The Relevance of Clinical Pastoral Training for Theological Education

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IN the wake of the Niebuhr-Williams-Gustafson studies, theological schools are currently in the midst of critical re-evaluation and self-search. Things are in flux at the seminaries and the mood of faculties is to make over the curriculum. After years of adding courses one on top of the other and extending requirements to the breaking point, faculties have come to a screeching halt and with administrations are asking the troubling question: "What are we trying to do with these people anyway?"

Current with this is a revived interest in and study of the role of the parish minister. Though ministers may not break down more often than physicians, the public has heard about it through magazines and Sunday supplements. One social analyst, Samuel Blizzard, points out some of the trouble lies in the split between what the parish expects of the parson and what the parson not only likes to do but also feels adequate in doing. He says:

> The roles a minister plays in present day American society are basically equivocal. On the one hand, the church has a traditional set of norms, by which he is expected to be guided. On the other hand, the parishioner has a set of functional expectations by which his service in the name of Christ is judged by the layman. This is the minister's dilemma.[1]

Role ambiguities have other consequences, but for theological education they raise the question: Are we training our students for the ministry they will encounter?

Add to this the present revival of lay interest and concern in the ministries of the church. Laymen are not content today with a well staffed church which carries out the ministry piecemeal and professionally, while laymen simply receive and do not serve. They too want to know the "doctrine" and practice the ministries. Depth evangelism, spiritual cells and personal groups and lay counseling are the marks of a resurgence of spirit within the body of the church. Does not the change in attitude on part of the laymen mean that there will be a difference in the training of the chief among laymen, the minister?

The purpose of this paper is to look at clinical pastoral training over against the situation in the seminaries in 1960. In order that chaplain supervisors not be parochial and particularistic—training more of their kind who train even more of their kind—what happens in the summer schools of clinical education must be seen in the light of what goes on through the school year in the educational enterprise. Cross-fertilization has and needs to take place in larger degree; that is, seminary education should learn from clinical training and clinical training should be a steward of the seminaries and be held responsible for new tasks in the training of the minister for a new day.

I.

Let us begin then with some understanding of what theological education is. H. Richard Niebuhr defines the seminary as "the intellectual center of the church's life whose purpose is to train men and women to increase the love of

[1] Blizzard, Samuel, in Association of Seminary Professors in Practical Field Report, 1956, p. 17 j.

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God and neighbor in society through the church."[2]

> Theological education is more than training in the customs of a profession; nothing less is called for than the education (educo, nourishing) or edification (in the strict sense) of a Christian to take his place of leadership in the body of Christ in such a way as to permit other Christians to make their contribution also to the building up of that body.[3]

The definitions ask for further clarification, but perhaps they are an improvement over the definition of a seminary as a "nondescript pile of masonry with ivy creeping around the outside and old men creeping around the inside." The stereotype of the ivory tower is what most faculties are fighting and about which all the fuss and ferment over curriculum is raised. Perhaps one can say in comprehensive definition, theological education is responsible first for the growth and nurture of the whole person of the student—heart, soul, and strength as well as mind—within a community of learners akin to the church; and secondly for the training for the professional role of the minister so that he will effectively serve the community of believers, the church, recognizing such learning to be a lifelong process which continues throughout the span of his ministry.

Now, what role does clinical pastoral training have in the current re-evaluation of the purpose and procedures of theological education? Seward Hiltner[4] has pointed out that this movement began apart from the church and seminaries and was only slowly accepted by these institutions. In 1943, only 13 seminaries were affiliated with clinical training units; but in 1955 more than 68 were related directly to the program. From the hill top asylum then, clinical training has come into the midst of the school's curriculum and concern. Just as most medical schools are locating today at university hospitals, so are theological schools locating hospitals and training programs near their campuses for the supervised clinical experience of their students. H. Richard Niebuhr calls clinical training "one of the most influential movements in theological education today."[5] Are we aware of its significance, and more important of its stewardship and responsibility to the whole of theological education?

To make this point clearer, let us look at how the clinical pastoral training movement, now thirty-five years old, has influenced theological education in America. We may enumerate the influences briefly and say just a word about each point: (1) there has been a heightened interest in pastoral care and counseling. The first theological instructors in pastoral counseling came from clinical pastoral training centers, about 1945, and introduced this study to the theological curriculum. In the past 15 years since this interest has grown among seminarians. (2) The introduction of testing programs for screening and counseling. The instructors in counseling have introduced new testing procedures to the seminary for the purpose of screening applicants and for determining the need for counseling. (3) The working out of counseling programs. Individual counseling and group counseling have been introduced into the seminary program, so that the theological students in need of personal help might receive it. In some cases this meant psychotherapy. (4) New interest has been expressed in applying supervisory skills to field work in religious education and parish. More will be said of this below.

