high demand (March 24, 2004).

Derrickson sounds very optimistic about a bright future for CPE, but this is dependent on the job opportunity of its graduates. At present many of them are still unemployed, and some who want to be supervisors don't have the opportunity because of the budget of the hosting institutions. Continued inclusivity and the multi-faith nature of society may further make the program look parochial and sectarian. People may prefer a more scientific-based approach to their problems rather than religious ones. Even though things are not yet bad, the CPE program must be ready for any future change in the society. For the Igbo society, it may even be worse because the CPE program and its values are not yet known. Its success will depend on how far the churches understanding of it and the willingness of the churches to apply it as a means of training their pastoral caregivers.

7.6.1 Job Opportunities for CPE Graduates

At present, being a chaplain for the dying requires skills and specialties which can be attained through CPE. According to Derrickson, Chaplains who passed through the experience of CPE are in high demand now. The job market for chaplains is also very good now (March 24, 2004). Some physicians and psychiatrists also support the idea of Derrickson that there will be job opportunities for chaplains in the future. Pat Fosarelli, an assistant professor of pediatrics and a physician in the Johns Hopkins University School of Medicine, Baltimore, Maryland, notes the indispensability of chaplains in healthcare facilities. Reflecting over the enormous role of religion and spirituality in coping, especially during old age and in times of crises, she recommends more involvement of chaplains as spiritual guides and guards in every stage of human development. When trained spiritual caregivers properly guide people, they will be able to apply their spiritual resources in times of crises (April 26, 2004). The implication is that CPE will continue to be in demand for the training of pastoral caregivers and these will be more in demand in healthcare institutions.

Harold G. Koenig, an Associate Professor of Psychiatry and Medicine in the Duke University School of Medicine, Durham, North Carolina, also calls for increased cooperation between hospitals and churches in the care of the elderly. Koenig predicts a situation in the USA whereby the existing retirement homes, nursing homes and centers for assisted living in the USA will not be enough for those demanding them. As a result of improved healthcare, people will be living longer lives and there will be a large number of elderly adults in need of care. From the research he conducted, about 88% of the older adults are religious and spiritual and apply this as their means of coping. According to him,

these groups of people are always in quest for the sacred and seek relationships with the transcendent. Pastoral attention is valuable for them at this time because it helps them cope with changes associated with aging. Professor Koenig, therefore, calls on hospitals and churches to join hands in training chaplains in order to be able to meet the present and future increase in demand of pastoral caregivers (April 26, 2004). In Igbo context, though homes are not set aside for the aged, pastoral care given by trained professionals may be indispensable and can be valued in the Igbo present troublesome environment. The service of CPE graduates will also be in demand if their pastoral ministry makes a difference in people's lives.

7.7 How the Above Findings and Recommendations can Apply and not Apply in Igbo Society

The analysis so far reveals what happens in the American context where CPE originated. The discussion has been based on pastoral ministry within hospital settings where most of the CPE programs take place. The context is different from that of the Igbo in a number of ways. The Igbo do not yet have such facilities as advanced as those of America that can present a fertile soil in which the program can grow and yield measurable result. Despite long years of collaboration between medical practice and pastoral ministry in the USA, there is still prejudice between medical scientific approaches and spirituality as an approach based on faith. According to Rev. George Minick, the USA is not a culture that lives on faith or spirituality. It is a culture where people want experts and specialists to do things in clear and measurable terms. They want to see what you have brought to the table. While science teaches people to work out the solution, faith encourages people to wait until God answers. Bringing religion or faith into a scientific table looks contradictory. Rev. Minick goes on to argue that in a community of doctors and nurses who are searching for answers to problems, bringing religion or faith to the table makes the person look different and odd. Pastors are allowed to work in these facilities and are paid out of the finances generated by other professionals within the facilities. In other words, the same facilities where they work can decide to do without them and still continue to flourish. According to Minick, there is now a massive decline in church attendance in the USA. This means that less emphasis is put on anything religious or faith-centered (August 20, 2004).

Following Rev. Minick's argument, religion is almost becoming excluded in American life and denominational loyalties are quickly dropping, due to the emphasis on science and technology. In Igbo context, it might not be the same. The rate of poverty and suffering is still high. There are a lot of

rural communities who still depend on their ancestors for solutions to their problems. Religion still plays an important role in their lives. As a result, people still seek spiritual assistance when they have problems. If America is becoming very highly secularized and there are still people who resort to spiritual solutions for their problems and also benefit from it, then the same spiritual solutions as listed above may also be beneficial to the Igbo.

The type of democracy in America gives a lot of power for individual rights and freedom. Family relationships and bonding are no longer emphasized. Curran, writing on the traits of a healthy family in America, notes that interest in the family, both at local and national levels, was almost extinct (1983:2). His research was published in 1983. Since the time of this research, interest in family life has further degenerated. Many family members live far apart. People are more committed to their vocations and satisfying the demands of their employment. Everyone is busy and has less time for family or communal life (Personal experience, 2003-2004). Some people are compelled to seek pastoral assistance in times of loneliness and fear as a last resort, not that they believe in it as such.

The above scenario may be different from that of the Igbo where family and community relationships are still strong (See chapter four). The family and community members may play the major part of the role that pastors play in American context. Igbo society, being a family/community-centered context, will benefit from a CPE program if the family and community are put in the center of the education. A community/family centered CPE program will be an advantage in setting up such strategies.

The researcher believes that, if introduced in Igbo society, CPE will be helpful in training pastors because people still rely on them for help. The Igbo family, just like other families discussed earlier, face extended periods of crises such as long periods of hospitalization, severe illness, therapeutic failures, losses and other kinds of crisis moments, and also have existential questions that demand the attention of a skilled pastoral caregiver (see chapters four and five). The people will need pastors who are skilled listeners and who can help them to help themselves at such moments.

In view of how community and family oriented the Igbo are, the counseling and support provided by pastors to their families will affect the attitude of the family and its members. They may have an increased ability to face life more positively and in a more relaxed mood than they did before. Though

the Igbo have many religious affiliations; they believe in services that work for them. The ability of the pastor to be attentive to the emotional and spiritual needs of the Igbo families can have a lot of meaning for them and can raise the level of their interest in whatever faith group the pastor serves.

According to Jan de Jong, "One of the goals of CPE is to help the student care for himself or herself, so that the very self becomes available in pastoral relationships" (in Myler ed. 1978 vol. 1:11). If the CPE training can make the Igbo pastors become available in pastoral relationships, they will be able to reach the deep needs of families and individuals who need the support of the pastor just like in other societies. The Igbo are also part of the world that is experiencing advancement and, therefore, need the advanced methods of care, too. Their traditional caregivers helped people face their crises in the past and their method of care worked for the people of that time. The present society also needs new methods that will match the needs of the present time. Good pastoral presence and involvement in people's lives can reduce anxieties as well as develop more effective coping strategies for the people.

There are areas that the Igbo may still find difficult to adapt to. CPE succeeds in America because of the availability of funds through healthcare organizations supported by the government. Since that is still unknown in Igbo society, such privileges may be hard to come by. Healthcare agencies in Igbo society may be unwilling to put their finances into training pastors instead of the medical professionals. The churches may not have enough funds to train CPE students up to specialization and supervisory levels. The quality of training may not, therefore, reach the expected standard to meet the needs of patients, parishioners and families.

Denominational loyalty is still strong in Igbo society. Some denominations may not accept training their pastors alongside others or by supervisors from other faith groups or denominations, as is the case in the American context. Since it is very expensive to train a CPE supervisor, only those who have the financial ability will be able to offer the training to their pastors. The result may be a lack of openness to other denominations and faiths.

Unlike the American context, the job market for CPE graduates may be minimal. The Igbo have not yet developed nursing homes, retirement villages and old age homes where some of the chaplaincy services are offered. The hospitals also may lack the funding to hire chaplains because many people

do not visit hospitals when they are sick, due to poverty. The hospitals offer services that require minimum funding. Health insurance and various means of supporting healthcare are not yet available in Igbo society. Hospitals may prefer medically-based professionals in order to minimize the amount of money spent in providing medical services to the people. People who spent many years specializing in the skills provided by CPE may have wasted their time receiving training for an employment that does not exist.

Despite the above limitations, the skills provided by CPE will still be needed by the Igbo. They still face existential questions followed by crises and threats to lives and need skilled pastoral caregivers who can address them. Families will still need to develop intimate relationships among their members in times of crises and will need a professional that can engage them in the deepest points of their struggles. They still require pastors who can make frequent visits to them and communicate a deep and meaningful sense of journeying with them during threatening, painful and challenging times.

It is important that the Igbo pastors are equipped with the skills of caring provided by CPE in order to keep up with their visits, since a little mistake can cause a destruction of life or relationship that may be hard to mend. The findings in this chapter show that attention to spirituality is very important and helpful during a crisis. The Igbo will need such attention by skilled pastoral caregivers. It has also been shown that clinical training makes a difference in pastoral ministry. CPE in the Igbo society, therefore, requires a strategy that can offer the educational process to the pastors without facing the problems outlined above. The researcher believes that a family/community-based model of CPE can be a better alternative and will also be cost effective for the Igbo society.

7.8 Conclusion

In this chapter the researcher has shown that a pastoral ministry offered through a CPE program could be highly valued by those who receive it. The value people attribute to the pastoral ministry in healthcare facilities contributes to the increasing demand for pastoral ministry in the American context. Though there are patients that do not have spiritual concerns, generally, those who request spiritual attention are satisfied with the services they receive. CPE students provide patients with pastoral care and professional leadership that enables them to use their own spiritual resources to foster healing. As a result, patients who value pastoral services in the American context continue to request them. If pastoral services are in high demand in the American context, which is a technologically advanced society, the Igbo society, which is still religiously-based, will also value skilled pastoral ministry.

The difference between the pastoral care given by the parish clergy and that of the CPE students was described in this chapter. Many patients who have experienced both services claim that they benefited more from the hospital chaplains who are mainly CPE students or those that have experienced CPE program. The chaplains were more successful in meeting patients' and families' expectations than the parish clergy. CPE, therefore, increases the quality of pastoral care. The parish clergy could meet the expectations for sacraments and prayers, but the chaplains could meet the need of support and counseling, in addition to sacrament and prayers.

CPE has the advantage of offering clinical exposure to the students. It allows the pastors field-experience and on-the-job training where both theory and practice are carried out at the bedside. The bedside ministry is followed by constant reflection over ministerial outcomes under supervision with peers and trained supervisors. The encounter, therefore, leads to the ministerial growth of the students.

Despite the decline in the attention given to religion and family relationships in America, the findings show that family members value pastoral services when they have a family member in the hospital. They feel anxious and fearful when their family member is admitted into the hospital, whether chronically ill or dying. The Igbo are still highly religious and value family relationships greatly. They will, therefore, require as much attention, or even more, in the face of a crisis. Their emotional

and spiritual concerns, as a family, should be addressed.

The discussion has also shown the advantages of clinical training and recommends that it must be a required component of seminary training for every pastoral candidate. Some of the reasons advanced for this recommendation are:

1. At times there are difficult ethical questions like decisions on termination of pregnancy, divorce and organ donation. The special attention of a well-trained pastor may be needed here. In Igbo society where such practices are still unethical, a non-judgmental pastor would be able to hear the deep concerns involved.
2. Pastors need the skills of listening as communicated in CPE in order to be helpful to families and individuals in negotiating very serious crises and transitions in their lives. The quality of frequent visits and the relationships that exist during such visits matter a lot in meeting the expectations of those visited.
3. According to Shrunk (ed), a pattern of pastoral care service which balances a concern for significant encounters with a concern for faithfulness and frequency in those pastoral relationships would seem to be most promising (1991:124).
4. Discussing the care of patients during hospitalization, Shrunk (ed.) explains, "One of the best forms of pastoral care for patients is to provide such care for the patient's family. The patient is better able to cope if concerns for the care and well-being of the family are relieved" (1991:124).

Part of the needed services of the pastor is support and counseling. Susanne Moyer, therefore, says, "I expect that clergy will either be qualified to handle counseling needs themselves or be prepared to get competent clinical services from another source for those within their care who need or desire such counseling" (July 15, 2004). The viewpoint of Moyer brings in the idea of general clinical training and specialization for pastoral ministry in particular areas like parish, hospital, prison, college, nursing homes, hospices, old age homes and all areas that require the specific attention of the chaplain. The next chapter will be a continuation of a CPE Model that might fit into the Igbo context. As seen from the discussions in this chapter, the researcher proposes a family/community-based CPE model which will be explained in more detail in chapter eight.

CHAPTER EIGHT

The Family/Community-Based CPE Model for the Igbo Society

8.1 Introduction

In this concluding chapter, the focus of the discussion is the movement of CPE from the institutional setting to the community setting where the Igbo families and their members live. The researcher revisits the idea of Vicky Cosstick in chapter one where she says that CPE happens in a "communal context." As discussed in chapter one, Cosstick highlights that both the minister and recipient of pastoral care are members of a community within a context. The context can be ecclesiastical, social, political and economical (in Sanders, ed. 2001:303). It can also be where the ministry offered by CPE is needed. The model in consideration focuses on culturally informed pastoral care. To be in touch with the people's culture, the communal context will be the very community where different families live. Referring to a therapy offered in an Indian situation, Augsburger writes,

> We see people who are breaking out of effective social life as well as breaking down in thought and feeling disorders. They are often widely independent in a social context that requires interdependence, or what is better described as responsible dependence. So our therapy is designed to move them back into proper dependence in their family and community. This is quite different from Western therapies (1986:87).

American society, where CPE originated, is a widely independent social context. CPE works for Americans in institutional settings. Like in the Indian culture which Augsburger referenced, the Igbo have a responsible dependence type of social context. There is interdependence in their family and community life. CPE will work for them in that interdependent kind of context because that is where ministry happens for them. Reflecting over the activities of ACPE in the Eastern Region of the USA from 1968 to 2000, Glenn H Asquith, Jr. notes, "With its history, the Eastern Region has already proven that, where there is ministry, there could be Clinical Pastoral Education." Over this period the Eastern Region ACPE made remarkable progress in developing CPE in Hospices, Developmental Disabilities Centers, retirement communities, the Lutheran Service Society, Community-Based CPE and General Hospitals (2000:20). Under the tenure of Joan Hemenway as the Eastern Region Director of ACPE from April 1, 1983 to June, 1990, more attempts were made toward establishing CPE in diverse settings, including establishing it in other cultures such as in Puerto Rico (Asquith 2000:11ff).

All of these attempts have met with remarkable success, and they show the CPE model can be modified to address the situation of any context where ministry happens. If this is the case, there is no doubt that the CPE program can be modified to a model that addresses the family/community context of the Igbo where ministry happens for them.

