

40th Anniversary CPE

“CPE in Community Agencies: A possibility for the next 40 years?”

February 29, 2008

I feel honoured to be invited to speak on the occasion of ASPEA's 40th Anniversary. I appreciate the opportunity to place before you some thoughts that have been in process for a few years. By way of introduction:

When I was at secondary school, forty years ago, a sobering thought in itself, we used to sing with great gusto a song called Forty Years On. One of the verses I particularly remember goes like this: and I promise not to inflict my singing voice upon you!

Forty years on, growing older and older,

Shorter in wind, as in memory long,

Feeble of foot, and rheumatic of shoulder,

What will it help you that once you were strong?

God give us goals to guard or beleaguer,

Games to play out, whether earnest or fun;

Fights for the fearless, and goals for the eager,

Twenty, and thirty, and forty years on!

Follow up follow up follow up follow up.....!!!!

The song is a retrospective one for ex-students to reflect on past glories, physical exploits and experiences. I suspect most of us here today have been captured and influenced by the CPE movement during the past twenty, thirty or even forty years, perhaps! My introduction was 15 years ago with Charles Bailey in an abbreviated CPE program, Education for Ministry. As the song suggests, in the shortening of wind and the lengthening of memories, we are reminded that God has indeed been the inspiration for goals guarded, games played earnestly and in fun. Fights for the fearless have also forged CPE's unique identity.

As ASPEA looks back too, there is much to celebrate and be proud of, but as the verse in the song concludes, I believe there is a call to a **follow up**. The task I have set myself in this presentation is to offer some reflection about the application of social analysis in CPE programs, and its use in settings that are not in the usual or expected domains. Settings in which the CPE model of pastoral care does not have the same 'look' as it might in a hospital. Hence the title: **CPE in community agency settings: a possibility for the next 40 years?** I offer these thoughts as one who has worked in a range of government and community settings, including church (all predominantly in the realm of disability services over the past 30 years), and in my current ministry setting of hospital chaplaincy at Epworth HealthCare, and supervisor of CPE programs.

The primary focus of attention will be community based church agencies, where the needs of society's most marginalised people are so often served. Such agencies are

predominantly linked to established faith traditions and usually have a relationship with a worshipping congregation. They have been established in response to needs that may not be primarily concerned with health or clinical outcomes, although health issues are usually part of the matrix of need. From my own tradition within the Uniting Church there are many such agencies (Wesley, Prahran Mission and others) in which homelessness, disability, mental health, poverty, abuse, and social dislocation are the primary reasons for the agency's existence. The Uniting Church of course is not alone in offering such services on behalf of the Christian community. I will discuss the case for CPE to be applied in such environments of community care and justice, and ponder some of the future possibilities and ramifications of this. I will use a model developed by Rev Bill Gaventa for pastoral care and speak of some examples and vignettes from my own experience of CPE, to illustrate the powerful link between a 1:1 encounter, and its wider socio-political connections.

Firstly though, I think it is helpful to paint a brief historical backdrop. Pastoral care, as practised in CPE, is predominantly a specialised professional ministry which is psychologically-based and individually centred. CPE's roots and development since the 1920's have been in integrating personal experience with psychology, medicine especially psychiatry, and theology. Psychotherapeutic theories have found fertile ground in the western cultural context which valued highly the needs and potential of each individual. A psychology graduate myself, I too have been immersed in this tradition.

In the same period of time, for all manner of reasons, pastoral care has become more compartmentalised, as it came to rely heavily on counselling as a major means of assistance to distressed and acutely ill people. Parish members have become more marginal providers of care to people in hospitals and agencies. Teaching and instruction in the faith in many teaching institutions have become more specialised, with separation of liturgical studies, theology, pastoral care, ministry and field studies. My aim here is to recognise that the presentation of this topic takes place in the context of increased professionalisation, and dualisms that have evolved over decades. Pastoral care has often been split from social action, attentiveness to self has overridden attentiveness to the other, and ministry to individuals has become split from the prophetic.

In recent years of my CPE journey as a supervisor, as I sit down to structure a program, there is a dimension that increasingly presses a claim to be included. I usually book-end my programs at beginning and end by reading Shel **Silverstein's** fable, called the 'Missing Piece'. The fable, in gently probing the nature of quest and fulfilment, has the central character searching for its missing piece in life. The reason I include the fable is to encourage candidates to have 'eyes to see' and 'ears to hear', attuning them to that which would transform their self-understanding and practise of pastoral care.

It has also become a metaphor for me, as I believe there is a missing piece in CPE: that of locating the encounter with the person we refer to as the 'living human document', within a wider orbit of influences upon their life. In the nurturing of ministry skills in personal transformation, it is of interest and concern to me, that there has not usually been a corresponding focus on social transformation. I put the case

that the personal is inextricably linked to the socio-political, and that we do well to hear the words of the prophet Micah in Chapter 6: 6-8 where it is made explicit that God calls us to justice, kindness and humility. Scripture repeatedly addresses the issue of justice with great clarity. Part of the 'missing piece' for me in CPE is that I think we could go further in our CPE programs; as pastoral carers by asking questions of the structures that lead to such disadvantage, and acknowledging and grappling with the forces of violence, poverty, abuse and other issues that confront our community and social fabric.

