

CPE-50 Yrs.-Learning with Living Human Documents

The purpose of this issue of the *News* is to stimulate interest in the history and development of CPE as an educational method. No attempt is made to be comprehensive. Every attempt is made to relate interesting incidents. A booklet with an historical summary is being prepared for distribution with the June issue.

1913—CPE First Proposed

The idea of providing seminarians with clinical experience was first set forth in 1913 at the General Convention of the Protestant Episcopal Church by the Rev. William Palmer Ladd, who later became Dean of the Berkeley Divinity School in New Haven, Connecticut, according to Rollin J. Fairbanks, one of the founders of the Institute of Pastoral Care. Said Fairbanks, "It was not, however, until 1922 that anything specific was initiated and it is perhaps significant that the proponent this time was a physician, Dr. William S. Keller of Cincinnati."

Four theological students were accepted in 1923 into the Cincinnati Summer School in Social Work for Theological Students and Junior Clergy. The students, under the supervision of William S. Keller, worked along social casework lines in a mental hospital, a human relations court, a public welfare program, and a social hygiene society.

1925—Cabot Makes Plea For Clinical Year

Theological students, like medical students, should learn to be ministers by practice and by watching others who know how to minister. In **Survey Graphic**, well-known physician Richard Cabot declared, "When we urge a theological student to get clinical experience outside his lecture room and his chapel, to visit the sick, the insane, the prisons and the alms houses, 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,

i.e., in personal contact with individuals in trouble."

1925—Bryan Hires Boisen

Superintendent Bryan of Worcester State Hospital hired clergyman Anton Boisen as chaplain. Believing that religious ministry would help the patients, Dr. Bryan rejected criticism for hiring a chaplain by stating his pragmatic approach in this manner, "I would even hire a horse doctor if I thought it would help the patients."



1925—Boisen Initiates CPE

In June of 1925 four theological students came to Worcester State Hospital for clinical training with Anton Boisen. They came from Harvard, Boston, Union, and Chicago. In 1926 there were four students, in 1927, seven, in 1928 eleven, and in 1929, fifteen.

According to Fred Eastman, in an article, "Father of the Clinical Pastoral Movement," in the silver anniversary issue of **The Journal of Pastoral Care**, "These students worked on the wards, at first ten hours a day, then part-time only. They wrote letters for patients. They also conducted recreational programs—baseball, play festivals, group singing, checkers tournaments. They took walks with patients around the grounds. They made records of their observations. They read

up on psychiatry, psychology, and religion. They attended psychiatric staff meetings and had special conferences with Boisen and the medical staff. Through it all they made friends with the patients and with each other."

1927—Boisen Reports On CPE

Boisen wrote, "We are beginning to recognize that these maladies of the personality are not to be explained merely in physiological terms. Even in those cases in which a definite physical basis is demonstrable, the ideas remain unexplained, while in the majority of cases which come to us each year there is no demonstrable basis . . . the difficulty seems to be rather one of belief and attitude. The problem seems to be in the strict sense of the term 'a spiritual problem.'"

1928—Harvard Didn't Invent The Case Study Method

Richard Cabot developed the case study method in medicine. In a clinical pathological conference the case of a deceased patient was reviewed. All information about the patient, including the history, complaints, symptoms, treatment, reactions to treatment, and manner in which the patient died, was presented. In front of a large group of students and doctors, a staff member was asked to give a summary of his understanding of the patient's difficulty and tell why the patient died. Following this presentation, the pathologist presented his post-mortem findings. Often these findings revealed the fact that the doctor had been totally wrong in his assessment. Other times they revealed that he had been right. By this type of case study presentation, doctors learned a great deal about medicine.

Anton Boisen was fascinated by this method of study and introduced it into the clinical pastoral education movement, beginning the philosophy that pastors often learn more from their failures than from their successes.



The Clinical Training Group of 1927. Front row, left to right, Dodd, Boisen, Beatty, Armas, Allen. Back row, left to right, Mullen, Dixon, Entorf.

1929—CPE Organization Forms

During the early years of clinical training, Anton Boisen's program at Worcester State Hospital was constantly in need of money. In the fall of 1929, Austin Philip Guiles, at the suggestion of Dr. Cabot, approached the Earhart Foundation with a request for funds. Mr. H. B. Earhart advised Guiles to incorporate the idea and the organization.

