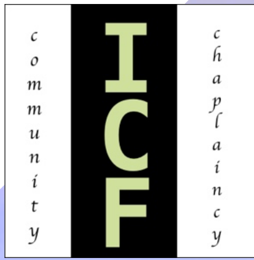


# RECLAIMING AND RESTRUCTURING FOR THE PEOPLE WE ALL CARE FOR

## Conventional Wisdom and the Transition of Roles

by Bryan Bass-Riley, MDiv, MS, LPC, NCC

In the Netflix series *The Crown*, a member of the royal family laments the increasingly watered-down role of the monarchy. She comments that at one time, the monarch ruled, but now the monarch merely "reigns." Unspoken but very clear is her fear about what the next downgrade might look like. While I am no fan of the concentration of power and wealth in the hands of a hereditary monarchy (sermon over), I do get the feeling of anxiety that comes with having one's identity eroded. For most of human history, mystics, shamans, midwives, and seers held the healer's role. In recent human history, this role became formalized in organized religion, then professionalized. Then we started to see that other professionals could do what we do, and often, they could do it better, from ruling to reigning to *what?*

In the 90s, when I was in seminary, the conventional wisdom was that a pastor could see a parishioner three times for a particular issue. If the issue couldn't be resolved in three meetings, they should refer that person to a *professional*. In this context, a professional literally means a psychotherapist. Still, its use seems to imply something a little more problematic: pastors can play around the edges of people's issues, but for real problems, we need to step back and let the grownups take over. We ministers have ceded our role as "soul physicians" to medical professionals and have been left with…*what?* Three sessions of active listening, a prayer, and a referral?

Anton Boisen recognized this trend in 1948 when he wrote, "As for the modern liberal churches, it may be said with some justice that they have been giving neither treatment nor diagnosis but have been referring to the psychiatrist and to the psychoanalyst many persons who needed the help they should have been able to give." In that same article, Boisen criticized evangelical Christianity for offering "treatment without diagnosis" by focusing on salvation rather than "sit[ting] down with those who 'hit the saw-dust trail' and arrive at a real understanding of their particular problems."[1]

I do not wish to argue that clergy needs to try to supplant medical doctors or psychotherapists. Not at all. We must reclaim our place as healers amongst the other healers in our world. We all have specialties; there are things that a neurosurgeon can do that a chaplain obviously should not. A social worker or counselor can do things that a priest cannot. And there are maladies of the human condition that a spiritual leader can best address. I used to say that chaplaincy and psychotherapy were, in reality, two ends of a continuum. I think today I

would move away from such a linear model and emphasize that healing occurs best within a web of healers. Each healer within the web has their part. The part that chaplains, pastoral counselors, clergy, and pastoral psychotherapists play is essential and one that cannot be played as well by anyone else.

The image of a web of healers isn't as clean and unambiguous as a continuum. On a continuum, there is a line, someplace, where the referral to a *professional* needs to happen. People may quibble about where that line is, but it is there. Within a web we have to acknowledge our interdependence on one another and accept that sometimes professional lines get blurry. Social workers pray for their patients. Pastors offer therapy. Surgeons help their patients draw strength from their faith. The effort to draw professional lines and live within professional silos may bolster our vocational egos but will never serve the people we all care for.

Many years ago, when I was early in my chaplaincy career, a social work colleague and I talked honestly about our worries about being *pigeonholed.* I remarked that chaplains don't want to be reduced to just being "the prayer people." My colleague agreed, saying, "But we social workers aren't just the Medicaid ladies." That has always been instructive to me. A decade later, in another conversation with another social worker, we agreed that there was enough pain to go around. When we fight about which of us is the best-qualified healer, the only loser is the person in pain.

[1] Boisen, A. T. (1948). The Minister As Counselor. *The Journal of Pastoral Care*, *2*(1).

Photo by Annie Spratt on Unsplash

## Program History

International Chaplain Foundation was incorporated in 2016. Founders Rev. Andrew Harriott and Rev. Dr. Elaine Barry, realized their co-interest in community chaplaincy and their commitment to non-institutionalized training. Born out of outreach in a community program, Project FIND, a program providing services and support to seniors of low and moderate-income and homeless seniors in a non-institutionalized setting, they realized there was a need for clinical chaplaincy and pastoral counseling in the community. Utilizing technology and innovative resources, ICF, Inc. was one of the first CPSP online training centers.

## Program Objectives

The Clinical Pastoral Training program utilizes the action-reflection-action learning process, which is central to CPE/T in several ways. One of the basic tenets of CPE/T is that trainees are involved in hands-on and direct pastoral care experiences with patients, families and caregivers. The trainees reflect and act on their experiential encounters. The trainees, wherever their visits are, are involved with persons from diverse social, economic, religious, and ethnic backgrounds. Reflection on these experiences will form the basis for individual learning.

## Our Mission

The CPE/T program provides spiritual and religious resources and professional support for patients, families, caregivers, and staff. By focusing on the psycho-spiritual aspects of the persons in the CPE/T program, pastoral counselors/chaplains are encouraged to commitment to provide person-centered care and services.

The CPE/T program is committed to the following core values; namely: Respect, Compassion, Justice, Excellence, and Stewardship.

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