All of this is not to say that there have not been some misgivings and fears ex-

[2] Niebuhr, H. R., *The Purpose of the Church and Its Ministry*, p. 110.

[3] Taylor, Charles L., "Theological Education in America," *Religion and Life*, Winter, 58-59, p. 6.

[4] Hiltner, Seward, Summary at Midwest Regional meeting of Conference of Clinical Pastoral Education, Chicago, March, 1957.

[5] Niebuhr, *et al.*, *The Advancement of Theological Education*, p. 5.

pressed by seminary faculty regarding clinical training. Let me just verbalize them to provide grist for the mill in our discussion.

(1) Clinical training is imperialistic and self-centered and tries to develop its own theology. This criticism is borne out by Rogers and Alexander at Fort Worth.[6] They say the adding of courses like "Psychology of Religious Experience" and "Theology and Counseling" betrays uneasiness by seminary faculties about chaplain supervisors tampering with students' theology.

(2) Clinical training makes amateur psychiatrists out of students who then neglect the total role of the minister. Some zealots have, following a summer's course, tried to psychoanalyze friends and point out the dynamics of groups to the horror of all concerned.

(3) It trains ministers only to help individuals in trouble and neglects the broader social contexts out of which personal problems arise. Two sociologists raised this criticism with me this past summer, decrying the lack of interest in political and social action by today's students. Clinical training is first-aid without concern for the social patterns which give rise to the problems.

(4) It overemphasizes the abnormalities of personality with little orientation around the normal growth of individuals or the garden variety problems of persons. This criticism has been leveled at clinical training from the beginning but it is still heard around the seminary.

(5) It coddles the student, making him want therapy rather than teaching from his professors. A seminary professor once said, "Sometimes I think we are running a sanitarium and not a seminary." A counseling concern daubs one with this brush.

(6) "Isn't clinical training only a program for chaplains in preparation?" is a question often raised. The implication is that academic credit should not be given for it, and that the chaplain should let the Institute of Pastoral Care be his accrediting agency.

There are other criticisms raised, but perhaps these are enough to illustrate that because clinical pastoral training is influential today, it is stirring up defense reactions by many in the seminary community. For this reason we need to be clear about just what it has to offer theological education and to be open to suggestions from the seminary on ways chaplains can correlate their work with the total theological task.

II.

In my estimation, there are three unique contributions which clinical training is making to theological education, namely: practice in the role of the minister; close supervision of that practice; and dialogue between the Christian faith and the behavioral sciences. Let us deal with each in turn.

1. **Practice of the role of minister.** Notice the use of minister, not pastor. There has been some tendency to split counseling from the other roles of preacher, priest, teacher and administrator-organizer. Chaplain supervisors have not been free of this tendency. When this happens students are done a disservice in their training. Within the clinical setting there is opportunity to practice the total role of minister by the student. It is true he functions as pastoral counselor in the hospital room or on the ward, but he needs to function also as priest and preacher.

Our students at Colorado Psychopathic Hospital complained the first year that they needed opportunity to preach and teach as well as pastor, and we have tried to provide that opportunity this year. Their report is that

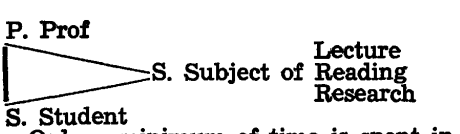
[6] Rogers, Don and Alexander, Vaughn in written communication of a B. D. study in 1959 of "Pastoral Counseling Curriculum in the Seminaries."

after they have preached a sermon or led a Bible study group, patients feel more like coming to them with a religious problem. One time the group as a whole participated in the baptism of a 38-year-old schizophrenic man before he was sent to the state hospital. The man reported to the baptizing minister that afterwards he felt a real sense of God's acceptance because he participated in this with a part of the church.