A number of names were considered for the organization. At first they thought of the names "The Committee for Religious Work Among the Mentally Ill," "The Committee for Educational, Occupational, Recreational, and Religious Work Among the Mentally Ill," and "The Committee for Social Work Among the Mentally Ill." Finally the name chosen was "Council for the Clinical Training of Theological Students."

The incorporation took place on January 21, 1930 in the study of Samuel A. Elliott, at the Arlington Street Church in Boston. Boisen agreed that headquarters at Dr. Cabot's residence would encourage confidence in the enterprise.

1932—Council Leaders Meet

At the 1932 conference, Helen Flanders Dunbar, director of the Council for Clinical Training, raised the question, "To what extent are the infirmities of mankind a problem of pastoral care as distinguished from medical care?"

Alexander Dodd, supervisor at Rhode Island State Hospital, discussed the effect of clinical training upon religious belief. "The experience of clinical training demands a change in our conception of God. The change I would suggest is that from the infant-parent sort of picture unconsciously retained by many people throughout life, to something more in the nature of an adventurer-leader relationship."

Supervisor Harold Hildreth of Syra-

cuse Psychopathic Hospital reported on the clinical training students' involvement in social work. "One day the student sees and observes the patient on the ward . . . on the next day he will go to the patient's home and talk with his family, his friends and employers . . . later on, the student may help the patient adjust to the outside."

Carroll Wise, supervisor at Worcester State Hospital, told of a special arrangement for students in the future. "There will be time set aside for visitation on the medical wards. This will open up a new sphere which has been almost untouched . . . affording the basis for parish hospital visitation." Wise also noted that under the new plan it would be possible to outline a more extensive study program and "to establish a system of weekly conferences with the theological supervisor."



Theological Supervisors at the 1932 Conference. Front row, left to right, Hildreth, Beatty, Dunbar, Boisen, Dodd. Back row, left to right, Guiles, Wise, Bryan.

1932—New England Group Is Formed

Philip Guiles, the first field secretary of the Council for Clinical Training, severed his connections with the Council after several years of service and became one of the leaders in what is often called the New England group. Richard Cabot also withdrew from the Council because of his differences with Boisen concerning the causes of mental illness. Cabot gave his support to the New England group, which included the New England Theological Schools Committee on Clinical Training, the Cabot Club, and, later, the Institute of Pastoral Care.

According to David R. Hunter, the New England group made a unique contribution to CPE.

One of the characteristics of the New England group was its continued policy of confining its clinical training to general hospitals. There were no exceptions to this policy after 1936.

Another significant development was the institution of required part-time courses in clinical training during the school term in the Episcopal Theological School in Cambridge and the provision for elective courses at the same school, at Harvard, Boston University, and Andover Newton.

A third development of the New England group was its concentration upon meeting the needs of ministers no longer in seminary who were in charge of parishes. After 1938 there was a strong emphasis on making clinical training a means of preparing persons for the general pastoral ministry, not alone or even primarily for work with the sick.

Another innovation of the New England group was the founding and maintenance of the Richard C. Cabot Club, a monthly evening seminar for ministers, chaplains, and students taking clinical training during the winter months. Case records were read and examined in this seminar with emphasis on the fact that they had to be current.

One of the distinguishing characteristics of the New England group was its desire to bring clinical training under the control of theological schools.

1933—Verbatims Originate

The verbatim account of the pastoral visit has historical roots. According to Philip Guiles, "Note writing of visits is second in importance only to standing before the grief, fear, weariness, or upon occasion, the holiness present in some patient or parishioner." Guiles explained that it was the reflection on an experience made necessary by writing about it which was of great educational value.

The stress on a verbatim account of pastoral visits has often been attributed to Russell Dicks. It was Richard Cabot's awareness of the written records of pastoral visits made by Dicks which caused him to suggest that they co-author the book *The Art of Ministering to the Sick*.

Rollin Fairbanks contributed to the form of verbatims by suggesting to Dicks that the student confine the notes to two-thirds of the page, reserving the one-third to the left for the supervisor's comments.