8.2 Justification for the Family/Community-Based CPE Model

By Family/Community-based CPE model, the researcher means a CPE program that will be organized within a community setting where the students in the CPE program will be visiting different families within that community. During the program, they will have the opportunity to participate in the communal life of the community and, as a result, spend their time within the cultural context of the people. It will be an opportunity for the students to understand the people: their sadness, joys, pains, pleasures, events that keep them going and what helps them cope with crises. Receiving the CPE training within the community context will also enable the students to meet and understand the traditional healers, local practitioners, elders and the community's rituals that appeal to them. As discussed in chapter four, the Igbo value their family life as well as their community. They see themselves as individuals within the family and community. Both family and community give identity to the individual. The CPE students will also become familiar with the ethical and moral responsibilities of individuals within their families and communities and be able to address them when these responsibilities appear in their ministry. Doing CPE in a community-based center is like what Augsburger calls "the individual-in-community." He sees this as "the primary unit of humanness." He goes further to explain:

> Any description of the individual apart from his or her community deals only with part of the process, with fragment of a unitary whole. Humanness is not individually defined, nor is it a description of all the uniqueness, variation, or possibilities within community. Thus defined, it does not move from what is the individual essence of a particular human to what is the nature of humans collectively. The trajectory is not from ontology to identity to depravity to morality to community. Rather, the movement is from truly human community to humanness of individual-in-community. The proper direction is from communal integrity to moral responsibility, to personal identity, to individual actions and transactions (1986:108)

Jacobs says that theology has a heavy cultural base (1978:4). He goes on to point out that human beings have a compelling, almost relentless desire to interpret data in the light of some frame of understanding which helps them to categorize the data and assign labels. They, therefore, create

cultures that are each group's grids for analyzing, sorting out and tabulating data (1978:5). The best place to understand the Igbo people better in order to be able to assist them is in the community where they live and where their problems occur. Supporting this view, Eide argues, "Most of the questions of today's Africa could be found within the small world of the village where they live and spend the major part of their lives" (1990:2). The Igbo village is where they live in community and experience a communal kind of life. It is also where their major problems and questions regarding life occur. Making a CPE program community-based can give the students an opportunity for active participation in the people's everyday lives. The students will be able to think the same way as do the people; understand their worldview; be able to listen to their questions, share their burdens and try to respond to their pastoral needs. In an Igbo community where the majority of the people are farmers who reside on their farms, a community-based center can reach out more easily to them. Their experiences on the farms can be discussed during CPE group sessions. The needs of the people can help the CPE students in the area make and re-think their priorities.

Community is a situation that an African cannot avoid. It is not by human choice for the sake of self-preservation. Setiloane shares the view that community is not dispensable at a human's whim and wish. Interest in community life marks the foundation of the success of African Initiated Churches. Setiloane is very emphatic in saying:

> Christianity could be enriched immensely if it were to learn from African tradition about community: that it is of the very essence of being. The latest trend in psychology is therapy in groups. The clients are grouped together as peers: as one being calls out another in a relaxed situation they relate to one another and their misinformed, injured and hurt psyches are straightened out and normalized by the dynamics of human interaction (1989:41).

The Igbo, being an African society, relies on the community for emotional healing, sustaining, reconciling, guiding, liberating and delivering. To be alienated from a person's family or community is like being abandoned. It is their family and community links that give meaning to their lives. Setiloane, reflecting on the healing power he received from his village-setting grouping in the early years of colonialism and missionary movement, typifies what the situation in the real African setting used to be. On this he writes:

> Many of us can witness in our own lifetime to the downward trend. We can still remember, even though not raised in the rural areas, those cool evenings in the Orange Free State when children used to play games, which in fact, were a teaser to the mind . . . Then the riddle would come . . . Then there is the captivating manner in which a young man would propose to his

> lady-lover: 'I am like a water stream flowing downhill; I need someone to dam me up; I am scattered corn; I need gathering in; I am a wobbly tin that needs steadying up.' The poetic alliteration is lost in translation (1989:1).

The warm, homely, loving and communal privileges of the local community as Setiloane describes above can be reassuring and give a feeling of solidarity and support to a person when a crisis strikes. The picture of village life portrayed by Setiloane in the Orange Free State is also a typical situation in the rural Igbo setting. Even today, there are still traces of such village life in Igbo communities. CPE students need to experience that situation within the village/community setting which offers some chances to interact on rural community level. The student can then understand the use of imagery and the figures of speech that carry healing and supporting messages to the people.

The CPE training will be in two phases. The first phase will be for pastoral care generally relating to ministries that are parish and congregational based. Phase two will be for specialized ministries where pastors will engage in sector ministry but be authorized by a faith group. As discussed in 1.3.2.2, sector ministry includes ministries to hospitals, arts and recreation centers, airports, armed forces, agricultural settlements, industries, police, prisons, shopping centers, schools/colleges/universities, seafarers and other specialized areas. It needs specialization in order to relate to individuals who are largely removed from the context and background provided by the family and the community (See 1.3.2.2). The researcher proposes that the family/community-based education program through the CPE process be in three parts: part one, a broad perspective using community-based centers; part two, specialization for sector ministries using institutional settings; and part three, supervisory.

8.2.1 Part One: CPE from a Broad Perspective (In a community-based center)

The researcher proposes that the first part of the CPE program in Igbo society starts with a center within the community setting. This first part will be general training on a clinical approach to pastoral care. The aim will be to provide clinical training to pastors for the general pastoral ministry, which may include crisis intervention, counseling, sacraments, worship, education, help in ethical decision-making, staff support, clergy contact and family, community or church coordination (See 1.3.2.2). Since these are some of the basic duties of a parish pastor, they have to participate in the program within the community context of the people they will be serving in order to be able to understand the people better. Nxumalo says that "a pastor who serves an African or Black Parish, especially in rural

areas, has to be aware of the fact about the character of his or her flock." He or she must understand the people's interpretation of the world and their pattern of Christian acceptance. He goes on to say that "their acceptance of the Christian message is always influenced by their traditional religion and there is a mixing of the concepts of the two elements, Christian and traditional" (Mpolo 1985:29). By experiencing CPE amidst the people, the CPE student will be able to see the role these elements play in their lives.

As in other CPE programs, the basic requirement for participation will be seminary training, but, before getting involved in active parish ministry, the student must have this clinical field experience. The difference between this community-based model and the present CPE model, which is organized within the institution, will be that students will be visiting different families, bereaved families, and attending different ceremonies that take place within the community. Verbatim reports and other group activities and reflections will be based on the ministerial outcome of these visits.

8.3 Locating the Center in the Local Communities (Where the People Are)

As discussed in chapter three, CPE is patient centered. All that is done is to find out the best way to help the patient "Patient," here, may not be a sick person in the hospital but may be any troubled person or any person in crisis. The training will not begin in a hospital or where serious conditions like sickness or deep crisis are found because the student does not yet know how to handle them. A community-based center may be the best place where the student will begin with needs that are not yet at a crisis point. People with lesser problems can also come freely on their own to the center for assistance, just as they go to meet their traditional counselors. Students can visit different families out of the CPE center. From this center, new CPE students may be asked to visit and attend to minor problems within the community or problems they are familiar with, like bereavement homes. A center at the community setting will also enable the CPE students to embrace the people's culture and interact within it. By so doing, they will understand how the culture models the people and what it expects from them when a crisis occurs. David Augsburger recognizes the effectiveness of a people's culture in dictating their attitude to sickness, caring and healing. He observes that some counseling theories focus predominantly on the uniqueness of individuals (ideographic) and reject the imposition of culturally defined expectations (1986:49). Locating a CPE center in a community setting will enable the students to understand the culture that molds the people's lives and the expectations of that culture.

Few authors have discussed the values of the traditional caring approach based on the culture of the Igbo tribe and some other tribes in Africa. Ilogu believes that the Igbo had a well organized, caring and healing system for the sick prior to the advent of Christianity. He says:

> The Igbo approach to healing, through physical, spiritual and psychological means, should be understood by Christian ethical values . . . the Igbo Christian of today still wants to combine spiritual, psychological and physical approaches towards getting rid of sicknesses and diseases (1974:155f).

Ilogu suggests that traditional approaches to caring and healing will be effective in caring for the Igbo. The CPE students can have a better advantage of learning these traditional approaches if they do CPE in the Igbo traditional community setting.

Writing about the Luba tribe of Congo, Masamba Ma Mpolo gives examples of the effectiveness of African symbols and stories in pastoral care. He says that the guiding principle in his pastoral care and counseling was the full understanding of the cultural heritage of his people, exploring and interpreting the impact of their symbols on mental health. He states:

> Through counseling individuals and families as well as participating in group palaver therapies, in traditional and modern prophetic healing sessions, I have become more aware that proverbs, myths, gestures and even some of the most enigmatic rites condemned by colonial and missionary powers are symbols of significant importance to psychiatry and pastoral care. They contribute to the interpretation of illness, misfortune and health (1985:314).

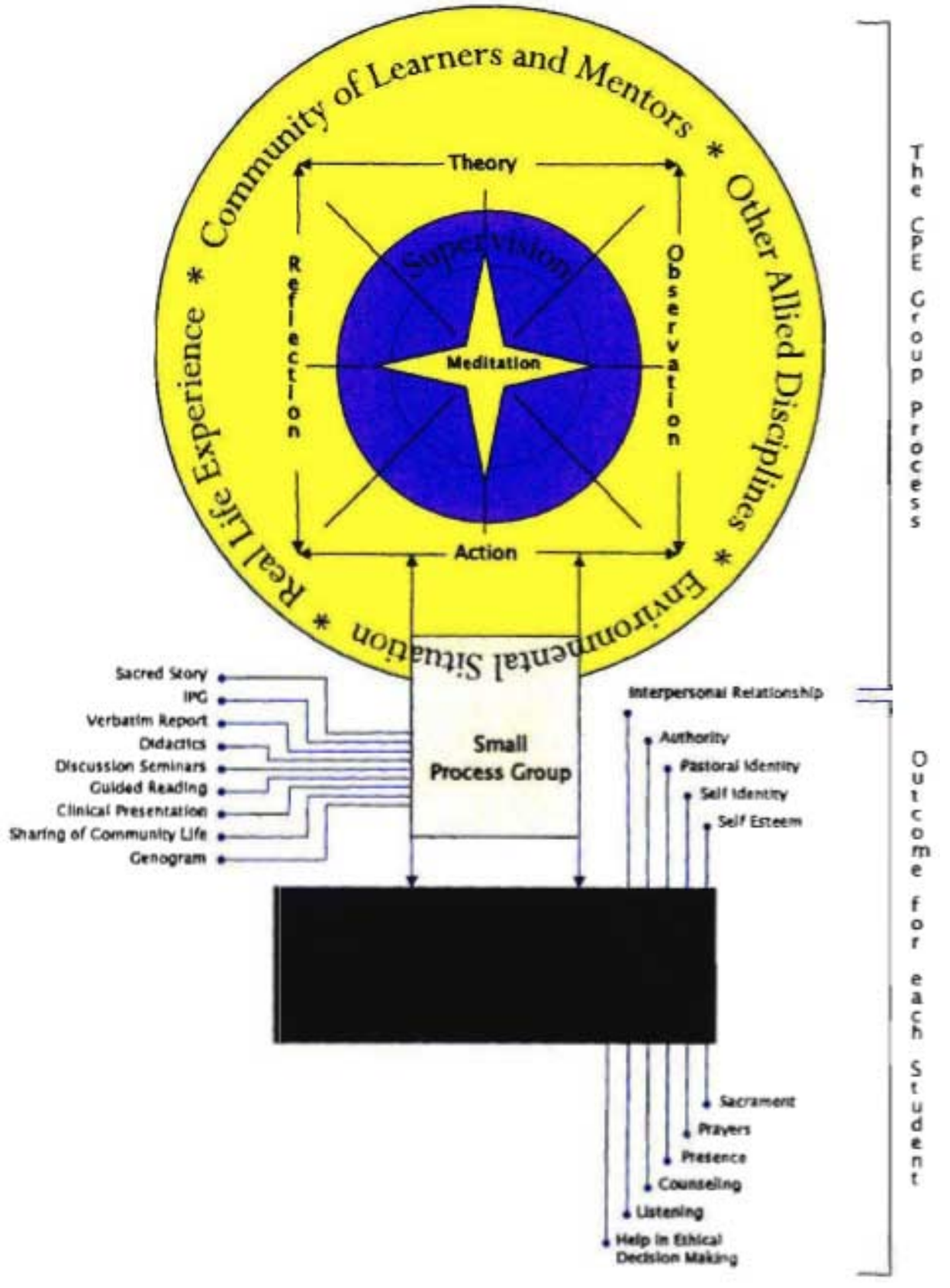
Mpolo goes on to point out that the communal activities of many Christians in Africa take place outside the Church. His workshop with patients and theology students shows that the attitude of Christians to their rituals of healing make them see the church as a foreign institution intruding upon, but not integrated with, their rituals and symbols which do respond to their deeper pastoral needs (1989:314f). The main theme in Mpolo's experience is integrating the foreign religious approaches with traditional rituals and symbols. Learning through participation in the community life where communal activities take place can facilitate this integration. The Igbo, like other Africans, express their lives in community. Within the Igbo community, the CPE students can participate in their traditional therapies; hear their proverbs, myths, gestures and the rites that have worked for them in the past and, thereby, be able to integrate these with CPE methods.

Keller shares the point that ministers should not be trained mainly for canonical work but for life

(Thornton 1970:42). By this he sees the work of ministers as something that goes beyond the four walls of the church and extends into every aspect of life in the society. This means going beyond the institutional settings and being involved in every aspect of the society's life during the period of training. Hemenway, therefore, sees Keller as "a great believer in learning by doing" (1996:8). Learning to care for a people may be easier by participating in the people's lives.

As discussed in chapter one, Cosstick points out that pastoral care is offered collaboratively (Sanders, ed. 2001:303). It is a service that draws allied professions together for the well-being of the people. Though culture is dynamic and keeps on developing new features, there might be gain in exploring the roots of the people in order to help them. There are traditional ways the people have known that have formed the crux of their daily living, and these have been under the custody of some category of people within the traditional setting. Some of these people are elders, diviners, traditional religious leaders, and herbalists. Such people can be visited or be invited to talk about their professions. The students do not have to go back to those traditional practices but should respect and learn those strategies. Eide, reflecting on his experience in the Beghi community of Ethiopia, writes, "In traditional African society, there are elders who know the culture, religion and custom of the people, and, on the basis of this, give advice" (1990:3). This is very much the case in Igbo communities. Inter-professional collaboration with such local practitioners can be a good resource for the field experience if CPE takes place in a community-based center.

The ability of the CPE students to learn in collaboration with these community elders and traditional religious leaders can bridge the gap caused by cultural prejudices concerning age and gender differences. It can also help to clarify some language difficulties faced by students with language differences. A person born in a different area can easily learn a new language and a people's way of expression by directly interacting with them. On the cultural aspect, the elders and traditional practitioners will feel affirmed that their wisdom is recognized and valued by the younger generation. This can cause them to be more supportive of the family/community-based CPE program. Through interaction with the local people in an educational context, the frictions caused by gender discrimination can be reduced. There will be greater understanding and appreciation of the contributions of the female gender. The researcher demonstrates his idea of what a family/community based CPE program will look like in the following model:



Model III: Diagrammatic Representation of Family/Community-based CPE Program

8.4 Different Features of Model III, for Phase One—Family/Community-Based Model

The Family/Community-based CPE Model is designed to look beyond the original method of "Action-Reflection-Action" typically applied in CPE. The researcher, instead, proposes a "Theory-Observation-Action-Reflection" method for the Igbo society in order to enhance students' thorough preparation, understanding, and participation in the CPE process. At the center of the model is devotion, followed by supervision. Revolving around these are theory, observation, action, and reflection. The process takes place in a communal context that is made up of a community of learners (the CPE group), other allied disciplines and professions (inter-professional collaboration) and environmental situation and real life experiences. As discussed in chapter seven, the expected outcome for the CPE process can be self-transformation (CPE as a therapy) or learning of skills in caring (CPE as education) or for both therapy and education (See 7.4.1). The model is also designed to show that CPE is a continuous educational process. Meditation and supervision will be discussed in detail because the researcher considers them to be central in the CPE process.

8.4.1 Meditation

Meditation is used in this research to replace *devotion* that takes place during CPE programs in order to accommodate the interfaith nature of CPE. It is a more inclusive term that runs through different religious traditions and gives the understanding that CPE is not for Christians alone. The use of meditation also highlights the non-denominational link in faith that is inherently within the trainee chaplain. It shows that all faith groups aspire to a greater spirituality, whatever their religious beliefs. Meditation, therefore, represents the period when the group sits together to seek Divine Presence during CPE programs. If pastoral ministry is involved in the service to one's neighbor, then those involved are carers, whether Christians or non-Christians of any persuation. Prayer applies to Christians and Jews, but, now when Muslims, Hindus, Buddhists and other faith groups are beginning to advance toward "pastoral care" as a ministry, they will feel a belonging if a more inclusive term is applied. Since this model is designed for Igbo society, the Igbo traditional religion (ITR) also needs to be accommodated.

