

EDITORIAL

Focus on Pastoral Theology

William Conrad Cessna*

One of the aims of pastoral theology is to understand the relevance of the Gospel for individual lives and to develop valid and workable methods of communicating that Gospel. Communication becomes a primary concern of the pastoral theologian.

COMMUNICATION ESSENTIAL

The pastoral theologian does not minimize biblical, historical, systematic, and philosophical approaches to an understanding of God's purpose for man. However, as he grapples with man's needs and tries to comprehend the relationship of the Gospel to them, the pastoral theologian becomes vitally interested in communication.

Historically, communication of the gospel has been largely through preaching. Preaching need not be irrelevant today, but it becomes irrelevant when the preacher no longer communicates. A great need of preachers is to be certain they can communicate to the parishioner, in the layman's own unembellished language. Often ministers become careless in preaching. They talk in abstractions and time-worn clichés. This jargon, deeply meaningful to the minister, may be totally incomprehensible to a parishioner. Although a minister will want to educate his people to certain theological terms, he cannot accomplish his goal without first speaking *their* language.

Howe defines communication as a "meeting of meaning between two or more persons."¹ Many sermons do not meet this criterion of communication; there is no meeting of meaning. The sermon is a monologue rather than a dialogue. Except by non-verbal clues, the people have no way to

* Associate Professor of Pastoral Counseling and Director of Counseling Services, Asbury Theological Seminary.

1. Reuel L. Howe, *The Miracle of Dialogue* (New York: The Seabury Press, 1963), p. 23.

speak back to tell the minister that he is not getting through to them. Often the monological preacher is not listening for, nor wanting a feedback. He compartmentalizes his ministry to individuals and his ministry in preaching. He finds nothing in common in his personal and his public encounters. Often the sermon becomes an exposition of the written word without showing how the living Word can make a difference in day-to-day living.

An antiquated concept of preaching may hinder communication. The authoritarian preacher is "out." The one who preaches with understanding *and* authority will be heard. Pontifical-like statements—harsh, unmoving, and unbending—are rejected. A non-conversational, high-pitched, unnatural voice is without appeal. Why is a feigned voice thought to be a sign of ministerial piety by the young minister (and some older ones)?

CLINICAL PASTORAL TRAINING

An invaluable aid to improving interpersonal communication in the preaching act is clinical pastoral education (CPE). CPE is usually conducted in general medical or psychiatric hospitals for a 10-12 week period. Experienced chaplains who have been certified by the Association for Clinical Pastoral Education supervise CPE. In this environment, the clergyman-student is daily faced with crises of varying types and magnitude. Thrust into such a setting, he soon discovers that overwhelming problems are solved *neither* by the pontifical, authoritarian statement nor by a pious tone of voice.

What statement can a pastor make when a mother learns that her first-born child is extremely retarded and will never develop normally, never go to school, never be able to read, never hold a job, never become independent? How can the concern, understanding, and love of both God and the minister be communicated to a person in such a crisis? A three to twelve month intensive hospital experience will provide the minister an opportunity to find answers to these and similar questions. Then when he returns to the pulpit, he will be able to preach meaningfully, to communicate the deep truths of the Gospel in laymen's language, and to create such a worshipful experience that there will be a "meeting of meaning."

Admission to CPE programs is open to ministers who have completed at least one year of seminary. Some short-term programs waive this requirement.²

2. For a list of participating seminaries and hospitals, write for brochure to Association for Clinical Pastoral Education, 275 Riverside Drive, New York, N. Y. Asbury Theological Seminary is a member of ACPE.

PASTORS AND COMMUNITY HEALTH

A recent national trend in the care of emotionally disturbed persons is to provide continuing treatment for them in their own communities. The alert minister can have a part in this new method of treatment.

State supported psychiatric hospitals are experiencing decreased patient populations *and* increased number of admissions. As the onus of hospitalization lessens and as emotional difficulties are being detected earlier, admissions increase. However, the average length of stay is much shorter than a decade ago and now is measured in days rather than months or years. Part of this recent trend in psychiatric hospitals results from the increased use of psychoactive drugs, and broader psychiatric and ancillary services in a team approach to treatment.

The shortening of hospitalization is also partially the result of supportive community services in the nature of (federal-state-local financed) community mental health centers. These centers provide five basic types of services: outpatient service (including follow-up after discharge from psychiatric hospitals), inpatient services (e.g. psychiatric units in a general hospital), day care treatment, 24-hour emergency services (suicide prevention), and consultation, education, and research services. Pastors with adequate clinical training are being invited to serve in such centers. Involvement may be either part or full time, and on a volunteer or employed basis.

Guidelines are being established for the employment of pastoral counselors in mental health centers. In Kentucky, where the statewide system of mental health centers recently was praised by the Director of the National Institute of Mental Health, guidelines recently recommended to the commissioner of mental health include the following minimal qualifications:

1. College and seminary degrees
2. Ordination and denominational endorsement
3. Three years full-time pastoral experience
4. One year of clinical pastoral education

An increasing, influential role in community mental health programs is becoming available for the clinically-educated minister. Such a role permits the minister to meet and help more people during crisis periods. This new ministry permits the church to serve individuals where they have often been excluded.

In summary, the need outlined here is two-fold. First, the minister must learn to communicate in contemporary terms, about contemporary

human needs if the Christian message is to have vital meaning today. Second, one effective preparation for either the parish or specialized ministry is clinical pastoral education. Perhaps you, fellow minister, should consider clinical pastoral education as a way of continuing your education for a more satisfying, helpful, and enriched ministry.