1944—Institute Of Pastoral Care Is Incorporated

Rollin Fairbanks and Paul E. Johnson have been called the co-founders of the Institute of Pastoral Care. A plan under discussion in 1943 to ex-

pand the New England Theological Schools Committee on Clinical Training to include (1) annual meetings, (2) more training centers, (3) the publication of **The Journal of Pastoral Care**, and (4) the establishment of archives and a research library of case material led to the decision to incorporate as the Institute of Pastoral Care. The decision was made on January 13, 1944 in the home of Philip Guiles and the incorporation meeting was held in a restaurant on Charles Street in Boston on January 28, 1944.

The Institute of Pastoral Care published the first issue of **The Journal of Pastoral Care** in 1947. During the silver anniversary year of CPE, 1950, **The Journal of Clinical Pastoral Work**, published by the Council for Clinical Training, merged with **The Journal of Pastoral Care**. Ernest E. Bruder was named Editor-in-Chief and Rollin J. Fairbanks and Robert D. Morris were named Associate Editors.

1944—1st National Conference

Published in 1945, **Clinical Pastoral Training**, edited by Seward Hiltner, made available major papers and discussion summaries of the First National Conference on Clinical Training. In the introduction Otis Rice wrote, "The book in its present form represents the thinking and the experience of many leaders in the field who, after pioneer work in clinical training in the United States, have met together with theological educators and have centered discussion upon the place which clinical pastoral training should hold in the seminary curriculum."

In this book the development of clinical training and standards for clinical training were described from the perspectives of (1) the Graduate School of Applied Religion, (2) the New England group, including the Institute of Pastoral Care, (3) the Council for Clinical Training, and (4) the Philadelphia Divinity School.

Several quotes from the section on standards give key concepts.

"The supervisor must be sufficiently alive to be capable of enthusiasm, and yet not compulsive, effusive, or overly enthusiastic. He may hold the theology of any communion, but he must have a high degree of objectivity and personal insight, and in belief he must be reasoning rather than polemic . . ."

"We must be careful not to conceive clinical training solely in terms of acquiring skills. It must seek after

insights and the relevancies of Christian faith and truth . . ."

"Clinical training is the performance of pastoral work under competent supervision, such work being recorded and submitted for evaluation and criticism."

Dr. Herrick of Andover Newton Theological Seminary declared that the time had come to affirm the theological character of clinical training, "the kind of theology that every pastor needs." Also, Reuel Howe of Virginia Theological Seminary spoke of the contributions of clinical training to a "theology of the whole person."

The conference agreed upon minimum standards for all clinical training groups.

1944—Lutherans Acknowledge The Need For CPE

In a report to the National Lutheran Council on June 13, 1944, E. Theodore Bachmann warned that "clinical work as supervised training is not a cure-all for the problems of theological education." However, he continued, "it would be most unfortunate if the Lutheran Church, which over the centuries has been strong on 'Seelsorge,' would fail to take advantage of the opportunities offered by a program of clinical training . . . We dare no longer delay the fuller fusion of faith and life, of doctrine and practice, of knowledge and skill . . . the National Lutheran Council could render much help in getting a Lutheran program of clinical training under way."

1951—The Committee Of Twelve Is Created

During the late 1940's the Lutheran Church's involvement in clinical pastoral training was growing.

Prior to the Second National Conference on Clinical Training the Lutheran Advisory Council contacted the Institute of Pastoral Care and the Council for Clinical Training and indicated its desire to meet with these two groups to discuss (1) the relationships of the groups with each other, (2) adoption of national standards for clinical training, and (3) accreditation of students who had successfully completed training at accredited centers.

Representatives of the three groups met at the National Conference in October, 1951 and were joined there by representatives of the Association of Seminary Professors in the Practical Field.

The group formed by the members of the four organizations represented at this meeting came to be known as the Committee of Twelve.

1952—Conversation From The Committee Of Twelve

A conversation recorded in the 1952 meeting of the Committee of Twelve:

R: Did I get the impression that there was a certain disagreement in respect to what training is? That there is one group that thinks to some extent in terms of program content, curriculum, the use of lectures and demonstrations?

E: If there is specific emphasis as far as content is concerned, it would be on interrelationships.

N: Why don't you spell that out?

E: We used to talk about studying living human documents, studying cases, or studying the patient. Now the emphasis is on a study of the interrelationships. In other words, what is happening to me as the interviewer is equally as important, in a sense, as what happens to the patient and what happens to the patient couldn't happen had it not been me who was present.

R: How is this stressed in supervision? I take it that in the past we asked the student, "What is the patient saying by his illness, what does it mean to him?" Now we also ask the student, "How did you feel in this interview?"