Meditation is seen to be central to pastoral ministry and distinguishes it from other operational social sciences like psychology, sociology, psychotherapy and other allied professions. It makes CPE maintain its religious or theological discipline. As noted in chapter two (2.2.3), "one of the early

concerns of the pastoral care during the Reformation was restoration of a new personal relationship between a person and God" (Hiltner 1958:29). Periods of meditation are necessary as the central aspect of the CPE program. The word meditation also accommodates other forms of spiritual and religious expressions different from Christianity. Oden suggests an all-inclusive method of pastoral care and says:

> The fabric of effective pastoral work involves the constant interweaving of scriptural wisdom, historical awareness, constructive theological reasoning, situational discernment, and personal empathy. It is best studied by examining case materials of concrete problems of pastoral counsel, viewed in the light of scripture and tradition (1984:12).

No matter how scientifically-based pastoral care may be, it is not alienated from the classical theology. The present form of pastoral care still has its roots in theology. What is done in pastoral practice today is what has always been discussed in theology but now through a different approach. Boisen says that CPE is not bringing anything new into theology but is approaching the same old problem from a different dimension. Sharing the same view, Ashbrook emphasizes the need of combining the wisdom of the ages with the present scientific inventions, especially as it relates to human science. He argues in support of making a "sense of sacredness" central in pastoral ministry in order to communicate the "knowledge of how life is made meaningful." Such knowledge becomes a means of combining "the wisdom of the ages with the evidence of the sciences" (1996:167).

The above argument by Ashbrook shows that both science and religion can work together to achieve the wellbeing of humanity. New scientific evidence should not be a means of disregarding the wisdom of the old found in religious faiths, especially in making life meaningful. Reflecting back on the theological roots of pastoral practice, Oden writes:

> Just as the counselor enters the frame of reference of a troubled person and, without being neurotic, significantly participates in that person's neurosis, so God, according to Christian witness, participates concretely in our human estrangement without Himself being estranged (1984:18).

CPE is a contemporary pastoral response that concerns itself with models of integration of theology and scientific methods in pastoral care. Viewing theological and scientific methods side-by-side, Oden analyzes the classical pastoral care with the contemporary scientific form. He sees the concept of psychotherapeutic empathy as being similar to the concept of incarnation. As Oden goes on to explain:

> Analogously, the therapeutic process may be seen as a certain sort of descent into hell. The therapist engages in the depths of the inner conflict of the neighbor, descending into that hell with the other person. This may in turn free the neighbor to experience the hell of his or her own feelings, looking toward a renewal of faith and courage (1984:19).

The searches for meaning that often bring about inner conflicts are religious matter, while the therapeutic process of analyzing the inner conflicts is scientific. The centrality of religious reflection in attempts to address human suffering must not be overlooked. Sharing the same point of view with Oden, Pattison also calls attention to "ecumenical orthodoxy and postmodern cultural consciousness" drawing attention to an all-inclusive form of pastoral care that embraces the wisdom of other faith traditions (2000:27). Since CPE brings scientific methods into faith related issues, making different faith traditions central in a CPE process will bring about a holistic and an all-inclussive form of pastoral care. Faith issue, which the researcher represents with meditation, is a way of making the family/community-based CPE program all-inclussive.

8.4.2 Theory

Theory is suggested at the beginning of the program as a necessary preparation for the field experience of CPE and for keeping the student informed about what the clinical approach to pastoral ministry requires. It will help the students prepare themselves for the field and clinical process and get attuned to it before getting involved. Beginning with a theory session may not be returning to elaborate cognitive activity of the seminary and regular school procedure but will be a form of integration, which will offer the students time to consolidate their learning and experiences that they are bringing into the CPE program. At this time, they will explore clinical training as a direction to round out their seminary experience or to sense the pastoral skills inherent in them that they would like to develop during the program. They will also distinguish cognitive knowledge from being a physician of the soul. The theory of group process and the two aspects of CPE, personal transformation (CPE as therapy) and learning to care for others (CPE as education), will be communicated at this time.

The dominant discussion during this time may be theories of pastoral care as it relates to the clinical experience. As already discussed in chapter two, many scholars criticize CPE for the absence of theory and inability to articulate theory with practice (Hiltner 1958:33; Hemenway 1996: VII; also see chapter two '2.2.3'). Since CPE is an application of different approaches in different situations, starting with

theory and backing up with praxis in a clinical setting will give more meaning to the praxis and also make more sense to the students. This will also raise the academic position of CPE. Following this would be reasonable reflections on the praxis and the theories. Some aspects of the theory may be how different approaches can be applied to different needs. Constant interaction between theory and praxis will make the program well grounded in theories. By this process, students can learn a variety of approaches to different needs and situations that are backed up with theories. In scientific procedures, students often start with theory and then test the theory during praxis. This gives them clues on the aspects of the theory that works and those that may not work in a given situation.

The theory session may also include aspects of the dimensions of human life: uniqueness of individuals, cultural and universal factors that affect people's lives, grief theories, and the beginning and ending of visits. Augsburger suggests that the three dimensions of human life include the uniqueness of individuals, the cultural factors and the universal factors that determine the lives of individuals and helps to inform a culturally effective pastoral counselor. Awareness of these dimensions enables the counselors to differentiate among them with insight and clarity while listening to sick patients in the hospital during hospital visits (1986:49).

8.4.3 Observation of the Mentors/Supervision

Observation is tied into supervision because the researcher sees it as necessary for the students to have a starting point into the clinical ministry. As discussed in chapter eight (8.4.2), students often come to CPE programs without any experience in pastoral visitation or counseling. Starting by observing the supervisor will give them clues on "how to go out and do it," which the present system lacks. It will replace the method of "go out and do it," and solve the problem of "I have to do it." As discussed in 8.4.2, there are students who have not had ministerial experience before. They come in with misunderstandings and start their ministry with mistakes and continue in the same mistakes because they did not receive a formal training on "how to do it." Some students do not know how to listen and what it means to listen. Because of the concept of "I have to do it," and, since CPE is a self-directed education, they do it themselves without anybody showing them "how." The researcher considers observation of the mentor or supervisor as being in line with the method of Jesus' ministry, the training pattern of medical practitioners and those of the Igbo traditional healers.

Supervisors need to be role models to the students. It might be more helpful if the supervisors do some visitation, too, and, by so doing, be more current and equipped to show the students "how to do it," instead of sitting back in their offices to supervise without getting personally involved in the actual ministry. For example, in the ministry of Jesus, He does the work first; His disciples watch Him do it, observe His approach to different situations and learn from Him. He sends them out in twos, starting with the twelve disciples, and then seventy people who, in twos, do what they had observed Him doing. When they return, they give their reports, and they all reflect over their experiences. It proved a very effective method of "learning-by-doing" because they all came back with good results (Matt. 10:1-15; Mark 6:7-13; Luke 9:1-6; Luke 10:1-12). Also in medicine, students are not sent out to start operating on patients without first watching their instructors do so. The doctors do not sit back in their offices and send out their students to handle serious medical issues. They do it themselves, and the students observe them and gradually learn how to do it. Supervisors need to serve in a role, do the work, see the difficulties and successes, and authenticate the results through word and action about what is being taught. Reith argues that, "the supervisor must use the authority and power of her or his role to be a healing presence and a person with both empathy and appropriate boundaries" (in Giblin ed. 2002:212). This can only happen when the supervisor is also involved in the visits of patients.

Hunter points out that most supervisors assume that "care plus confrontation equals growth." He adds that supervisors need to pay attention both to the student-patient (or parishioner) relationship and to the student-supervisor relationship. Matters that appear frequently in supervisory conferences include "personal identity and professional competence issues, relationship and technique issues, authority and parallel process issues, individual and systemic issues." There is also need for "involvement, acceptance and unconditional positive regards in supervisory relationship" (1990:180). The supervisory skills mentioned above can be more effective if supervision can assume a leadership position. Then the supervisor may not be confronting the students on issues with which he or she is not involved. As Hunter goes on to discuss, "In order to ensure that the student is on the right track, the supervisor uses confrontation, which may often appear to be an act of strictness." Though the supervisor has to answer for any mistakes made by the student, setting examples with the supervisor's model of visit will help save some of such other mistakes. In addition to the personal example of the pastoral visits, the supervisor has to demonstrate his or her unconditional positive regard for the student as a model of his or her pastoral role. If supervisors get involved in actual ministry, they will not only

set examples for the students to observe but also authenticate pastoral guidance and demonstrate how serious emotional and spiritual problems can be handled. It does not mean that the student will continue copying the supervisor or being guided in every step all the way throughout the educational process. The argument is that observation should be a learning tool in the beginning of the program whereby students should learn by examples at the early stage of CPE for a short while before they proceed to visit patients on their own.

Since the researcher is introducing the new aspect of "observation" into the already existing model, he supports his reasons with three distinct discussions on why "observation" is important and why it must be one of the phases in the CPE process. By given three different examples, he is not arguing that "observation" is the only way to make learning take place, but that it can cause learning to be more effective. The supervisory role needs to typify the training method of Jesus, and that of doctors, and it must represent the original intention of the founding fathers of CPE. In Igbo context, the traditional healers also train their students through allowing them to watch or observe the healers in action. A more detailed discussion on the training method of Jesus and that of medical doctors will follow because Jesus represented the theological method of care of the soul, while medicine represents the scientific method of care for the body. CPE itself is the interplay of theological and scientific methods.

8.4.3.1 The Training Method of Jesus

As referred to earlier, Jesus sets an example of what the supervisory role should be. The training method of Jesus was unique and made it possible for His disciples to follow His examples. As a result of their personal knowledge and observation of Jesus, they were able to demonstrate and carry on the ministry effectively. According to Frank Lake,

> What made the apostolic band into witnesses was not their ability to comprehend and expound a system of religion; it was their personal knowledge and observation of Jesus Christ, Himself. What qualified them as witnesses to Christ was rather a simple power of observation; of listening, of faithfulness to the concrete and historic details of the life of the Master, the manner of man He was, the things He did, and the things they had heard Him say (1966:2).

The major difference here between the disciples of Jesus who form a small group around Him and the CPE group is that the supervisor does not first set an example of pastoral visit for the participants to follow. The Apostles, who were also cared for by Jesus, observed His method of caring and tried to

apply the same. From the time Jesus moved around with them, He took the time to groom them on His vision of the ministry. He ministered to the sick and needy in their presence and also sent them out to do the same (Matt. 10:1-15; Mark 6:7-13; Luke 9:1-6; Luke 10:1-12). In these pastoral visits, Jesus gave His disciples definite instructions: they were sent out two by two, given power and authority to drive out all demons and to cure diseases, healing the sick, to eat and drink with whoever welcomes them and to give them the good news about the Kingdom of God. The disciples were faithful to the command of Jesus, so their visits were successful.

One thing similar to the method applied in CPE today is the command to stay with the family that receives them (Luke 9:4; 10:7). However, in a CPE program, this is only done in the center where the training is offered. The family/community-based CPE program will encourage students to visit troubled people in their homes, listen to them, identify with them and feel at home. This CPE model will encourage giving time to any person who welcomes the students and needs their help. If these home visits go beyond a mapped out center, they might carry over to the next level of CPE, which will be in the area of **specialization**.

Another area in the ministry of Jesus, similar to the CPE of today, is reporting back the events of the visit to the supervisor and the group. In this training occasion of the disciples, Jesus occupied the position of the supervisor. The disciples reported back to Jesus and the group with the details of their visits (Luke 9:10; 10:17). Jesus gave them feedback on their reports (Luke 10:18). The immediate result of this visit was a great crowd coming out to seek Jesus, and the further caring ministry of Jesus in which He fed them satisfactorily (Mark 6:30-44; Luke 9:10-17). Jesus carefully groomed His disciples in His method of a caring ministry, and they continued with this afterwards. This was a preparatory training for the ministry which the disciples of Jesus would later do alone. Since CPE shares a lot of commonalities with the training methods of Jesus, it might be more effective to follow His examples in beginning the CPE process for the students. In order to help the CPE students start on a sound footing and strengthen their ability to begin the ministry confidently instead of starting the learning process through mistakes and later learning from their own mistakes, they must be shown how to get started and then be allowed to continue on their own.

Frank Lake spotted the dialogical aspect in Jesus ministry to His disciples as part of the training that

Jesus gave to them. He writes,

> Particularly when the Disciples are in difficulty we find recorded the dialogues of the Master with them. Each in his own way, Nathanael, Philip and Thomas, are beset by problems of belief. Peter, too, has problems of his own personality to contend with. For each of these the writers of the scripture turn aside to record the Master's dialogue with them. It was as they talked to Him that they came to know themselves (1966:2).

The disciples of Jesus had the full experience of His ministry. He both cared for them and for the crowd who sought His help. Referring to the CPE programs of today, supervisors do not only look into the ministry offered by the students but also engage in dialogue with them in order to facilitate personal growth in them. It is during this period that self and pastoral identity unfolds. One other question that needs to be addressed here is "How much does the student learn from the ministerial style of the supervisor?" It could be seen that, in Jesus' ministry, He not only engaged His disciples in one-to-one dialogue but also served while His disciples watched Him.

8.4.3.2 Original Intention of the Founding Fathers of CPE

The founding fathers of CPE had certain visions while thinking of field experience for the training of theologians. Some of them, like Cabot and Keller wanted to teach their students to approach the problems of pastoral relations in the light of understanding the causes of difficulties faced by their clients and the subtleness of diagnosis. Cabot, in particular, wanted theological students to follow the same method of training for medical practitioners. As Powell states concerning Cabot:

> He felt that theological students "should have (as medical students have) a chance to watch their teachers doing the thing which they (the students) need to learn: talking with patients, tackling difficult personal problems, and often failing. Medical students see their teachers grapple with a difficult medical problem and often fail to solve it or make a mess of it. This is good, both for teachers and students. They see their teacher's patience, his courage, his ingenuity, his tact tried, hard-pressed, struggling, sometimes splendidly successful, sometimes a flat failure. Medical students see all this. Theological students will see it [too] when their teachers take . . . one of their proper places . . . in the difficult wrestling of personal relations (1975:7)

This idea of Cabot, as highlighted by Powell, is not in practice today. In some centers, people who have not taken a course in counseling before coming to CPE program, often move straight into visiting and counseling patients. Whether they do it well or not depends on the verbatim they choose to present. A CPE program that begins with theory and observation can help the students have a solid foundation on which to stand in order to develop their own pastoral identity by themselves.

8.4.3.3 Method of Training Medical Practitioners

If the care of body needs serious training as in medical science, the care of the soul as in clinical pastoral education must also require a serious training in order to avoid mistakes that will cause irretrievable injuries to the soul. In two separate interviews, these two physicians, Scott R. Mann, MD and Jeanette D. Leisk, MD, shared the same thought by saying that the training of medical students does not immediately start with attending to patients, no matter the type of ailment they have. After all the initial theoretical requirements through the period of college and medical school that takes up to eight years, they then start with a clerkship in hospitals under the supervision of residents. During this time, the medical students observe the residents. After this period follows three to fives years of residency in each student's area of specialty. The training will be hospital-based under the supervision of attending physicians.