These forces of sin, corruption, evil, name them as we will, all impact, directly or indirectly, upon the individuals we care for. There is an organic relationship between one's inner life and the life of the world, and there is a necessity whenever possible, to reunite these split dimensions for a greater whole. Our own government's recent and historic apology to Indigenous Australia is a powerful illustration of such organic relationships, in which the actions of institutionalised racism are called to account in a step towards reconciliation and healing to individuals and communities. In South Africa, Archbishop Tutu, described himself as a pastor not a politician. Yet his concern for the people of South Africa led him into the political struggle for liberation. For him, binding up the wounds of hurt individuals compelled him also to a wider response.

I believe the rich heritage of CPE lends itself to an expansion of horizons to embody an even greater experience of wholeness. The topic I am presenting today is not new: I have been influenced by a number of other CPE Supervisors who have also sought to introduce the influence of the wider social and political circumstances that impinge upon the individual's situation, and to have it examined as part of verbatim analysis.

Within CPE in Victoria, INSTEP, under the leadership of Stephen Ames, operating in the 1970's and 80's, deployed the CPE educational process in parish settings and a range of settings including schools and agencies. One program enabled long-term unemployed people develop skills in pursuit of employment. The Supervised Urban Ministry Program (SUMP), developed by Eveline Crotty in New South Wales, and later modified for use in Victoria by John Paver and others, builds on the methodology and standards of CPE, as it seeks to encourage candidates to broaden their scope of pastoral response. Internationally, the Urban Clinical Pastoral Education program based in Chicago, is located within the context of urban social and faith-based organisations serving the most marginalised people.

As mentioned previously, I will use Rev Bill Gaventa's foundational fourfold pastoral ministry response. Whilst specifically developed out of ministry with people with disabilities, it also has application in a wide range of contexts. My first accredited CPE experience was undertaken as a theological student in the USA under the direction of Bill. As an intern placed in Hunterdon Developmental Centre, New Jersey, a large institution for people with intellectual and physical disabilities, part of Bill's program focused on supporting the residents become members of local churches and synagogues. This was a pastoral response, in recognition that the well-being and wholeness of both individuals and communities are served by inclusion of those historically marginalised and excluded on account of disability.

This experience had a profound impact on me, in that its imprint was still there some years later when employed in an advocacy role with people with disabilities in the

Uniting Church Synod of Victoria. In that role, a group was formed to develop a Disability Action Plan for the Uniting Church in Victoria, and submitted to the Human Rights and Equal Opportunity Commission. Its purpose was to assert the inclusion of people with disabilities in all dimensions of church life: worship, leadership, social activities, architecture. For me, the power of the CPE experience at Hunterdon, with individuals alienated from the surrounding community, and then being re-membered into Christ's Body, was to behold the pastoral dimension of a reconciled community. This was subsequently mirrored in the work of the Disability Action Plan, and the important learning for me was that the seeds planted in that CPE program had provided a wider vision of possibilities.

The first of Gaventa's response of pastoral care is **companionship**, or presence. Pastoral care is an act of incarnation. To be there without the expectation of having to have the answers, but to listen to the lamentations, the anger, the joy, the dreams, the frustrations. Such a non-anxious pastoral presence and response which invites ministry to each other is poignantly captured by Bill Williams, a theologian with cystic fibrosis who died in 1998:

‘If we disappear from your sight, it may be because our courage failed. We decided not to burden you, and ourselves, with our presence. But I’ve been with people who are not made anxious by my brokenness, and I’ve seen the difference. It is, in fact, the best definition of ministry I have ever heard; I nearly wept when I heard it, it so defined what I needed. Engrave this upon your forehead, if you would wish to do good:

Ministry is a non-anxious presence’.

You can tell such grace by its care, by its attentive ear, by its pace. When it reaches out to heal you, it is to give relief to you, not itself – and when it prays with you, it lets you declare your own burdens, rather than declaring what it finds burdensome about you.....

The second of Gaventa's pastoral responses is that of **guidance**, and being one who is acquainted with grief. In hearing the questions and aspirations, its emphasis is on helping people discover their own answers to theological and spiritual issues. As a guide the pastoral carer is one who shares in the person's wrestling with these questions and issues, and is one who is able to carefully and sensitively embody the life, death and resurrected experience of Christ. The pastoral care starts with the brokenness of God, and recognises that disability and any sorrow or suffering which accompanies it is part of our common humanity. In the listening, and not presuming or assuming, Gaventa points out that many individuals and families, in the midst of their struggle, are also full of life and joy, and able to recognise the blessings in their lives.

For Gaventa, the third element of effective pastoral care in ministry with people with disabilities is that of **shepherding**. In modern parlance, he calls it advocacy. The shepherd of today is one who is prepared to go through the highs and lows, has a “rod and staff to comfort”, helps to find a way through the wilderness of services and red

tape, and who has the audacity to celebrate ‘in the presence of my enemies’. In keeping with the motifs from the image of shepherd in Psalm 23, the final one of dwelling in the house of the Lord forever, evokes powerful gifts of hospitality and sanctuary to the stranger. Such practical advocacy and welcome offers a powerful embrace for people who perhaps have low or non-existent expectations of pastoral care.