The number of controlled situations where a student may practice the role of minister, try it on for size, so to speak, are limited. Field work in the church often expects a finished product from the student—he often feels under pressure to succeed and is unable to talk to anyone about his failures. In the clinical situation he can make a mistake and have it caught and redeemed before the repercussions have gone too far. Students—even parish ministers back for further training—remark at how they have been able to let go of their stereotypes of the minister's role and try out new departures in this atmosphere. One minister who thoroughly misunderstood Rogerian counseling was a recent case in point. He used his technique to defend himself against the patients, the other students, and even the chaplain. After three weeks, when everyone was thoroughly disgusted with him, he was able to ventilate considerable hostility in the group and to let go of his "method" so that he was free to develop a new concept of his role as helper. But this was only possible in the "safe situation" of training.

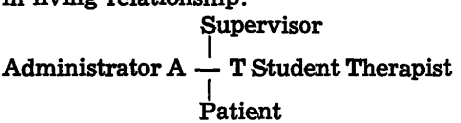
2. **Supervision of the practice of the ministerial role.** One can compare usual theological education with what Ekstein and Wallerstein call the clinical rhombus.[7] In the seminary classroom we have a triangular situation: the professor and students engage themselves about a subject, the God-man or man-man relationship.

[7] Ekstein and Wallerstein, *The Teaching and Learning of Psycho-therapy*, p. 11.



Only a minimum of time is spent in how the student perceives the professor or how he feels about the subject at hand. Nevertheless, there is an existential quality to the study when the subject is also the "object" of his life-commitment. If he is personally involved in the discussion he may change his idea of the nature of God, of the purpose of the church, or even of his motivation to the ministry. But as Niebuhr and others point out, the student's temptation is to regard the abstract as the real and make it the object of his love. Too often one sees a second-year student who has embraced a certain philosophic position to the point that he argues abstractions and has lost the complexities and absurdities and stark terror of life.

The clinical rhombus puts student, supervisor, patient and administrator in living relationship:



And in this situation because the subject is a living, breathing human being, it is more difficult to be lost in abstractions. How the student perceives the supervisor, and how he feels about the patient and his role as helper, becomes the heart of learning. As anyone knows who has participated in this experience, this makes education a more complex thing than taking notes, reading books and passing exams. To learn one must overcome his fear of change, and in the supervisory hour the teacher works with the students' fears. It is important, however, as these writers point out, not to confuse therapy and supervision. Supervision deals with how the student helps the patient to get well, be rehabilitated, find salvation. Therapy is occupied with the student's own personal problems. It may be

necessary for the student to get therapy, but this should be apart from supervision. To summarize, supervisory teaching and learning is between student and patient and student and supervisor. The student who learns in clinical training is the one who takes to supervision and who grows through it in understanding personality and in practice of counseling skills.

3. **Dialogue between the Christian faith and the behavioral sciences.** The dialogue is incarnate in the discussions between chaplains and psychiatrists. Opposing points of view concerning man's nature are presented in the seminary classroom for discussion. However, in the hospital, the scientific point of view has a spokesman who is trained, yea, even committed to science. The student experiences obstacles to genuine communication with physicians upon beginning acquaintance: old wives tales, childhood fantasies, and adolescent rebellions surrounding religion are uncovered. Students feel difficulties in not being recognized for their own "true, liberal selves" who accept evolution, the germ theory and the Oedipus complex. This past summer an open discussion between psychiatric residents and theological students resulted in not a few myths exploding on both sides of the room. But the surprising thing to hear was the senior psychiatrist lecturing a medical school atheist on St. Paul's contribution to mental health theory. A further outcome was the request from the doctors that theological students write their process notes on the doctor's chart so that better communication takes place. Now, my concern is that this kind of dialogue will get no further than the repetition of stories about old Dr. Jones back at the seminary, and that the communication begun will go no further. How can the dialogue with other behavioral points of view continue throughout the school year, not just with psychiatry but with sociology, anthropology, and other fields?

III.

The other side of the discussion should center on the question: Can theological education, or more specifically the seminaries, ask certain tasks of clinical pastoral training? I would think if this movement is now in the mainstream of theological education the answer should be "Yes." In a look at the future, let us enumerate three such tasks, as they appear to be emerging.