Since pastoral ministry is a serious training for the care of the souls as medical practice is to the care of the body, all possible avenues to achieve the best results must be explored. Part of the growth process in the training must be to do everything possible to eliminate costly and lasting mistakes among students. It is true that each CPE student is unique and has a pastoral identity to explore; at the same time, amidst diversity, there is also need for uniformity. Going to a hospital may not be suitable for beginners of CPE and for the first part of CPE. The hospital belongs to sector ministry where specialization is required and can be picked up by the students when the general skills of visiting and counseling have been acquired at the community base, whether village, city or in any settlement.

At times, the beginners of CPE come with raw skills that have not been processed and certain personal and possibly wrong notions of the ministry. They may have particular pictures of the ministry that may be in conflict with standard ones and what CPE has been communicating. If students go straight into ministering without a ministerial example to follow, they may find it hard to give up the mistakes they have already started, especially when they journey unchallenged long into the program. But as beginners full of enthusiasm and expectancy from the program, observing the supervisor's method of ministry will challenge their raw skills and help them process their picture of the ministry before proceeding into the visits. Students may be tempted to be defensive when they try to protect some of the made-up stories they present during verbatim, and they may also make claims to justify their ministry because they were not shown the correct example from the beginning.

8.4.4 Other Features of the Family/Community-Based CPE Shown in the Model

8.4.4.1 Action: Action is the actual visits to families and troubled persons. It will follow the basic theories of pastoral visits and the observation of the supervisor's method. Before proceeding for visits, students have to determine their aims for making the visits and what they expect to gain from the visits. Due to the economic and other socio-cultural factors, the Igbo who are suffering may not always be found in the hospitals. They can be met mainly in their village settings, church circles, and prayer houses. The CPE center can be more effective here than in the hospital. Even mentally-disordered people and criminals are found more in the village squares than in the hospitals or prisons but not particularly in the churches. Visits can be made to hospitals, prisons, healing homes and where the poor can be found.

8.4.4.2 Reflection: After the visitations follows a period of reflection. Verbatim reports can be presented as in regular CPE programs, and points for reflection can be drawn from the verbatim reports. The reflection on the ministerial outcomes will determine where emphasis is needed during didactics, clinical presentations and discussion seminars. From here, the group goes back to theory, examining how the ministerial outcomes agree or disagree with existing theories. The session of reflection will also help the group use theory in modifying the action or use action in modifying the theory. The process continues into observation because the supervisor, by taking the lead in the changes occurring during the interaction of theory and action, is part of the group and needs to help the students while they journey through the CPE experience.

8.4.4.3 Small Process Group: A small group is made up of students of similar ministerial experiences. The suggestion here is that they will not all have had the same experience, nor will they be students who are at different levels of CPE. Bringing students who are at the level of specialization together with beginners may distort the smooth flow of the program because they will not be journeying at the same level. Some of the features of the small group process will include sacred stories, IPG, didactics, discussion seminars, clinical presentation and genogram (See chapter three).

8.4.4.4 Larger Group Process: The larger group will include different small groups, supervisors of different groups, co-supervisors, and students at different levels of CPE. The large group forms the community of learners and supervisors and can be enriching with a variety of experiences. In this

group, people from allied disciplines and professions can be invited to share their professional skills and experiences. The students can visit places of interest within the community and share together their experiences of the culture and religious life of the people and the traditional approaches in the large group. Since they all learn under the same environmental situation and interact within the same real life context, the students can also share their integration experiences of the environment in the large group.

8.4.4.5 Outcome of the CPE Process for Each Student: The outcome of the CPE process for each student will differ depending on the goals set by each student. Some may achieve self-transformation (therapy) and some may learn skills in caring (education) or both self-transformation and skills in caring (See chapter seven). This is demonstrated in the model. Expected behavior for self-transformation may include developing interpersonal relationships, knowing one's authority in ministry, self-identity, pastoral identity, and self-esteem. Skills in caring may include presence, listening, counseling, prayers, sacraments and help in ethical decision-making. The two-headed arrows connecting the CPE group process and outcome for each student shows that CPE is a continuous learning process. It does not end with any particular unit of CPE but opens up a pattern of learning that will continue through life.

8.5 Part Two: Education for Specialization in Specific Ministries (Sector Ministries)

The aim of sector ministry in part two is the development of specific areas of pastoral specialization where the student feels called. This part will be a continuation of the CPE process already begun in part one and will aim at training in specific areas of specialization. By this time, the students will have acquired the basics of CPE and should be able to determine the area of the ministry in which they are most gifted. Some of these specific ministries can be hospital or prison ministry, high school, college or university chaplaincy, youth ministry, old age homes, retirement villages, military chaplaincy, chaplain for refugees, and the many other different areas of sector ministry. A student that does not want to continue with any specific ministry can stop at the end of part one. After the completion of part two, the student may hope to become a professional chaplain.

Professional chaplains, according to Health Care Chaplaincy publications, are theologically and clinically trained clergy or laypersons. They offer spiritual care to all in need and have specialized

education to mobilize spiritual resources so that patients cope more effectively. They maintain confidentiality and provide a supportive context within which patients can discuss their concerns. They are also professionally accountable to their religious faith group, their certifying chaplaincy organization, and their employing institution (www.professionalchaplains.org). This definition restricts professional chaplaincy work to ministries given to people in crisis or in the hospital or other institutional settings. Following the definition, to be a chaplain in an institution requires the specifically defined skills of that institution in order to be able to work in collaboration with that institution's professionals. Sector ministry should, therefore, be a field of specialization for those who feel called in a particular institutional setting.

The center for these ministries will be located at each particular venue or near the place where such ministry is needed. Theories of pastoral care and didactic seminars will address the problems seen in those areas of the ministry. The location of the CPE program is the difference between part one and part two of this chapter. Part one takes place at the community-based center and addresses pastoral care generally, while part two happens in the locations where particular ministry is needed, and students interested in that ministry will go there to specialize in it.

8.5.1 Training of CPE Supervisors

The same ACPE standard for training supervisors as discussed in chapter eight will be followed in the new model. In addition to that, the supervisory candidate must be a culturally informed pastoral caregiver. The supervisory candidate would have successfully completed part one and part two of the CPE training and then start the supervisory training at a community-based center. Starting in a community-based center can enhance the process of being culturally informed. Before a candidate can be certified as a CPE supervisor, he or she must have had the training at both community-based and institution-based centers. For a thorough grooming of the supervisory candidate, it is important that the ACPE or any other certifying and accrediting body ensures that any accredited center actually has the tools to train a supervisor who can meet the international standards for CPE in view of the present level of globalization.

8.5.2 Flexibility of the Program

It does not mean that the CPE program must be static and remain the way it is proposed. As discussed in chapter one and as seen from the history of CPE in chapter two, the program will be dynamic, adjusting to changes. The central theme in this model is keeping the fieldwork in the community where families and troubled people can be found.

8.6 Pastoral Support Group

Despite having participated in CPE in a particular community setting, it is understandable that the pastor may end up serving in another locality. The basic assumption is that the educational process begun in the CPE program will continue. The pastor would have also been exposed to the skills of listening, presence, journeying with a person in need, counseling and the process of ministerial growth. To be in touch with the situation within the community, the pastor has to belong to a peer group among his or her colleagues in that community.

8.7 The Possibility of Inter-Professional Collaboration with Local Practitioners in a Family/Community-Based CPE Program

Taking CPE to a community-based center can raise the possibility of inter-professional collaboration with local practitioners that have been attending to the people in a traditional way. It can also increase the possibility of learning the traditional methods that worked for the people in the past. Hilary Mbachu, looking at the pastoral situation of the Igbo church, warns of syncretism, especially where the Church overlooks the demands of both Christian and the Igbo traditional religious (ITR) needs of the people. As Mbachu argues,

> So then the proposed Bishop's commission of serious theologians and researchers on ITR should not forget to consult and cooperate with the traditional priests of shrines and deities, the holders of the *Ofo*, the titled men (*Ndi echichi*), the Town Union leaders and of course, the traditional rulers (*Ndi eze*) and all those much attached to ITR (1995:355).

In this discussion, Mbachu brings in those factors that combine to give meaning to people's lives within their community. Ottenberg also highlights the key role these categories of people, namely the elders, titled persons, and priests, play in influencing the lives of the people. In his view, the community plays a central role in the decision-making of the Igbo society (1997:3). Those that can influence decision-making include family, ancestors, local community, society, and religious and ritual

leaders of the community. Mbachu sees community influence as being relevant in training a pastoral caregiver. He advocates that all that make up life in the community setting should be given scientific study and be made compulsory in seminaries during the training of pastoral caregivers. As Mbachu puts it:

> Furthermore, the scientific study of African traditional religion (ATR) should be made compulsory in all seminaries, ecclesiastical institutes and houses of formation in Igboland. Hence, the research into symbols and values of the ATR and its points of dialogical contact with the Christian religion may serve as a *hermeneutical* bastion for an authentic inculturation of the faith in the lives of the Igbo (1995:355).

What Mbachu is saying is also what the researcher means by bringing pastoral care into the Igbo perspective. The difference is that Mbachu thinks of taking the pastoral situation of the Igbo into the seminary or institutional environment, but this researcher puts it in the CPE perspective and considers taking theologians to the community for a field-based clinical experience of the lives of the families within the community.

Asquith notes the effort of the Eastern Region and the National ACPE since the year 2000 in improving interfaith relationships. He points out that the relationship between the academy and the clinic was a primary concern of Boisen and remains an important issue in ACPE. He, therefore, asserts that "attention will still be given to the full partnership between faith groups, seminaries and CPE in providing theological education" (2000:23). In this regard, the faith group that will come into negotiation in Igbo context is the Igbo traditional religion. Their method of practice need not be condemned but rather incorporated into the already existing Western models for further enrichment. Asquith further notes, "With its strongly ecumenical history and growing interfaith development, CPE can continue to model and promote ecumenical and interfaith understanding and cooperation for the work of ministry (2000:32). CPE cannot only be transplanted into the Igbo soil. It will have the nutrients of the soil to absorb for its further enrichment.

8.8 Summary of the Research and Conclusion

In summary, the researcher agrees with the definition of CPE that sees it as a theological and professional education for ministry which emphasizes the importance of the pastoral relationship and the centrality of each person's sacred story. CPE includes personal history, theology, the behavioral

science and spiritual development. It is a clinical experience of learning, using the action-reflection-action model of education. The model allows the students to study the "living human documents," and helps to capture the idea of the case study method in theological education. CPE uses individual supervision and a variety of seminars to provide the opportunity to learn, not only from doing but also from reflection. The CPE student also has the opportunity for continuous growth in the ministry. Ministerial growth occurs through the help of the supervisor and peers and also the patients and the environment (www.acpe.edu). Considering some of the limitations of the CPE model as discussed in chapters three and seven, and what these limitations will mean to the Igbo students, the researcher sees it necessary to enable the Igbo CPE students to catch the theoretical aspect of pastoral care at the beginning of the process. This will enable them have a clear focus of what they are going to do during the field experience. The students also need to have an example from their supervisor that will act as a foundation and direction for them before being completely absorbed in their field experience. As a result, the researcher has added to the above educational method by proposing the "theory-observation-action-reflection" model, instead of the "action-reflection-action" model, while doing CPE in a community context.

The researcher agrees that CPE can provide training through which people who are actually experiencing crises are reached. It can give sound interfaith professional education for ministry and bring the pastoral caregiver into the real situation of a person in crisis. The researcher has argued that CPE should not be limited to institutional settings like hospitals, medical institutions or seminaries but CPE should also take place wherever ministry happens in local communities. It can bring theological students and ministers into supervised encounters with families and persons in crises in their local communities and in other settings where they can be found. Because the CPE student is only a trainee while with the supervisor and peer groups and pastors during pastoral visits, there is a need to take measures to avoid costly mistakes that can damage the spiritual and emotional lives of the people visited. As a means of reducing this risk, it is important that the CPE students apply the skills and competence acquired in pastoral work that they have observed from the supervisor during an exemplary ministry. This follows the example of medical students and that of Jesus while training his disciples.

CPE is not a ministry on its own but a ministerial educational method that gives opportunity for intensive involvement with persons in need (not only the sick) and feedback from peers and supervisors as well as the environmental circumstances. This kind of context can help students develop a new awareness of themselves as persons and the needs of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal, inter-professional and interfaith relationships. Pyle and Seals, therefore, say "CPE ought to nurture ministry styles that require the biblical and theological resources of the Christian faith to be active in relationships between ministers and parishioners." CPE was intended to enrich ministry by providing ministerial candidates with a place to learn the art of caring for sufferers (1995:6). Since the present research looks beyond the Christian faith, it prefers an approach that will facilitate a multi-faith outlook of CPE in the Igbo community context. A spirituality or form of meditation that will incorporate elements from other faiths, including Igbo culture and traditional religion, will be one of the central pillars in a family/community-based CPE.

It has been shown that supervision occupies a central position in CPE. The concern of the supervisor at the beginning of the training is the student. The person of the student determines the training he or she needs. Reith, therefore, comments that "early in the supervision relationship it is important to find out what 'dwells' within the supervisee – what goals, experiences, assumptions, knowledge, empathy, and internal objects, including images of God, dwelling within the person that can make the person reactive or kind" (in Giblin ed. 2002:211). The assessment of the student will help the supervisor know where to help most and where to lay emphasis during the supervision process. It is a time of assessing what the student's learning needs are and where the student is developmentally in terms of professional skills, theoretical orientation, and role identity. After the assessment of these needs, the supervisor enters into a contract with the student because he or she has had an insight into what the supervision needs will be. Reith goes on to comment that the supervisor also develops a clear contract for the supervision relationship so that the parameters and expectations are clear. The student, at first, may not even be clear about what he or she needs. Though the student has a vision, this may not be a clear vision. Through the assistance of the supervisor, this vision becomes clear, and this is why it is called *super-vision*. The supervisor helps to turn the vision of the student into a super vision.

Supervision creates the opportunity for personal learning and growth for the student. Walter C. Jackson says that supervised ministry experience introduces the student to experiential learning and creates a hunger for holistic ministry (in Pyle and Seals eds.1995:17). As a result of the supervised encounter, the student learns on the spot that with which he or she has interacted. It affirms what the student is able to do in the ministry and also opens the door for him or her to realize who he or she is in the ministry. It acts as a springboard for growth since, out of the students' field experiences, they will see through the mirror of their ministry who they are and will aspire to grow from that point. As a result, Ronal Hornecker says "a significant role for a field supervisor is to help the CPE students reflect theologically on their ministry experiences"(in Pyle and Seals, eds. 1995:28). After each day's visit and the supervised encounter, the students are able to sit on their own to think over what happened during the day: their successes and failures. They relate their experiences with any other religious, cultural or traditional experiences. Hunter says that supervisors should pay attention to educational theories relevant to their function as clinical pastoral educators (1990:180).

In the family/community-based model, the researcher has suggested that students start with the theory and observation of the supervisor in order to help them focus on what they will be looking for during the pastoral visits. After the theories, they will spend time observing the supervisor's methods. During this time they will also see where the supervisor made successes and failures and be able to learn from that, as medical students do. Students' visits will be followed by the assessment of the visits before they go back to the theories, and they will use their ministerial experiences to find out where other relevant theories can fit into the outcome of their visits. For instance, if while reflecting on the visits, the supervisor discovers an experience of low self-esteem on the part of one student; this discovery presents the opportunity for the supervisor to teach about the educational theory of self-esteem. Ted Trout-Landen affirms that many theories and policies are made when mistakes or problems occur (Interview August 16, 2004). The experience on the ground gives room for reflection over the theories concerning that kind of experience. To be a supervisor, therefore, requires a sound training in order to be able to give proper guidance to the students.

