

The 2011 ACPE National Conference
***“Spiritual Care on the Threshold:
Honoring Our Ancestors, Creating Our Future”***

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But those who come before us will teach you. They will teach you from the wisdom of former generations. – Job 8:10

First I give honor to God the object of my faith and the beginning of our ancestry. Since I believe that there is a drop of God in each of us that connects us and makes us kin, I am honored to honor our ancestors. The African proverb says: "I am because WE are and, since WE are, therefore I am." — [John S. Mbiti](#)

I went into my first CPE like experience kicking and screaming, as they say. I was asked to go to a homeless shelter at night and minister to the men who lived there because I worked full-time during the day. My first night there I was shown to my spot which was right beside the shower where the men came and went scantily clothed. It violated and shattered every ounce of decorum this Bible toting country girl now living in the big city thought I might have had. But it was the wisdom of my seminary professor, Carolyn McCrary, a pastoral counselor, who was not a CPE supervisor but an avid proponent of clinical pastoral education, that sent me back to the homeless shelter and to an experience that would change my life forever. That’s what CPE supervisors and proponents of clinical pastoral education have done for me and tens of thousands of students over the 80+ years since Richard Cabot, Anton Boisen, Helen Flanders Dunbar, Seward Hiltner, and others began the process that we celebrate today. (A moment of personal privilege, though many have informed my educational process the bottom rung of my CPE lineage begins with those who wrote my evaluations: Chuck Carpenter my first supervisor who died a few years ago, Teresa Snorton and Miriam Needham, my resident supervisors, and Woody Spackman and Eugene Robinson my SES supervisors. I honor you, my living ancestors and I thank you for a job well done!!) Our ancestors have journeyed with us and taught us and changed our lives and we, in turn, have touched many other lives, people who have been sick and broken hearted, hungry and imprisoned, those who were lost seeking their way. They, too, have helped us to recognize our intrinsic relationship to a greater whole. "I am because WE are and, since we are, therefore I am." And proud to be so. We honor those of you who have gone before us.

As I thought about our ancestry and the trials and tribulations that they experienced, amidst the joys and triumphs that they celebrated, what kept coming to mind was the saying “He ain’t heavy; he’s my brother!” The essence of this saying is immortal, with visual images captured on canvas by artists from around the world, and rhythmic lyrics sung by young and old, and stories shared via oral traditions where the role, goal, and context may differ but the meaning and message are still the same: “we are in this together.”

But just because we are in this together, does not mean we should not address/examine ourselves. The question is, as I paraphrase the words of Nelson Mandela: “are we going to do so in order to enable the community around us to be able to improve?” How do we learn from our ancestors how to survive in a challenging world? They taught us to use what we had: educational institutions, medical institutions,

and a model of applying skills that had been learned from the text book to an ailing human being with the intent of improving them. We took that model, put our spin on it which was to let the human being teach us, as the living human document, how to help them improve themselves and their community around them. The old medical model of being in class all morning, doing rounds in the afternoon, being on-call all night and doing it all over again the next day and when you finally get a day off you have to study and wash clothes, certainly needs to change: 24-36 hours on duty can be hazardous to your health. You've heard it said just as I have, that living with sleep deprivation is tantamount to driving while intoxicated. And the older I get the drunker I get when I don't get enough sleep! But I digress, if our goal today is to enable us to improve ourselves and our community around us, what or who is out there to help us? And what are we to do?

Our student population is changing. Thus the temperament of the CPE student today is different than in Boison's day. With the economy the way it is, we are getting more and more, second and third career people and retired clergy who are looking for jobs rather than the fulfillment of a call to ministry or for more education. Students are older. I was 45 when I did my first unit of CPE. When I began supervisory training 6 years ago, at the age of 53, I looked at it as an investment into my retirement, and the process almost retired me. Baby boomers are retiring at some outrageous number each day. They are seeking new careers and wanting credit for their previous experience and education. Are we open to letting people test out, on paper and/or experientially, from Level I and go directly into a resident position at Level I/II?

It may be time to do a student profile, you know like they do on these crime shows, so that we know who we are working with and who it is we want to or can work with. We have to be careful with this however, because we don't want to discriminate. Speaking for myself, serving in a very liberal CPE center which is located in a very conservative hospital in a very conservative community, it could be easy to have an overwhelmingly conservative or an all liberal student body. We have to pay attention to being intentional about being diverse and inclusive in all directions. It is easy for us to tell the students to meet the patients where they are, but do we continue to meet the students where they are, especially the student who is as Christian as I am but whose embedded theology and belief system are so very different than mine; or the student who gets more excited about the cool and tingly cerebralness of entitlement and the technological world than they do about the warm and fuzzy of touching a person at their point of need.

How are we community for each other? How do we hold each other accountable as colleagues, not as members of a hierarchy, but as colleagues in ministry with common goals? Sometimes I think our 5 year Peer Reviews ought to be 3 year reviews and standardized to present our reflections on how we are meeting Level One outcomes. To see how we are doing with integrating our personal identity and religious heritage with how we offer ministry? How well do we offer and receive critique, timely or not? How well do we utilize and engage the clinical method of learning, including embracing new concepts and constructs and applying them in our day to day living and teaching. How often and how well do we engage in IPR with our co-workers, especially our CPE educated co-workers? How do we hold ourselves accountable to continue to develop our theories as if we have yet to meet a certification committee? What do we know about how our educational approach has changed since we were certified—five, ten, twenty years ago? Has our deliberative theology reverted back to our embedded theology?

Someone once said, and of this I am quite sure, "that if we open a quarrel between the past and the present, we shall find that we have lost the future" (Sir Winston Churchill). Our past was founded on theological education and hospital ministry. What would it look like if CPE were an integral part of

theological education and every student was required to enter a CPE program before receiving their degree? Or if every religious judicatory would require CPE before ordination and seek our direct input to the ordinand's process? Could we handle it? Not by ourselves as we currently are. But that does not mean we should not aspire to that. We have a colleague and competitor out there in the College of Pastoral Supervision and Psychotherapy. While I do not support the building of empires, I do see some value in having multiple resources and avenues available to meet our goals. A coming together of the two organizations, much as the Council for Clinical Pastoral Training of Theological Students and the Institute for Pastoral Care along with the Lutheran Advisory Council and the Southern Baptist Association of Clinical Pastoral Education came together in 1967 to form ACPE, Inc. might be unthinkable and maybe even unpalatable to some---but what about closely examining what CPSP is doing right (and it must be something because they are thriving) that might strengthen us as an organization if we adopted their process, much as Delta airlines adopted many of the old Eastern Airline's ideas, and revamped them into successful business ventures that Eastern could not capitalize on due to a lack of funds and a weak infrastructure. Are there things that CPSP does better than ACPE? Things they could teach us from the wisdom of their experiences and vice versa. I submit that there are things we can teach each other and things we can learn from one another!

From time to time I become aware of some tension between ACPE and CPSP or ACPE and REM or ACPE and FCPE. And sometimes there is tension even among individuals within ACPE itself, or at the center level between staff chaplains who are vitally important and CPE students. And the tension may get greater in the years to come as we experience more growing pains, but in the words of someone famous, if we must fight let us learn to "fight so that we can live together (in true community) after it is over." Our ancestors have given us a "legacy, worthy of investment." In this age of technological advancement, we have seemingly unlimited opportunities to solidify our core while growing new, and extending old, tentacles to improve ourselves and our community around us. And now, it is up to us to hold fast to our values, to maintain our integrity, to seek out what is cool and tingly while engaging the warm and fuzzy. Let us do our ancestors proud and go boldly, courageously, and trustingly, where we have never been before.