First, the integration of theological training for the student. At the conclusion of the three-volume look at the current situation in the seminaries, Niebuhr says, "The greatest defect in the theological education today is that it is too much a piece-meal transmission of knowledge and skills, and that, in consequence, it offers too little challenge to the student to develop his resources and to become an independent life-long inquirer."[8] To this we would all say, Amen! But what are chaplain supervisors doing to remedy the situation? Merely adding clinical training to the required list of subjects is no panacea. Rather, the integration must happen in the mind of the student through the structure of the curriculum. We may do a fair job integrating content and practice through the clinical experience of the student. This is their testimony—that the contact with the patient or prisoner made them "go for broke" to find religious resources. However, if their unifying experience is not rightly assimilated the next year in seminary, but is rather fractionated against the cafeteria offerings they take, how much have we accomplished really? Should we not feel some responsibility to integrate our training with the total curriculum revision now going on in the schools? Is there a way of correlating the Internship year (4th year) offered in some schools with the clinical year idea? Is there some way that the post-

[8] Niebuhr, *et al.*, The Advancement of *Theological Education*, p. 209.

B.D. study of the minister can utilize the philosophy and methodology of clinical training? Reuel Howe's experiments at the Institute of Advanced Pastoral Studies in Bloomfield, Michigan, may give us a clue as to ways we can further work at this level.

Second, there is a vital need for research to be carried out using the vast amount of clinical material which we collect summer after summer. Were clinical training centers to open themselves to doctoral students trained in research methods, there would be not only a tremendous mine discovered, but eventually gold would be panned. The long range implications of what goes on in pastoral counseling needs to be thought out and studied. Not just the similarities and differences between psychoanalytic technique and counseling procedure needs research; but the implications of theories of the dilemma of man's nature and the process of changing his character. Such questions as:

(a) What kind of religious change results from the counseling of the chaplain? How can this be measured?
(b) Does participation in the groups which chaplains conduct affect any change in the attitudes or conduct of patients? Can this be discovered by a research method?
(c) Does a schizophrenic need a different kind of prayer or Bible reading than a manic depressive? Is it possible for the chaplain to test this in his ministration to several patients?

At the center such as the Menninger Foundation[9] the number of research scientists are as numerous as the number of therapists. Would it not be possible for research workers to accompany the clinical trainees so that advancement can be made in the realm of pastoral psychology and theology each summer? Basic understandings about the nature and destiny of man will be affected in the seminary and graduate school of psychology and sociology when such genuine research becomes a reality through our clinical training centers.

Third, clinical pastoral training must be willing to share its unique contributions of practice, supervision, and dialogue with the seminary at other levels of instruction. Niebuhr makes much of the fact that the "didactic stance" is still too evident in seminary halls. Perhaps we would not go to the extreme of substituting the "therapeutic slouch" for the stance. Nevertheless, the use of "companionate learning" is much needed in seminary, particularly in areas where the student goes through great anxiety about himself in relation to the subject. This can happen as often in a theology course as in a field work course. To go aside with a professor and talk through doubts about God, man's place in the universe, and one's own niche in the church is as necessary at the school as it is in the hospital or prison. That there be clinically trained men in other fields than pastoral care in seminary is of utmost importance.

Take field work as a prime example. Fresh interest is being shown today by both pastoral care men and field work directors in how supervisory skills can be applied to the man's church work while in school. True, the student has an "in three days and out five" experience in relation to his field work; and unless the supervisor has made a recent trip to the field work situation, he has no direct knowledge of what the student is experiencing. This differs from clinical training. But the means of verbatim write-ups of interpersonal experiences followed by their examination with an experienced and knowledgeable supervisor can be employed with rich results. It is significant that Methodist Pastoral Care men and field work supervisors are currently planning joint consultation to explore what connections can be made between the two areas. Also significant is the work now being done by Frank Kimper at South-

[9] Thomas Klink's program in Psychiatry and Religion at the Menninger Foundation should be mentioned as an attempt to do what we are suggesting.

ern California School of Theology in bringing supervisory skills to a field work job.[10]

A challenge is given us in the final section in which the three investigators of theological education deal with clinical training. They say: "If the schools wish to make extensive use of this kind of education they must take more responsibility for supporting it and play a cooperative role in helping to criticize it and shape its future course."[11] If this kind of support is forthcoming and this kind of criticism is given, clinical pastoral training must be open to such shaping and willing to see its unique elements become more widespread in theological education. As seminaries grapple with the problem of preparing a relevant clergy, these unique contributions can give point to the preparation and depth to the enterprise, if, under God, we will it so.

[10] See also Wise, Carroll, "The Evaluation of the Student Training Experience in Relation to the Seminary Curriculum," in *Clinical Education for the Pastoral Ministry*, p. 61-69.

[11] Niebuhr, *op. cit.*, p. 125.