The phrase, "clinical pastoral education" (CPE), is new and has its origin in the USA but emerged out of a long history of the attempts to give proper care for the soul. The ministry of Jesus Christ in caring for the soul is a model which the Christian church has tried to follow through the centuries. Jesus gave

a good example of how to care for the soul and how to train people called to pastoral ministry. What CPE sees as working with the "living human documents" was evident in Jesus' ministry. Though Jesus did not use the term "living human documents," His entire ministry reflects giving shape to the encounters of individuals with problems of living and attending to them in the here and now, rather than on set doctrines, theories or experimentations. The hope of Anton Boisen in the use of "living human documents" is, therefore, a reflection of the ministry of Jesus. Pastoral care during the Apostolic Age followed the example of Jesus, but, during the ages that followed, like the Middle Ages and the Reformation, a lot of changes occurred that made pastoral care more a theoretical discipline studied in seminaries. Frank Lake argues that "theological training should not lose its Galilean accent on persons encountered by roadsides or on the rooftops in favor of libraries and essays in the schools" (1966:1). Beginning from sixteenth century, many theologians started working hard to recover the practical application of theology in people's daily life experiences. By the middle nineteenth century, people like Elwood Worcester saw the need to apply the teachings of theology to the real life experiences of people who are suffering. He turned Emmanuel Church, Boston, into "a social settlement offering camps, clubs and gymnasium." His efforts in attending to people's needs continued until 1905 when the Emmanuel Movement was born in an attempt to transform the curing of the soul in the light of new psychology and theology (Holifield 1984:201f).

Other people who, in one way or another, associated with Worcester or the Emmanuel Movement, such as the Reverend William Palmer Ladd, William Keller and Richard Cabot, made efforts in applying both scientific and theological methods in responding to human problems in a practical sense. The appearance of Anton Boisen onto the scene became a springboard that not only gave CPE a definite shape but also gave it a launch to its present position (Thornton 1970:56; Hemenway 1996:9). According to Boisen, CPE is not an introduction of a new theology but a new method of addressing the old problem for the curing of the soul. Boisen recommended beginning with the "living human documents" rather than with books (Thornton 1970:64). What Boisen envisioned in this recommendation is learning how to care for a person by caring for persons. In response to these efforts, the researcher believes that the present model in which CPE takes place in institutional settings does not encourage pastoral ministry to get to the roadsides and rooftops or to the roots where the daily struggles of people occur. People who are outside the institutional settings where CPE programs are organized are not reached in their "real world." It is only in the "world" of their enclave where they

find themselves at particular times in their lives to be reachable. To achieve the expectation of reaching people in different areas of life, the educational process has to include both the very local community settings where different families and individuals who are at the roadsides and the rooftops can be found as well as in the institutionalized settings. When Jesus was training his disciples, he took them to the very communities where people lived and worked. He also sent them out to visit different families. His disciples asked questions about things they could not do, and they were affirmed in things they did well. They watched the methods of the master and imitated Him while doing their own ministry. A family/community-based CPE has the potential of taking students and their supervisors to the very communities where families can be met in their "real world."

As proposed by the founding fathers of CPE, the main concern of CPE is applying the best method in addressing the problem of curing of the soul. The Igbo have faced many crises and have been yearning for a time when the sorrow and joy of their souls will be properly addressed. They need communication at a deep level that can take them to the point of a viable life. The yearning of the Igbo, as discussed in chapter five, is similar to that of the writer of Psalm 57 who says:

> Be merciful to me, O God, be merciful to me,
> for in thee my soul takes refuge;
> in the shadow of thy wings I will take refuge
> till the storms of destruction pass by (Psalm 57:1).

The sorrow and the pain of the Igbo lie in their souls and future promises of God for viable lives which also lie in the soul. CPE cannot solve the problems for them but can train pastors who can listen and hear the yearnings of their souls and be able to journey with the people toward discovering their strengths and abilities to reach the promises of God. In the book of Genesis, it is said that human beings were created in the image of God. The Igbo pastoral caregivers also need the skills of getting deep into the crux of the troubled and weary souls where they can discover God.

Prior to the advent of Christianity into Igboland, the Igbo had traditional approaches to caring and curing of the souls. They believed that some of these approaches worked but were lost when they embraced the western form of Christianity. The Igbo founded churches, picked some of the traditional approaches, and combined them with what they inherited from missionaries. More people were attracted to these churches. The Igbo also had some cultural factors that held them together that also acted as a means of healing and sustenance during crisis. Among these factors is their life of

storytelling, which is also central in CPE. Sitting together and telling stories to each other gives them a sense of community and forms a means of education and healing. Viewing the same situation with the Sotho-Tswana peoples of Southern Africa, Setiloane writes,

> On long winter evenings around the fire, there would be those folk-tales which were related first by elders and then repeated by the children themselves to one another (much more creative than watching TV!) about the clever rabbit who always escaped the wild jackal, or about the pompous lion and the massive elephant who were in unceasing competition for the royalty of the animal kingdom. Oral tradition is not something that was there only for entertainment and driving away the boredom of long evenings. It was a medium of education. These . . . folktales invariably contain moral teaching purposed at character building aimed at creating harmonious community life (1989:2).

What Setiloane said is also true of the traditional Igbo society. Unfortunately this tradition is gradually eroding away. In the present level of crises faced by the Igbo, an opportunity of sitting together sharing folktales or similar story telling can be a form of support grouping. People can share their problems and difficulties and, as a result, ease out heavy burdens in their hearts. By sharing their stories in a support group, their problems will no longer be individualistic but that of the group. In a family/community-based CPE, the students will take their theology to the community for a field-based clinical experience of the lives of the families. Through this process they will get closer to the people to hear their yearnings and to journey with them in exploring some of these old methods of care that worked for them in the past. CPE can also be a means of training facilitators who will help the people re-discover their old helpful strategies of meeting with crisis.

8.8.1 Recommendations

The recommendations in this research are directed specifically to the Anglican Church in Igbo society and generally to the entire caregivers in Igbo society and other societies that may benefit from it. Though there are many issues relating to faith-based ministries that need to be addressed, the recommendations here will be focusing on the role of the church leaders, the church, seminaries and hospitals in implementing the family/community-based CPE model. Recommendations are also directed to gender issues in pastoral ministry, pastors and lay formation for giving care to those living with HIV/AIDS, and also strengthening of lay pastoral ministry through the CPE program.

8.8.1.1 A Call on the Church and the Church Leaders in Igbo Society Regarding the CPE Program

The church leaders being referred to are the Archbishops, Bishops, Archdeacons, Priests, Deacons, Cathechists, and church councils. This research recognizes that the above mentioned leaders of the church are the primary caregivers of their congregations at various levels. They are the people who can approve and implement the family/community-based CPE program because they have access to different organs through which the church functions. They can also reach the people in their localities and at the grassroot levels. Their activities and general approach to the ministry of the church will determine how the entire church will respond to a CPE program. They must realize the importance of offering relevant pastoral ministry to the church and how a family/community-based CPE program can be an important instrument in achieving ministerial goals and visions of the church.

The leaders of the church must recognize the impact of starting from the period of training to guide young future leaders of the church into the field experience that will enable them build their own capacity for effective pastoral work. In the words of Edwina Ward:

> In our recruitment and training of members for the clergy, youth leadership, mission outreach or pastoral counseling, we need to find ways of enabling a new young member to receive guidance and capacity building in the field . . . Those who supervise will need additional education in the art and practice of pastoral supervision along with a greater recognition of the dynamics of working in a cross-cultural society (July 2003:51).

Ward makes reference to the training requirements for the leadership of the church and for those who will facilitate the training of leaders in the church. A family/community-based CPE program will be one of the means of enabling future church leaders receive the the training that will enable them minister in a cross-cultural society, because it is a program that will take the trainees to where they will meet the people in their daily life experiences.

The Archbishops: The Archbishops have access to their fellow Archbishops and the bishops in their provinces. They also have access to the theological institutions, seminaries and other caregiving facilities in their area. The Archbishops can introduce the family/community-based CPE model as a topic for discussion in their conferences, and they can together plan the strategies for implementing it as well as the method of raising the necessary funds. If it is recognized at the provincial level, where the

Archbishops have control, the institutions and dioceses within the province can go on planning how to make the program succeed in their area.

The Bishops: Bishops are the chief executives of their dioceses. Without their approval, no ministerial strategy will be implemented in their dioceses. The researcher is aware of how important the decisions and influence of the bishops are in the church, and recommends that they study this document well in order to see its relevance in further enhancing the ministry of the church. If the clergy and the lay ministers receive sound clinical training as offered in CPE, the church's ministry will be enriched with people who are able to care for one another. A good caring ministry in the church can also increase the relevance of the church in the society.

The researcher recommends to the bishops that the CPE program in Igbo society should be in two parts. The first part should be for the general pastoral ministry for pastors, cathechists and laypersons serving in parish and community settings. It should also be a preliminary preparation for pastoral specialization for those who will later be engaged in sector ministry like being professional chaplains in different institutions and for CPE supervisors. The training of a chaplain needs to be at a specialization level and should be conducted in a facility where the chaplain hopes to specialize. No matter the facility where the chaplain is trained, his or her accountability must remain to the church or the religious faith group (which can include any religion), the certifying chaplaincy organization, and the employing institution. Specialization for sector ministry is important for students who will be chaplains in secular institutions because the groups they work for may be critical and watchful to see shortfalls that are addressed as students continue growing. Specializing in a specific ministry will, therefore, be an avenue to receive thorough and sound training in their field in order to meet the expectations of other professionals they work with and also meet the needs of the people they serve.

The Pastors and the Cathechists: The local clergypersons and cathechists have the responsibility of offering spiritual care from their specific tradition by providing supportive counsel and appropriate rites. Chaplains complement these leaders by joining their respective resources to assure that faith continues to have a prominent place among the healing resources available to all persons in institutional settings (www.professionalchaplains.org). The work of a chaplain and a parish pastor is not a divided ministry but a shared ministry showing two characteristics which may distinguish the work of the pastors from

that of other helping professions. Both parish clergy and chaplains are pastors. The pastor acts, first, as the representative of the church, the community made whole by God, which authorizes the pastor to convey in its behalf its redemptive experience to persons in trouble. Like that of the other offices in the ministry, the work of the pastor is fundamentally a corporate undertaking, rooted in the message and mission of the faith group. The pastor acts theologically to uncover the particular meaning of the crisis at hand. Not only does the pastor provide instrumental help, he or she also works with those involved to interpret the present situation according to their ultimate concern (Hunter 1990:827). The pastor does not work without a mission and a vision. The mission of the pastor while ministering to people in crisis remains the same as the mission of the church in saving souls. The vision is to apply both psychological and theological tools in this mission. What makes a difference in the ministry of a chaplain and the parish clergy is that the chaplain has to be familiar with the terminologies and methods of functioning in the area where those particular chaplaincy services are needed. The Igbo pastors need to meet these expectations, and it is the belief of the researcher that the family/community-based CPE model will be of great help.

Lay Pastorate/Lay Pastoral Formation: It is increasingly becoming clear that the clergy alone cannot handle the ministry of the church. In this research, a shared ministry between the clergy and the lay members of the church is encouraged. There should be a collaborative ministry in which each member of the church contributes his or her ministerial gifts in the overall well-being of the church community. The family/community-based CPE program can be a means of training social workers and lay pastoral worker who will join the clergy in caring for those living with HIV/AIDS, as well as getting the ministry to the grassroot levels. If the church supports the participation of the laity in a CPE program, it will make it easier for the church to reach out to all its members who are in need since more trained and skilled members will now be involved in the ministry.

Seminaries: Since seminary education marks the beginning of church formation for the clergy and the church workers, it is important for the seminaries in Igbo society to make a family/community-based CPE program an integral part of their program. By so doing, they would be taking theologians to the community for a field-based clinical experience. According to Edwina Ward "if young clergy do not develop a skill when in training or in the placement they may not develop it later (April 2003:37). During this process, the seminary students would start from their formation period to learn how to carry

their theology to various homes and how to minister to people in their own contexts. The researcher recommends that seminaries should make a family/community-based CPE program a complete semester program in which students would write reports on their field experiences at the end of the program and also earn some credits for it.

Hospitals/Other Healthcare Facilities: CPE started and succeeded in the USA because of the support and the cooperation of hospitals and other healthcare facilities. The researcher is particularly interested in these institutions because of the understanding that anyone who is there has one kind of crisis or another to face. As people struggle with their physical health in hospitals and other healthcare facilites, their spiritual and emotional health must also be addressed, for a holistic healing. The researcher, therefore, calls on the hospitals in Igbo society to embrace CPE programs and also work in collaboration with faith groups in providing a holistic attention to the physical, spiritual and emotional needs of the people.

8.8.1.2 Gender Issues

The church must, as a matter of urgency, address the problem of gender discrimination in the entire ministry offered by the church. Modupe Owanikin notes that "Nigeria . . . is currently correcting the challenge of modernity that calls for modification in some extraneous church doctrines in the quest to make Christianity relevant to the modern African" (in Oduyoye and Kanyoro 1992: 207). Excluding women in certain church ministries simply because they are women will mean losing such skills and energy in them that would have contributed to making the church more relevant to the society. Even if the culture recommends exclusion of women, the church is in the position to correct that unhelpful aspect of the culture (Owanikin in Oduyoye and Kanyoro 1992: 209f). It might be so frustrating to ignore a person's ministerial gifts and calling on the bases of gender. It is very important for the Igbo churches to recognize the contributions women can make, and, as such, give them equal space with men in applying their gifts and calling in the ministries of the church. The churches in the Igbo society should support and encourage women to enroll in CPE programs in order to experience the self-transformation and training in the ministerial skills that CPE provides. Women must be given space to participate in the chaplaincy work if they feel called; they must be given a place in the church's pastoral ministry to apply their gifts. This can be a further step toward achieving a complete fulfilling and more relevant pastoral ministry in the Igbo society.

8.8.1.3 Home-Based Care for those Living with HIV/AIDS

In view of the social stigma placed on those living with HIV/AIDS in the Igbo society, CPE programs can be very useful in training pastoral caregivers who will have enough self-transformation and skills to give meaningful care to those in need. Most of the HIV/AIDS patients experience lots of emotional stress and frustration because they are excluded, avoided and stigmatized by their families and the society. They are treated as unwanted people in their families and the society and lack anybody willing to listen to their predicaments. Some of them feel lonely and abandoned and even lose their identity and sense of being human (Kimberly Roots, September 2004:1). The CPE program in Igbo society will specifically map out a strategy for training empathetic, compassionate and committed pastoral caregivers who will be genuinely available to minister to them in their homes and wherever they stay. Because of the crisis of identity, state of hopelessness they face, and being unvalued, they need such skilled and nonjudgmental pastoral caregivers as trained in CPE, who can hear their inner pains, appreciably understand them and be able to journey with them in such crisis moments. Since this research focuses on community-based care, the CPE period will be an opportunity to visit the HIV/AIDS patients in their homes and also train caregivers who will continue the home visits after the program. It is important to realize that the families of patients living with HIV/AIDS also need pastoral care that will enable them cope with their circumstances.

8.8.2 Culturally Blended CPE and the Igbo Society

After this thorough survey of CPE and its methods, the researcher comes to the conclusion that CPE brings modern social scientific methods of learning into pastoral education. The methods applied in CPE emerged out of a long history of different approaches in pastoral ministry and was successfully interfaced with social and medical sciences. Just like any other field of study, CPE has some shortfalls that are addressed as it continues growing.

CPE is open to constant change to meet the demands of different approaches, times and places. It can provide a variety of approaches to pastoral ministry in different cultural settings. As a result, CPE can successfully interface with the Igbo cultural and religious heritage despite its western origin. The skills and methods of CPE can also be applied in training pastoral visitors in the Igbo society, no matter the location of the program. By planting the seed of American form of CPE in Igbo soil, though with genetic elements from American culture, it can still germinate, feed on Igbo nutrients and become a

culturally-blended CPE for the Igbo society. However, to meet the actual contextual circumstances of the Igbo, the researcher recommends the family/community-based CPE model where the primary locations will be the local communities of the Igbo. When the people are met in their family and community context, the pastors can journey with them toward realizing their aspirations for viable lives (*Ezi ndu*). Culturally informed pastoral care envisioned in a family/community-based CPE model can empower the Igbo to reach their full potential in life. Despite their difficult circumstances, they will realize that the deepest level of crisis can also be the point where they can meet God.