The fourth element of Gaventa’s response is one of **community building** and empowerment of the Body to care and to offer support to each other. He asserts that this is too often a neglected pastoral skill in an age that focuses on individualism and one-to-one pastoral care. In the myriad of ways that any congregation or agency supports each other, it is especially important that people with disabilities and families are not left to wage the same battle for inclusion that they engage in for the other six days of the week. One day at least needs to be a day of Sabbath and sanctuary within a hospitable environment. Involvement in all areas of congregational life and the community at large are powerful messages of acceptance, friendship and God’s unconditional love.

I suspect the first two of these responses, **companionship and guidance** are very familiar to most of us in our day-to-day practise of CPE. The third, **shepherding**, used in reference to advocacy, and the fourth, **community building** in its many manifestations, are probably not as intentionally practised. Having remarked on why I think advocacy and community building are important extensions of traditional CPE pastoral care, I want to outline the method of social analysis I have been incorporating in recent programs. One vignette from the most recent program will illustrate its use and effectiveness, and is why I think it has direct application in all CPE programs, whether they are conducted in community agencies, hospitals, schools or parish contexts.

John Paver, in his book ‘Theological Reflection and Education for Ministry’, writes in considerable detail about social analysis as part of what he calls the pastoral circle, with experience being the basis for the analysis, partnered by engaging and rigorous theological reflection. He cites Holland and Henriot who say: ‘the questions posed by social analysis unmask the underlying values that shape the perspectives and decisions of those acting within a given situation’.

The model of social analysis I have been using in CPE is that developed by Eveline Crotty in her development of the SUMP program, and as I said earlier, modified for use here in Victoria. With a series of concentric circles, radiating out from the individual person at the centre, an analysis, or set of questions and discussions, unfolds as the influences and relationships impacting on that person are examined. These are the immediate environment of family, local area, regional and national (including government policies) and global connections. Each of these are set within five major bands which explore the religious, cultural, social, economic and mythical or popular misconceptions that inform that person’s life. In addition I have also developed a further series of questions, incorporating theological reflection to accompany the analysis.

In my most recent program, a Case Study focused on a young woman in a parish setting who lived a very lonely life in a remote farm setting. Apart from some

members of her family, her mainstay of support was from contact by the minister and his wife. The woman lived with Multiple Chemical Sensitivities (MCS), and very careful attention needed to be paid to every action she undertook lest it triggered life-threatening reactions. As we discussed her circumstances using the model, the shared insights in the group revealed knowledge of a self-help support group for people with MCS. This is an e-group of people who are bound to their computers, and in this way this woman has now been connected to a new community of mutual support. The benefit to the student presenting the Case Study was eye-opening. He felt as though his ministry had been strengthened and that he had been able to care for her in a new and positive manner. A manifestation of grace in society.

What of the next 40 years? Might we dare to look into the crystal ball? What might be the trends and pressures in health and community services that determine the shape of pastoral care and CPE? I will offer some generalisations and questions for consideration.

On the basis of current trends continuing, I believe there will be an increasingly significant push for resource allocation towards services being delivered in the community sector; bodies such as church-based agencies have the flexibility, infrastructure and 'know how' to offer support. The move away from provision of care in large institutions during the 80's symbolised this shift, with disability and mental health services being provided in the community sector. We see increasingly the move to provide medical services and ancillary support services in the community and in the home. Witness the pressure in both public and private sectors for high bed turnover. Trends suggest baby boomers in the next 40 years will exert far more pressure on aged care services than ever before.

How then will diminishing faith communities respond to the provision of financial resources for pastoral care? If resource allocation becomes increasingly subject to analysis of need across the different sectors, where will the church dollar go? How will priorities be determined and by whom? Will governments and hospitals increase their allocations to pastoral care?

I feel the stirrings of a social analysis!

I believe there will be an increasing call to a **follow up**, underlining the question posed for this presentation: **CPE in community agency settings: a possibility for the next 40 years?** Such a **follow up** will see an increasing demand for CPE, or its new derivatives, in church based agencies. The incorporation of social analysis would be a valuable pastoral tool and response in such ministry. As outlined, I also believe it to be a valuable tool in all CPE programs.

Some people may be unhappy about such a proposal. Once pastoral care is seen in its social and political context, it becomes more complicated. Tensions may arise in sorting out what goals should be served in pastoral care. And of course, there are questions of time, energy, ability and motivation amongst pastoral carers to engage with social analysis. Different people have different talents and abilities, and not all pastoral carers have interest in social and political dimensions as part of their practice. I trust the position I offer is not received as dogma, but respects the idea, in Christian terms, of us all working to support the Body of Christ with our varying gifts.

I trust the presentation has honoured this occasion, and offered some stimulus for reflection. I look forward to the responses from Eveline and Ros and the engagement and dialogue that will be generated, both here and now, and during the next 40 years! Thankyou.

Rev Andy Calder