B: There was a time when we talked about starting with the patient. The patient was the focus of attention and you were doing things to manipulate the patient to get him where you wanted him. The next step was when you took a listening approach . . . letting him develop. Then you began to think about, "How do I feel?" and "What am I doing?" Thus, the analysis of the relationship has been a progressive development.

1957—Southern Baptists Form Association For CPE

According to Edward Thornton, in **Professional Education for Ministry**, eighteen supervisors met in Nashville, Tennessee in 1957 to organize a Southern Baptist CPE association. By 1967 the eighteen had become nearly eighty CPE supervisors. The formation of the Southern Baptist Association for Clinical Pastoral Education brought together persons who, for over ten years, had been pioneering

in the development of CPE in the South. In 1944 Wayne Oates was a student in the CPE program at Norton Infirmary in Louisville, Kentucky with CPE supervisor Ralph Bonacker and in 1944 Oates and Richard K. Young entered the program at Elgin, Illinois with supervisor William Andrew and Anton T. Boisen. Oates and Young later established CPE programs at Louisville and Winston-Salem, North Carolina, which became centers for training theological students and pastors. A third center was developed in New Orleans where John Price was Dean of New Orleans Baptist Theological Seminary and Myron Madden chaplain of Southern Baptist Hospital.

1957—Theologians Note CPE

In 1954-56 the American Association of Theological Schools sponsored a study of the state of theological education. The report was published in two volumes. In the second volume, **The Advancement of Theological Education** (Harper & Bros., 1957), written by H. Richard Niebuhr, Daniel Day Williams, and James M. Gustafson, the clinical training movement is described as one of the most influential movements in theological education. The growth of interest in the field, according to the authors, was due in part to the growing demand on ministers for preparation in counseling and due in part to the emphasis in theological schools upon the students' discovery of their psychological motivation and their achievement of the kind of understanding of people which would enable them to serve skillfully at critical points in contemporary people's lives. The authors wrote, "First hand experience with persons in trouble is the basic material out of which Christian skill in care of souls must come."

1950—Boisen Reminisces

At the twenty-fifth anniversary celebration Anton Boisen spoke about the period of beginnings in clinical pastoral education. "Only after long hesitation have I acquiesced in permitting myself to be singled out as mainly responsible for something which was really a joint affair." He mentioned the following names and told of their contributions: Dr. Richard C. Cabot, Dr. William A. Bryan, Dr. Charles F. Read, Fred Eastman, Arthur Holt, and Norman Nash.

"Not least among those to whom the movement was indebted in its early years are the students who responded to its call and contributed in all sorts of ways to the welfare of the institutions they served . . . They won the respect of the medical men through their intelligent observations and case studies of the patients to whom they ministered. The first of these was Aleck Dodd, who now comes as close as anyone I know to being a true physician of souls. Another is Don Beatty who could do more things well than any student we have had, except perhaps Frank McPeck . . . Another to whom we are especially indebted is Philip Guiles, now of Andover Newton, who came to Worcester in 1928 and threw himself vigorously into the undertaking. . . . Special mention should also be made of Wayne Hunter, now Associate Director of the Chaplain's Training School at Carlisle Barracks . . . I shall not attempt to speak of those who are now most active in the work: Fred Kuether, Carroll Wise, Seward Hiltner, Russell Dicks, Rollin Fairbanks, Granger Westburg, and Wayne Oates.

"Let me emphasize the fact that this movement as I have conceived 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 to 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."

Historian Calls For Research

Medical historian Robert Powell says there is much research needed on the history of CPE. Powell completed a Ph. D. dissertation in the field of medicine and religion. His dissertation concerns the interrelationship among Elwood Worcester, Anton Boisen, and Flanders Dunbar. According to Powell, there has been almost no use of the Boisen files at Chicago Theological Seminary and the Menninger Foundation in Topeka, Kansas, nor has anyone made use of the papers of Dr. Worcester, the founder of the Immanuel Movements for medically supervised religious psychotherapy.

Powell is currently serving as Consultant to the ACPE Historical Committee.

. . . Who Will Answer?

The only history of CPE was written by Edward Thornton: **Professional Education for Ministry** (Abingdon Press, 1970). Seward Hiltner called it "an extraordinarily able history of a vitally important movement." Other able historians should give their interpretations of the history of clinical pastoral education.

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