APPENDICES

Appendix A: Model in the Context of this Research

The word "model" has different meanings depending on its use and its application. According to Collins Paperback English Dictionary, it can be a smaller scale representation of a device or structure. It can be an example of a set plan or a display of what is intended to be sold to the public. Model is further described in this dictionary as "a theoretical description of the way a system or process works." It can also be a small scale representation of a larger plan, or to create something visible out of one's imagination (1995:512f). In all these definitions, the central idea is "the display of a planned intention." Among several definitions of model given in the Webster's New Unabridged Dictionary is:

> Anything of a particular form, shape size, quality construction, etc, intended or imitation; a form in miniature, in natural size or enlarged, of something to be made in similar proportions; plan; pattern; as, the model of an invention (1983:1154).

Following the above definitions, the term "model" can be used in different areas of study and human endeavor. It can be used by designers to represent a sample of what they want to produce in large quantity; it can be used by builders to show a small size of a large building or construction. People can also be models of excellence, a gender group, an age or generation group, or models of a particular profession. Model can also be a diagrammatic representation that helps to understand a planned intention or various interactions between people, how groups function and the expectations of a group. Understanding model in this last definition fits into the researcher's application of it in his qualitative research.

Based on the above explanations, model plays a good role in social sciences, philosophy, theology, pastoral theology and pastoral counseling. In these disciplines, model can be a diagram intended to explain the group process, interactions within the group and expected outcomes. What is represented on the paper as a model can be a planned action for the group and the expected outcome. It can provide a guideline on how the group will function and what is expected to ensue within the group during the group process. Model for a CPE group and as applied in this research, reflects an expected outcome of the CPE group process.

Hunter (ed.), explains the use of model in psychological and pastoral theology. According to Hunter, "a model is a design or pattern for working with persons or, more specifically, a particular theoretical approach to understanding of persons and the implications of such an approach for the practice of pastoral care and counseling" (1990:746f). Hunter's definition also agrees with the researcher's use of model in this research. Pastoral care is a service offered to persons. Models in this sense describes what is hoped to be a more effective way of giving meaningful pastoral attention to those seeking pastoral assistance.

In this research, the researcher applied Model I in page 131 to show the way students and the CPE group are seen at the beginning of the group process. Model II, in page 153, shows the expected outcome at the end of a CPE group process. Both models I and II represent the already existing CPE program in many CPE centers. Model III, in page 338, is the researcher's model of what he hopes a Family/Community-based CPE program in Igbo society would be. In Model III, the researcher tries to place CPE within the Igbo context. The basic CPE "seed" is still intact, but it will be planted in Igbo soil and will be fed with local nutrients in the area. He hopes that this model will represent a culturally blended CPE for the Igbo society.

Appendix B: Participant Observation

One Unit of CPE at Cape Town, South Africa and Two Years of Chaplain Residency at Wellspan Health, York Hospital, York, PA, USA.

My initial aim of going for three months CPE was to increase my awareness of what CPE is and to get involved in it at deeper and longer bases. This lasted from March to May 2002, at Groote Schuur Hospital, Cape Town. Before this time, I had two three-weeks CPE at Grey's Hospital, Pietermaritzburg, in 1999 and 2001, and an extended CPE unit for four months at EST, Sao Leopoldo, Brazil in 2000.

During this last unit of CPE, what I learned about CPE in the past became re-echoed to me, and this helped me to have a clearer vision and focus about my topic. As I have mentioned earlier, CPE provides an opportunity for intensive involvement with persons in need (not only the sick), and feedback from peers and teachers. Out of this, students develop new awareness of themselves as persons and the needs

of those to whom they minister. From theological reflection on specific human situations, they gain a new understanding of ministry. Within the interdisciplinary team process of helping persons, they develop skills in interpersonal and interprofessional relationships.

Ministry provided by CPE can be offered to individuals, families and small groups of persons. It can be offered in any setting where ministry happens. This can be within the hospital or outside the hospital setting. CPE therefore provides the opportunity for a very structured ministry to persons in crises. It also enjoys the privilege of working with "the living human document."

Appendix C: Research Questions

Below are interview questions given to various people in Nigeria and America. The people covered in the interviews are pastoral care-givers, CPE supervisors, medical doctors, parishioners, therapists and church leaders. The researcher did not aim at receiving written responses from the interviewees, but rather, to sit one-to-one with them in order to listen deeply to them and also observe their body language. The researcher took notes while the interviews were going on. In those areas which were not clearly understood, the interviewees were asked to wite them for further clarity. There was no sequence in asking the questions or strictness on particular questions. Insights were gained as the interviews progressed and the questions depended on particular insights. The interview questions were therefore more of a guide than a strict outline. The interviews were therefore open ended and unstructured aiming at gaining new insights and breaking a new ground on how best to give pastoral care to the Igbo society and whoever will find the new approach beneficial.

Appendix C1 – Interviews Conducted in Different Parts of Igboland in June, July and August 2002, as Part of the Field Research.

The researcher traveled to Nigeria in July 2002 for field research and participant observation. He met the Archbishop of Province II of the Church of Nigeria, the Most Rev Maxwell S. C. Anikwenwa and other bishops, clergy and laity within the province. Province II covers the whole Igbo speaking area of Nigeria. He had the opportunity of interacting with three other Bishops across the Igboland in addition to medical doctors, business people, a Christian university in Igboland, Igbo Initiated Church (IIC) leaders and members, parishioners and traditional religious adherents. The main questions he asked them during this period were based on the pastoral needs of the Igbo people.

As a result of the renewed awareness and insight he gained during this period, he conceived the topic: "Clinical Pastoral Education for Igbo Society: A Cross Cultural Model for a Family/Community-Based Education Process in Pastoral Care." He found out that CPE as a training method for pastoral care is not restricted to the sick; it touches on the needs of the whole person. Many people interviewed had the view that the main pastoral needs of the Igbo are not restricted to sickness. Pastoral care approaches which will be valuable for the Igbo must look beyond sickness and touch on every aspect of their lives. Since the Igbo are a people who are family/community based, pastoral care given to them must be family/community-based and the training process must reflect the same.

The Interview Questions

Archbishop Maxwell Anikwenwa (Archbishop – Province II – then and now Archbishop of Province of the Niger – Church of Nigeria, Anglican Communion) – 31-07-2002.

1. Being an Archbishop in a Church that covers almost the whole Igboland, what do you consider to be the most important pastoral needs of the Igbo?
2. How do you consider the effectiveness of the training given to the Igbo pastors and pastoral caregivers in meeting the needs of the people?
3. Do you consider blending the Igbo traditional methods of pastoral care with the Western methods a necessary step toward enhancing a more effective pastoral care for the Igbo? Explain.
4. In your experience as a clergyperson, can bringing the past Igbo approaches to caring and blending them with the present improve the ability of the pastors and pastoral caregivers in meeting the present and needs of the people?

The Rt. Rev. Dr. Godwin Okpala – Bishop of the Diocese of Nnewi - 26-07-02

1. How would you describe the nature of Igbo response to Christianity?
2. How do the Igbo practice Christianity amidst their traditional religion?
3. How does the Igbo worldview affect their approach to Christianity?
4. Does illiteracy among church members affect the pastoral care given to them?
5. What do you consider the main problems facing pastoral ministry in Igbo society?

The Rt. Rev. Benson Onyeibo (Bishop of Abakaliki Diocese – North-eastern part of Igboland) –24-07-2002

1. How do you see the success or failure of pastoral care in Igbo context?
2. Will you consider the Igbo conservative or open to receiving new approaches?
3. How do the Igbo understand the causes of sicknesses and other problems in their lives?
4. How would you explain the present Igbo cultural approaches in relation to their past cultural approaches? Can you see the Igbo culture as a corporate culture?
5. What roles do the elderly people play in the pastoral care of the Igbo?
6. How did westernization affect the attitude of the Igbo to the elderly people?

After responding to the interview questions, Bishop Onyeibor went on to give the following paraphrased recommendations:

Pastoral care must go beyond the individual. To handle a sickness there is also need to look beyond physical causes. In a traditional caring system, people may be asked to go back home and find out the sources of their sicknesses. The Church needs to be informed by this kind of awareness and the role played by our place of origin in our lives. Healing needs to be holistic: both physical and spiritual. It goes beyond medical treatment and touches on corporate life. An approach that can be meaningful to the Igbo would be comprised of symbols they can see, touch, feel, experience, and things that have empirical evidence. People can therefore say, *nnke m riri bu nke m kwenyere* (I can agree that you have money only when I enjoy it). This also is evident in the saying, *nke onye riri ka o bu* (literally – what you enjoy becomes your own allocation).

Whichever way we approach pastoral care, we must always bear in mind that what the Igbo want is practical Christianity. Many people are hungry. Many have no houses in which to live. A majority of the people cannot meet their daily needs. "What kind of gospel will you preach to them when you cannot help them meet their needs?" The type of pastoral care they want is one that will help them meet with their daily needs for survival. A person needs to eat, wear clothes and live in a house in order to survive. We as pastors should look to these basic needs of the people first before what we say can hav meaning to them.

The Church must not fear the material gifts she will give to the people in need. Though resources are limited, the Igbo believe that a journey of one million miles starts at a point. For an Igbo, it is better to do what you can in any situation whenever you have the opportunity. Once that is done it may not be called for again. The Igbo wants something practical, this may even include the gift of money. There is nothing you can do for a bereaved person, a woman that puts to bed newly, a sick person, or a couple newly wedded, etc, that will have meaning if not accompanied with material gifts.

The need for deliverance

The Igbo under traditional setting experienced exorcism, incantations and all kinds of avenues for driving away evil spirits. They are still the same Igbo and live in the same environment. If the Church fails to provide alternatives, people will move back to traditional practices or else they will join other religious groups who may be deceiving them and using those practices to attract them. The Church needs to listen

to whoever has a problem in order to hear the kind of problem the person has. There is also need for the Church to be equipped to face challenges confronting her members. Those who need deliverance must be attended to according to their own understanding. If not, they will move away and look for other places. There is no need disagreeing with them because they know what they want. It is better to accept them first and start teaching them gradually. In this case, there is need for corporate prayer for the individuals and families. People often request for breaking of covenants. Give them assurance that covenants have been broken both at family and individual levels. This must be done inclusively.

The Igbo Expects Practical Christianity

Bishop Onyeibo sees practical Christianity as one in which the poor, widowed, aged, hungry, prisoner, etc, are cared for. The Church can organize fellowship for these groups of people. Get resources from the rich members in order to assist the poor and less privileged. Provide them new clothing, food, place of living, etc. Children must be brought nearer because they are new in the world and need to be guided aright.

Practical Christianity will not end in providing meals and clothing. The Church must introduce projects that can create jobs for the jobless. The Church must go beyond ordinary preaching of the Gospel and do practical things that will build up the community. They should get involved in the day-to-day life of the families within Igbo communities and also get people fully involved in ventures that will promote their livelihood.

In the words of Bishop Onyeibo, "EMPIRICAL PASTORAL CARE is what the Igbo wants. The church has talked for long enough, there is now need for action and implementation of all they have been saying. People want something practical no longer endless promises."

The Rt. Rev. Ken Okeke (Bishop on the Niger – Diocese where Christianity first came in Igboland) – 02-08-2002

1. How can you describe the present pastoral care system in Igbo Churches?
2. Can you give further explanation of what you mean by "blended but unstructured pastoral care?
3. Can you distinguish what you mean by "blended but unstructured pastoral care from your idea of "un-systematized pastoral care?
4. When you say that the Igbo are culturally rich in pastoral care approaches, what are the examples that will demonstrate this richness?

5. How can Western approaches be blended to Igbo traditional methods in Clinical Pastoral Education programs in order to train more effective pastoral care givers for the Igbo society?

The Rev. Canon Dr. Emma Ekpunobi (Rector, St Paul's University College, Awka) – 31-07-2002

1. Are the Igbo symbols of pastoral care transferable?
2. How could the methods of training applied by diviners and traditional religious leaders be useful in training modern pastoral care givers in Igbo society?
3. What do you consider to be the expectations of the Igbo from a pastoral caregiver?
4. Do you see any conflict in the authority of the pastor and that of the elders in the Igbo traditional context?
5. In your view, do you see the Igbo as a people who are resistant to authority?

The Very Revd. Dr. David C. Okeke (Senior Lecturer Nnamdi Azikiwe University, Awka and former Provost, All Saints Cathedral Church, Onitsha) –23-07-2002

1. How can you describe the Igbo communality and individualism?
2. What are the possibilities of introducing Igbo method of pastoral care, especially, caring for the sick and the bereaved, into a Westernized form of Clinical Pastoral Education (CPE)?
3. How can the Igbo symbols and rituals be applied in training pastoral caregivers in a CPE program?

Sir Ernest C. N. Ozodi – KSC (Resides in Diocese of Asaba) –01-08-2002

1. How can pastoral care of the Church be a useful tool in winning the hearts of the people?
2. Do you consider the present pastoral care approach of the Church relevant enough to the deep needs of her members?
3. Would you consider blending Igbo traditional pastoral care approaches with Western form of pastoral care a positive step toward enhancing the pastoral care of the Igbo?

Sir George Aniekwena (Knight of St. Christopher – Resides in Diocese of Enugu, central Igboland) –29-07-2002

1. How can you compare the authority of the Igbo traditional caregivers and those of the Christian pastoral caregivers?
2. Could blending Igbo traditional symbols and rituals of care with Westernized form of training pastors during Clinical Pastoral Education enhance the effectiveness of care given to the Igbo?

Dr. Emma Akabike (Medical Director, Lord's Hospital, Based at Awkuzu and Ifitedunu – Anambra State) –27-07-2002

1. How would you assess the pastoral care offered in hospital settings in Igbo society?
2. Do you consider pastoral visits at homes and other places where the people are found most of the times helpful to them?
3. How would giving of gifts meet the pastoral needs of the Igbo?

Dr. Anthony N. Ikefuna (Paediatrician – University of Nigeria Teaching Hospital, Enugu, Enugu State) –28-07-2002

1. Do you consider pastoral ministry in the hospital setting helpful to the Igbo?
2. How does the pastoral ministry of the Igbo prayer healing churches affect response of the Igbo

to scientific medication?

Mr. Mark Ijeoma (Businessman – Issele Uku – Western part of Igboland) –02-08-2002

1. Can you explain how God occupies a central position in the life of an Igbo?
2. How do the Igbo regard a pastor?
3. When you say that a pastor is a symbol of God to the Igbo, what does that mean?

Mr Obi Aniekwena (An Igbo Church warden living in Lagos - outside Igboland) – 03-08-2002

1. How can you generally describe the Igbo response to pastoral care?
2. When you say the the Igbo believe in what they see that works for them, what will this means while offering pastoral care to them?

Lady Victoria Aniekwena (Awkuzu – Anambra State) –29-07-2002

1. How can a training program in pastoral care respond to the notion that the Igbo want immediate and visible solutions to their problems?
2. How would you see giving of gifts as effective means of meeting the pastoral needs of the Igbo?
3. What would practical Chrstianity mean in Igbo context?
4. In what ways do the Igbo respond to novelties?
5. How does the practice of prophecy/vision affect the present pastoral role in Igbo society?
6. In what ways do the Igbo respond to healing and deliverance ministries?

Elder Dan Nwokolo - leader of an African Initiated Church (Orumba South Local Government Area – Anambra State) on 21-07-2002

1. What is the Igbo understanding and approach to sickness and healing?
2. Can you throw more light on the belief of the Igbo that the causes of sicknesses and misfortunes have both spiritual and physical links?
3. What are the ways superstition affect the Igbo response to pastoral attention?
4. How do you consider the possibility of the Igbo to be open to Westerized form of pastoral care?
5. Would you consider an integration of a Westernized form of pastoral care with the Igbo traditional methods a possible way of improving the care given to the Igbo?
6. What role do you think identity plays in the healing process of an Igbo person?
7. What do you see as the differences between the pastoral approaches of the Church in Igboland and those of the Prayer Houses?
8. What would you suggest to be the most appropriate method of training pastors and pastoral caregivers who will serve the Igbo communities?

Mr Dickson Nweke Okonkwo – newly converted to Christianity at old age (Interview conducted on Saturday 27th July 2002)

1. What has been your delight and struggles since you were converted to Christianity from the Igbo Traditional Religion?
2. How does the communal strength in the Igbo Traditional Religion affect their reception of pastoral care?

Comrade B. D. Nkemaka – Local Government chairman and a member of a Pentecostal Church – 30-07-2002

1. What do you consider to be the effects of superstition in the Igbo response to their religious life?
2. What kind of psychological problems do you consider will be attended to first before addressing their deep spiritual needs?
3. How do you consider the strength of communal life as one of the factors that can enhance the pastoral care of the Igbo?

Mr. Theophilus N. Ozodi – a retired principal, customary court judge and at present leader of a village Church –25-07-2002

1. What do you suggest to be the best training approach for pastors and pastoral caregivers who will serve the Igbo society?
2. How will you assess the Igbo response to pastoral outcomes?

Mrs. Josephine I. Ozodi (Leader of Girls Brigade for many Years and now patroness to Girls Brigade) –23-07-2002

1. What do you think is responsible for the Igbo belief that there must be a cause behind any life event?
2. What do you consider to be the best caring approach in the light of such belief system?

Sir Goddy Mbamalu (KSC) – Diocese of Aba, Abia State (22-07- 2002)

1. What is your understanding of cause and effect in the life of the Igbo?
2. Can you give more explanation on how suspicion affects the life of the Igbo and their response to pastoral care?
3. How does the Igbo belief in power of prayers affect their expectation of pastoral outcomes?

Appendix C2 – Interview with an Igbo Scholar residing in South Africa: Dr. Ufo Uzodike (Director of Political Studies, University of Natal Pietermaritzburg, South Africa) –27-06-2002

1. How are the Igbo related to the rest of Nigerian tribes and ethnic groups?
2. What are the effects of Nigerian civil war on the relationship between the Igbo and the rest of the Nigerian ethnic groups and tribes?
3. What are the tensions caused by the slow re-integration of the Igbo in Nigerian life?
4. How can you describe the communality and individualism among the Igbo?

Appendix C3 – Interviews, Materials, Conferences and Experiences in the USA from August 2003 to December 2004 (Through participant observation)

The Rev. Jim Winjum, Manager of Pastoral Care and ACPE Supervisor, York Hospital, Wellspan Health, York, Pennsylvania, USA – Wednesday, March 24 2004.

1. How does the problem of financing affect a CPE program?
2. What is the meaning of authority in a pastoral relationship?
3. What is the difference between CPE as education and CPE as therapy?
4. How do you see the role of a supervisor in a CPE group?
5. Can explain the difference between context and relational in a CPE process?

(Being one of the CPE supervisors of the researcher during this research, despite the above questions, the researcher asked Rev. Winjum many spontaneous questions depending on difficult issues the researcher faced at the time)

The Rev. Dr. Ted Trout-Landen, Director, Department of Pastoral Care and Education and ACPE Supervisor, Wellspan Health, York and Gettysburg, Pennsylvania, USA.

1. How does pastoral care bring about creative interchange both on the pastor and the patient?
2. What made it possible for the Eastern Region ACPE to extend CPE to Puerto Rico and other South American countries?
3. What are the implications of moving CPE from institutional setting to a community setting?

(Like the Rev. Jim Winjum, Dr. Trout-Landen being one of the CPE supervisors of the researcher during this research, despite the above questions, the researcher asked him many spontaneous questions depending on difficult issues the researcher faced at the time)

An Interview with The Rev. Paul E. Derickson, Coordinator, Chaplaincy Services Penn State Milton Hershey Medical Center, Penn State College Of Medicine, Hershey, Pennsylvania, USA (Wednesday, March 24 2004)

The researcher visited The Rev. Paul Derickson in his office at the above institution and discussed the following topics about CPE program:

Application process – autobiography, spiritual history, vocational history, previous experience in CPE and learning goals.

The main concerns of the researcher regarding these topics are:

1. Why are they required as part of the application process?
2. What is the origin of the use of these questions as part of application process?
3. What are their uses in the assessment of a CPE student?

Other questions that Rev. Derickson addressed are:

1. What is a typical structure of a CPE program?
2. What is the attitude of faith groups to CPE at present?
3. What are the levels of CPE and why such levels?
4. How do you see the future and job opportunities for CPE graduates?

5. What is the future of CPE Programs in the USA?

Interview with the Rev. Jerry Griffin at the Pastoral Care Department Conference Room, WellSpan Health, York Hospital, York, Pennsylvania, USA (April 23, 2004).

The researcher sat with the Rev. Jerry Griffin at the Pastoral Care Department Conference Room of York Hospital for almost two hours to address the following topics both in pastoral care and in Clinical Pastoral Education

1. Authority issues in pastoral visits.
2. CPE Students Consultation
3. Expected Outcome of the students consultation
4. Relational/Context issues in pastoral conversation
5. Clinical Presentation
6. How the pastoral visit can be a hindrance to healing
7. Who is the "I" that I bring to the pastoral context?
8. To what degree does the "I" determine the outcome / individual coping in African context, whether in group session or in one-to-one?
9. To what extent can pastoral care in American context fit into Africa, bearing in mind the evangelical nature of Africa?
10. Is the authority in pastoral care in USA transferable to Africa?
11. Can the skills communicated in pastoral care in USA work with the patients, parish and clergy in Africa? (Here, it might be necessary to encourage Africans to embrace what works for them and interpret it in their own language).

Interview with Different Professionals in a Clinical Setting

The researcher conducted a series of interviews in York County, Pennsylvania, with physicians, professional caregivers, guidance counselors, and theological students to assess their perception of the successes, failures, standards, expectations, and training needs for pastoral services and the CPE program. The selection was made through random sampling. Those contacted have vast experience in their profession and are aware of CPE programs and pastoral services in different clinical settings. Some of the questions they answered were:

1. From your personal viewpoint, how would you describe the relationship between spirituality and health / emotional health?
2. In your experience, how would you assess the pastoral care given by the clergy in the context/healthcare facility with which you are familiar? What recommendations, if any, would you make to improve the quality of pastoral care?
3. What are your expectations of clergy in handling the counseling needs of their members/working in healthcare facilities?
4. To the degree possible, how do you think parishioners (patients) perceive the pastoral role of the clergy (in healthcare facilities)?
5. As pastoral care may often lead to pastoral counseling, what venue would you suggest to be the best for training pastors for counseling during CPE?
6. To enable pastors to achieve the best result in counseling, what approach would you consider best during a CPE program?

PRIMARY SOURCES

RESEARCHER'S PERSONAL PARTICIPATION AND FIELD RESEARCH

Parish Ministry and Chaplain to an Institution, Anglican Church, Nigeria – 1990 to 1998.

Chaplain, Anglican Society (Ansoc), University of Natal Pietermaritzburg, South Africa – 1999 to 2003.

One Module of Clinical Pastoral Education at Greys Hospital, Pietermaritzburg, South Africa - July to August 1999.

Chaplain, Anglican House of Studies, School of Theology, University of Natal, Pietermaritzburg, South Africa – 2000 to 2003.

One Module of Clinical Pastoral Education at Grey's Hospital, Pietermaritzburg, South Africa - July 2000.

Extended Unit of Clinical Pastoral Education in three Hospitals in Rio Grande Sul, Brazil, namely: Hospital Moinhos de Vento, Porto Alegre; Hospital Santa Casa de Misericordia, Porto Alegre and Hospital Centenario, Sao Leopoldo – August to December 2000.

One Module of CPE at Grey's Hospital, Pietermaritzburg, South Africa – August, 2001.

One Unit of CPE (Three Months) at Groote Schuur Hospital, Cape Town, South Africa - March to May 2002

Interim Priest and Pastor, Holy Angels Church, Raisethope, Pietermaritzburg, South Africa - Parish Ministry (Parish Experience) - September 2002 to August 2003

Co-Supervisor – Extended Unit of CPE at Grey's Hospital, Pietermaritzburg, South Africa – March to May, 2003

Co-Supervisor – One Module of CPE at Grey's Hospital, Pietermaritzburg, South Africa - July 2003

Yearlong Residency at WellSpan Health, York Hospital CPE Center, York, Pennsylvania, USA - August 2003 to August 2004

Visitation Pastor, St. Paul's Lutheran Church, 25 West Springettsbury, York, Pennsylvania, USA – From January 2004.

ORAL SOURCES / INTERVIEWS

Akabike, Dr. Emma is the Medical Directorm of Lord's Hospital, located at Awkuzu, Oyi Local Government Area and Ifitedunu, Njikoka Local Government Area all of Anambra State, Nigeria. The interview was conducted on July 27, 2002, at his office at Ifitedunu, Nigeria.

Aniekwena, Sir George O. is a Knight of St. Christopher in the Diocese of Enugu of the Church of Nigeria, Anglican Communion. The interview was conducted on July 29, 2002, at his residence at Enugu, Nigeria.

Aniekwena, Sir Obikezie is an Igbo businessman based in Lagos, Nigeria. He hails from Awkuzu in Anambra State and is a committed Christian of the Anglican denomination. The interview was conducted at his residence at Lagos on August 3, 2002.

Aniekwena, Lady Victoria is a lady Knight and spouse of Sir George Aniekwena. Lady Aniekwena has a passion for incorporating traditional pastoral approaches into the Church's pastoral ministry. The interview was conducted on July 29, 2002, at her residence at Enugu, Nigeria.

Anikwenwa, The Most Rev. Maxwell S. C. (JP, M.A., Dip. Th., PGD, ECU) is the first Bishop of the Awka Diocese, inaugurated on March 9, 1987. In 2000 he became the Archbishop of Province II, overseeing the whole Anglican dioceses in Igboland and the Dean of the Church of Nigeria, Anglican Communion. Archbishop Anikwenwa is also the first Archbishop of the Province of the Niger – Church of Nigeria, Anglican Communion. The interview was conducted on July 31, 2002, at his residence at Awka, Nigeria.

Bannon, Sister Jacinta (IBVM) is one of the certified CPE Supervisors in South Africa who has continued with CPE supervision. She is based in Cape Town, at the Groote Schuur Hospital CPE center. She is an Irish and a Roman Catholic Rev. Sister, belonging to the Order of Loreto Sisters/IBVM. The interview was conducted on May 25, 2002, at the CPE center of the Groote Schuur Hospital, Observatory, Cape Town, South Africa.

Bediako, Kwame is a Professor of African Theology. He is from Ghana, and lectures both in the School of Theology, University of Natal, South Africa and in Ghana. The interview was conducted in his office in the School of Theology on March 13, 2003.

Derrickson, The Rev. Paul is an ordained Presbyterian minister who has served at the Hershey Medical Center since 1981 as the Associate and as Coordinator since 1995. He was certified as an ACPE Supervisor in 1977 and is a Board Certified Chaplain in the Association of Professional Chaplains. Derrickson's primary focus has been developing and articulating the new role for chaplaincy in the

changing health care environment. This interest has led him to research the impact of faith on health, create a multi-level pastoral care assessment and delivery system, to explore providing pastoral care to the institution, articulate the healing ministry of the church, develop programs for clergy, laity, religious, and congregations, and develop worship services to meet the needs of patients and staff. Paul Derrickson is married to Barbara who is also a CPE Supervisor. They have four children. His interests include reading, kayaking, woodworking, and golf. The interview was conducted on March 24, 2004, in his office at the CPE center of Hershey Medical Center, Hershey, Pennsylvania, USA.

Ekpunobi, The Rev. Canon Dr. Emma is the Rector of St Paul's University College, Awka, where Anglican priests from different Diocese in and outside Igboland receive their ministerial training. The interview was conducted on July 31, 2002, at his office at St. Paul's University College, Awka, Nigeria.

Griffin, The Rev. Jerry is a Board Certified Chaplain in The Association of Professional Chaplains, Inc. (formerly The College of Chaplains), Certificate Number 830, 1971. He is a minister in the Disciples of Christ Church in Florida and Systems Director of Spiritual Services, Lee Memorial Health System, Ft. Myers, Florida. Rev. Griffin holds many educational certificates and National, International and Professional Awards. He has been and still remains a member of many Commissions, Boards and a Consultant in many pastoral fields. He has written and published many articles on different pastoral and medical issues in Journals and bulletins. The interview was conducted on April 23, 2004, at WellSpan, York Hospital, York, Pennsylvania, USA.

Hartmann, Peter M. (M.D.) is the Vice President of Medical Affairs and Director of Medical Education, York Hospital of WellSpan Health, York, Pennsylvania. He is also the Assistant Dean for Medical Education, The Pennsylvania State University College of Medicine. He had his residency in Family Medicine at the University of Maryland Hospital from 1971-1974 and from 1973-1974 was the chief resident. He also had a residency in psychiatry in the Sheppard Pratt Hospital. In the military service, he was a Captain from 1974-1975 and a Major from 1975-1976 where he became the Officer-in-Charge of Military Public Health and Laboratory. He also became the Director of Continuing Medical Education in the military and a part-time instructor in the Family Practice Residency Program at Malcolm Grow Hospital. He has sixteen awards for his contributions in different fields of medicine, medical education and military service. He has a long teaching experience from 1973 to this date, where he has been involved in ten different programs in different hospital settings. Since 1992 he has been a residency physician in the York Hospital of WellSpan Health. He has been an editor of three different American journals, has thirty-six publications in different areas of medical practice and twenty-four presentations. Dr. Hartmann has been in management and administrative positions in nineteen different organizations from 1970 to this date and project director for ten different organizations since 1988. Dr. Hartmann's resume covers thirteen pages and cannot totally be included in this space. The interview was conducted on July 15, 2004, at WellSpan Health, York Hospital, York, Pennsylvania, USA.

Hartmann, Rhada J. (BSN, RN, CT,) Director, Palliative Care/Bereavement Services, York Hospital of the WellSpan Health. She is also a Consultant and certified in Bereavement Counseling and Death Education; Site Coordinator for Decision Near the End of Life program of the WellSpan Health Bioethics Committee; Adjunct Faculty, Special Programs and Nursing. In the past she has been Nurse Thanatologist of York Hospital of WellSpan Health, 2001-2002; Chairman of the 1998 Planning

Committee for the 11th National Conference on Perinatal Loss, 1997; RTS Bereavement Services Counselor and Childbirth Educator, 1983-1990 and in leadership and coordinating positions in six other medically related nursing and counseling fields. Rhada has also been a member and in leadership and coordinating positions in seventeen different social and religious organizations. Among the institutions she attended was Villa Maria College, where she had Bachelor of Science in Nursing. She belongs to five professional organizations and has also had ten different awards and honors at local, state and national level. The interview was conducted on July 10, 2004, at WellSpan Health, York Hospital, York, Pennsylvania, USA.

Ijeoma, Mark is a roadside mechanic at Issele Uku, Delta State, Nigeria. Issele Uku is located in the western part of Igboland. The interview was conducted at his workshop on August 2, 2002.

Ikefuna, Dr. Anthony N. is a pediatrician at the University of Nigeria Teaching Hospital, Enugu, Enugu State, Nigeria. The interview was conducted at his Enugu office shortly after his return from U.K. on July 28, 2002.

Killewa, Brighton L. is the General Secretary of the Evangelical Lutheran Church in Arusha, Tanzania. The ELCT is the second largest Lutheran Church in Africa. He communicated with the Provost of Makumira University College, Tanzania, about the present situation of CPE in Tanzania. The information was passed on to Dr. Vivian Msomi of the University of KwaZulu Natal, Pietermaritzburg, South Africa, who forwarded it to the researcher on May 16, 2005.

Leisk, Jeanette D. (M.D.) was a physician instructor of medicine and pediatrics in the University of Massachusetts Medical School Community Medical Group, Worcester, MA, USA, from 1997 to 2003. Before then, she was a Resident Physician at Baystate Medical Center, Springfield, MA, USA, from 1993 to 1997. The interview was conducted at the Pastoral Care and Education Department, WellSpan Health, York Hospital, York, Pennsylvania, USA on August 17, 2004.

Lijoi, Andre F. (M.D.) is a physician of Geriatrics, in the Thomas M. Hart Family Practice Center, York, Pennsylvania, USA. He is also an Assistant Clinical Professor, University of Kentucky, Department of Family Medicine, Lexington, KY; Assistant Program Director/Medical Director, York Hospital Family Practice Residency/Thomas Hart Family Practice Center, York, PA; Clinical Assistant Professor, Family & Community Medicine, Penn State/Hershey Medical Center from 1996 until present. Dr. Lijoi has been involved in about eleven different National Professional Activities, had six awards, five publications, and seventeen presentations at different levels. He is involved in seven different community activities. He had a Mini-Fellowship in Obstetrics from Polyclinic Hospital, Harrisburg, PA, from August 1996 to October 1996, and a National Institute of Program Directors Development Fellow from September 2002 to June 2003. Dr. Lijoi was certified by the American Board of Family Practice in 1983 and re-certified in 1990, 1996, and 2002. He has had eight educational appointments, three administrative positions and seventeen staff appointments. He is a Roman Catholic and is also married to Dr. Laurie M. Lijoi, MD and they have two children. The interview was conducted in his office at WellSpan Health, York Hospital, York, Pennsylvania, USA on August 16, 2004.

Mann, Scott R. (M.D.) is a Family Physician in the White Rose Family Practice, York, Pennsylvania, USA. He was a member of Quality Assurance Committee of the York Hospital Family Practice

Program since 2001. Dr. Mann was a family physician in the York Health Corporation, where he was the Assistant Medical Director from August 1995 to November 1997 and a Peace Corps Volunteer in Ecuador from September 1985 to December 1987. He attended the University of Maryland at Baltimore School of Medicine, Baltimore, MD from September 1988 to May 1992. Dr. Mann received the Edward J. Kowalewski, M.D. award for excellence in training in family medicine in May 1992. The interview with Dr. Mann was conducted on Monday, August 2, 2004, at Camp Nawakwa, Pennsylvania, USA.

Mbamalu, Sir Goddy is a Knight of St. Christopher of the Diocese of Aba, Abia State, Nigeria. He is a committed Christian and believes in the practical application of Christian principles. The interview was conducted at Aba on July 22, 2002.

Minick, The Rev. George is a Lutheran Church pastor who serves in a church-owned nursing home. He has experienced CPE training in various centers and has a passion for the ministry. In view of his commitment to the pastoral ministry, he is worried about what the future of the ministry will be in the USA. Rev Minick studied at Millersville University of Pennsylvania, where he earned a Bachelor of Arts in 1980 (psychology); Lutheran Theological Seminary at Gettysburg PA., Master of Divinity, (no major, no thesis required), 1985; Lutheran Theological Seminary at Gettysburg PA., Master of Sacred Theology (pastoral theology [thesis: Spiritual Direction: Theological Foundations]), 1995. He completed one basic unit of CPE at St. Joseph's Hospital, Lancaster, PA. 1982 (now Lancaster Regional Health Center) and three additional units of CPE at York Hospital, 2001-2004. He is an ordained minister of the Evangelical Lutheran Church in America since 1985, served as pastor of Christ Lutheran Church (Filey's Parish), Dillsburg, PA. 1985-1992, associate pastor of Grace Evangelical Lutheran Church, Camp Hill, PA. 1992-1995, pastor, Christ Lutheran Church, Loganville, PA., 1995-1999 and Lutheran Social Services of South Central Pennsylvania as chaplain at Shrewsbury Lutheran Retirement Village, Shrewsbury, PA., 1999 to the present. The researcher had the opportunity of conducting the interview with Minick on Friday, August 20, 2004, at the Pastoral Care Department of the WellSpan Health.

Monk, John S., JR., (M.D., F.A.C.S.) has been the Clinical Associate Professor of Surgery in the University of Pennsylvania since 1991 till date. He is also Adjunct Professor, Department of Biology, York College of Pennsylvania and Adjunct Clinical Assistant Professor, Pennsylvania State School of Medicine from July 2001 till date. He was the Programme Director of the Department of Surgery of York Hospital from February 2001 to December 2003. He is a member and fellow in nine different professional associations in America, hold many leadership positions in the Evangelical Lutheran Church, Boys Scouts of America and his professional bodies. Dr Monk had his medical education in Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA, a certified Surgeon in different fields of surgery and has been involved in thirty-two publications, presentations and researches. The interview was conducted at his office at Apple Hill Medical Center, York, Pennsylvania, USA on July 16, 2004.

Moyer, Suzanne B. is the owner of Resource Optimization Services, Inc., a York (PA) based organization development consulting practice devoted to bringing about excellence in organizations by bringing out the best in people. Trained as a counselor, Suzanne brings to her counseling practice more than twenty-five (25) years of professional experience in the human services field. As a consultant, Suzanne is known for her workshop design, consensus building, data analysis and group

facilitation skills. She represents specific expertise in the areas of planning, evaluation, values clarification, boardsmanship, leadership development, intra-organizational relations and volunteer administration. Suzanne has served on the advisory committee to the clinical pastoral education program of the York Hospital in York, PA. She is a member of the Future Search Network Association for Quality and Participation, Organization Development Network and National Center for Nonprofit Boards and Alliance for Nonprofit Management. The interview was conducted at St. Paul's Lutheran Church, 25 West Springettsbury, York, Pennsylvania, USA on July 15, 2004.

Msomi, Vivian V. is the Principal of Lutheran Theological Institute (LTI), Pietermaritzburg, attached to the School of Religion and Theology, of the University of KwaZulu Natal, Pietermaritzburg. He is also a Senior Lecturer of Practical Theology in the same university. The Rev. Dr. Msomi was among the first students of Clinical Pastoral Education when it was introduced at the Lutheran Theological College at Umphumulo, Natal, in August 1970, by Arthur H. Becker. He later became the Assistant to Professor Becker at Umphumulo Theological Seminary. He also worked hard with one of his course members, the Rev. Siegfried Abrahamse to establish CPE in South Africa in the early 1970s. M. Janson in Rodney Hunter (1990:1203) notes that Dr. Msomi and Rev. Abrahamse were the first two internationally qualified indigenous CPE supervisors in South Africa. After working for a while with Abrahamse, Dr. Msomi branched to academic work and later worked for the Global Office of the Lutheran World Federation in Geneva Switzerland, as the African Secretary. The researcher was in link with the Rev. Dr. Msomi while giving finishing touches to his work (May 2005).

Nkemaka, Comrade B. D. (B.A., M.A. London) has been a Local Government chairman and Sole Administrator of almost all the local governments in the old Anambra State, Nigeria. He has interacted with many local Igbo communities and community leaders while he administered the areas. He knows a lot about different kinds of problems facing many Igbo communities. The interview was conducted at his residence at Awka, Anambra State, Nigeria on July 30, 2002.

Nweke, Ebo's family (Complete identity withheld for comfidentiality) is an Igbo family. Ebo was a farmer who lived in a homestead with his family before he became sick. He was a member of an Igbo initiated church called *Igbè*, while his family members belong to another locally founded church called "Sabbath." The interview with his family was conducted on July 26, 2002, shortly after Ebo's death.

Nwife, Mrs Ngozi is a roadside trader at Ngwoo, Enugu State, Nigeria. The interview was conducted on July 29, 2002, at 9th Mile Corner, Ngwo, Enugu State, Nigeria, where she sells *Okpa*.

Nwokolo, Elder Dan (MA USA) is a leader of an African Initiated Church, The All Christian Practical Praying Band, Ufuma in Orumba South Local Government Area, Anambra State, Nigeria. The interview was conducted on July 21, 2002, at his residence at Ufuma, Nigeria.

Nwoye, Nkemakonam is a Diviner based at Awka, Anambra State, Nigeria. He says that he is a specialist in exorcism of evil spirits as well as a witchcraft doctor. The interview was conducted on July 30, 2002, at his residence at Awka, Nigeria.

Okeke, The Very Rev. Dr. David Chidiebele is a Senior Lecturer in Nnamdi Azikiwe University, Awka and former Provost, All Saints Cathedral Church, Onitsha. He is an Igbo Scholar in Church History. The interview was conducted on July 23, 2002, at his residence at Onitsha, Nigeria.

Okeke, The Rt. Rev. Ken S. Edozie (B.Sc. Hons, M.A.) is the Bishop on the Niger. The Diocese on the Niger is the first diocese from where Christianity first came in touch with the Igboland. The diocese was inaugurated in 1864. The interview was conducted on August 2, 2002, at his residence at Onitsha, Nigeria.

Okonkwo, Mr Dickson Nweke is newly converted to Christianity at his old age. The interview was conducted on Saturday July 27, 2002, at Mr. Okonkwo's house at Ifite Awkuzu, Anambra State, Nigeria.

Okpala, The Rt. Rev. Dr. Godwin I. N. (JP, B.A., Dip Th London, DD) is the first Bishop of the Diocese of Nnewi, Anambra State, Nigeria. The Diocese of Nnewi was inaugurated on February 14, 1996. Bishop Okpala spoke out of first hand experience of working with different categories in among the Igbo. The interview was conducted on July 26, 2002, at his residence at Nnewi, Nigeria.

Onyeibor, The Rt. Rev.Benson B. C. (JP, BA Hons, Dip Th.) is the first Bishop of the Abakaliki Diocese in the northern end of Igboland and covers the whole of Ebonyi State. It was carved out of Enugu Diocese and inaugurated in 1997. The diocese has a lot of rural and impoverished communities. Bishop Onyeibor spoke from his experience in the area. The interview was conducted at his residence at Abakaliki on July 24, 2002.

Ozodi, Sir Ernest C. N. is a High School principal. He holds a B.SC in Zoology from the University of Nigeria, Nsukka and a M.Ed in Secondary Education, from Temple University, USA. Sir Ernest is a Knight of St. Christopher in the Anglican Diocese of Asaba, Delta State, Nigeria. The interview was conducted at his residence at Issele-Uku, Delta State, Nigeria, on August 1, 2002.

Ozodi, Mrs. Josephine I. is a committed member of St. James Anglican Church, Aukuzu. For many years she has been playing a leadership role in both Women's Guild and Mothers' Union. She has also been leading the Girls' Brigade for many years and is now a patroness to the Girls' Brigade. The interview was conducted at her residence at Ezi-Awkuzu, Anambra State, Nigeria, on July 23, 2002.

Ozodi, Mr. Theophilus N. – Mr. T.N. Ozodi embraced Christianity quite early in life, through the British Christian missionaries who came to evangelize his community. After being educated in mission schools, he had an appointment as a teacher in mission schools. He had the privilege of living in missionary compounds with white missionaries and came in contact with Western culture quite early in life. He combined his teaching profession with preaching in many local Igbo communities and help plant mission stations in very remote areas of Igboland where Christianity had not reached. He retired as a principal of a High School and later had an appointment as a customary court judge in which he served for eight years. At present he is a leader of a village Church. The interview was conducted at his residence at Ezi-Awkuzu, Anambra State, Nigeria on July 25, 2002.

Roth, Lois L. (B.S.Ed, M.Div. (eq), L.U.T., C.S.E.) April 2, 2004. Lois is a second year chaplaincy resident at WellSpan Health in York, Pennsylvania, USA. Prior to this, she served as Youth and Family minister for a Unity congregation, where she provided educational programs, support and spiritual counseling. In August 2004, she completed a year of Clinical Pastoral Education on Behavior Health Service Line, where she implemented Insight Meditation instruction and practice, as well as

grief and forgiveness classes. At present, she is the Surgical Service Line Chaplain at WellSpan Health, where improving pastoral care for patients and families of trauma and surgical stress is her focus. Also she is currently a student of Reiki. Some past experiences include an internship of Clinical Pastoral Education at Lehigh Valley Health Network, Hospice Volunteer Training, Silent Unity Prayer Ministry and Peace Educator in Independence, and Kansas City, MO schools.

Smith, Rabbi Ruth is a Reconstructionist (Jewish) Rabbi and an American Jew. Both Rabbi Smith and the researcher participated in the chaplaincy residency of WellSpan Health, York Hospital Center from August 2003 to August 2004. Rabbi Ruth did not speak from a theoretical point of view but from her personal experience of creative interchange in the hospital context. The interview was conducted at the Pastoral Care and Education Department of WellSpan Health, York Hospital, York, Pennsylvania, USA on April 16, 2004.

Sowers, The Rev. William is a retired Lutheran Pastor in York County of Pennsylvania, USA. He is also a retired family therapist. At present he is the Interim pastor of St. Paul's Lutheran Church, York, Pennsylvania. Rev. Sowers is a co-founder of the Crop-Walk, which is now a laudable program across USA among Christian Churches, to raise funds for assisting nations and communities ravaged by poverty. The interview was conducted on October 4, 2003, at his residence at 2656 Grandview Park Drive, York, Pennsylvania, USA.

Trout-Landen, The Rev. Dr. Ted L. is the Director of Pastoral Care, WellSpan Health, and an ordained minister in the United Church of Christ. He holds a BA in Religion and Philosophy from Elizabethtown College, an M. Div. from Union Theological Seminary, an S.T.M. and a D.Min. from the New York Theological Seminary. Ted is a Certified Supervisor in the Association for Clinical Pastoral Education, and a Board Certified Chaplain of the Association of Professional Chaplains. He is also a member of the National Certification and Accreditation Commission of the ACPE. The interviews were conducted at different times in his office at WellSpan Health, York Hospital, York, Pennsylvania, USA (September 10, 2003; February 8, 2004; April 7, 2004).

Uzodike, Dr. Nwabufo is the Director of Political Studies in the Political Science Department of the University of Natal. He is of Igbo origin but lives in South Africa. He carries out a lot of studies in Igbo worldview and political systems. This interview was conducted in his office at the University of Natal, Pietermaritzburg, South Africa on June 27, 2002.

Winjum, The Rev. James M. is the Manager of Pastoral Care, WellSpan Health, York Hospital. He is a Board Certified Chaplain of the Association of Professional Chaplains and Ordained Pastor of the Evangelical Lutheran Church in America. He holds a BA in Philosophy from the University of Minneapolis, an M.Div. from Lutheran Theological Seminary in St. Paul, Minnesota, and an MS in Education from the University of Kentucky. Jim is a Certified Full Supervisor in the Association for Clinical Pastoral Education. He has been a CPE supervisor for more than 20 years and has had the opportunity of supervising CPE in four different CPE centers. Jim is a member of the American Society on Aging and its Forum of Religion, Spirituality and Aging. He was the researcher's CPE supervisor at York Hospital, York, PA, USA at the time of this research. The interviews were conducted at different times in his office at WellSpan Health, York Hospital, York, Pennsylvania, USA (March 19, 29, 2004; June 8, 2004).

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