



## **The case for the contextualization of CPE in the South African Context: A Practical theological dialogue with Dr Arthur Becker**

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### **Abstract**

Clinical Pastoral Education has its roots in the United States of America, where it was introduced by Anton Boisen and his associates in 1925. It then spread to other continents. In the South African context, it was introduced by Dr Arthur Becker at Maphumulo Lutheran College. From the beginning of his work, Becker displayed a rare pastoral and cultural sensitivity. Recognising that the South African context is different from that of the United States, he worked hard for the contextualization of CPE in the Southern African context. The article makes a case for the continued contextualisation of Clinical Pastoral Education. Context is particularly important in theological education, and particularly in respect of the theory and practice of pastoral ministry. There is a need to be deliberate and strategic about efforts to design CPE programmes that are sensitive to the material conditions of participants in CPE programmes, as well the material conditions of participants and beneficiaries of the programme. The article engages in a practical theological dialogue with Dr Becker. It also argues that the history of CPE in South Africa is incomplete without reference to the pioneering work of Becker.

### **Keywords**

*Anton Boisen, clinical pastoral education, contextualisation, Arthur Becker*

## Introduction

The purpose of this article is to make a case for the contextualization of Clinical Pastoral Education (CPE) in the South African context. The article engages in a practical theological dialogue with Dr Arthur Becker, a pastoral theologian who was instrumental in bringing Clinical Pastoral Education (CPE) to South Africa. The history of CPE in South Africa is incomplete without reference to the name and the pioneering contribution of Dr Arthur H. Becker. The introduction of Clinical Pastoral Education in South Africa became a reality when Dr Arthur Becker was invited by the faculty of Maphumulo Lutheran Theological College (South Africa) to introduce the “clinical method” used in the US seminaries.<sup>1</sup> That was done in cooperation with the Lutheran Medical Foundation of South Africa, which was responsible for the Lutheran hospitals.<sup>2</sup> The broader objective and plan were to facilitate the provision of chaplaincy services in the rural hospitals that were maintained by the Lutheran Medical Foundation of South Africa.<sup>3</sup> In recognition of the historical beginning of CPE in South Africa, Edwina Ward (1950-2021)<sup>4</sup>, states in her PHD thesis: “In South Africa, the beginnings of CPE can be traced back to 1970. The Lutheran College at Umpumulo in Natal received a visit from Arthur Becker, from Columbus, Ohio.”<sup>5</sup> Furthermore, the article appreciates the rare pastoral and academic sensitivity with which Dr Becker approaches the introduction of CPE. Already in the 1970’s he was conscious of the importance of the much-needed process of deliberate and strategic contextualization of the US-initiated Clinical Pastoral Education when introduced to the South African context. Dr Becker believed that “of all pastoral disciplines, none is so closely related to the cultural context as pastoral care.”<sup>6</sup> According to

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1 cf. Becker, Arthur, H. “Transplanting CPE to the South African Scene” (in *Journal of Pastoral Care*, September, XXXII, No.3, 1978), 184.

2 Becker, “Transplanting CPE,” 184.

3 Becker, “Transplanting CPE,” 184

4 Edwina Ward is a former Associate Professor at the University of KwaZulu-Natal. She died on the 26 August 2021.

5 Ward, *The Contribution of Clinical Pastoral Education to Pastoral Ministry in South Africa: Overview and critique of its method and dynamic, in view of Adaptation and implementation in a Cross-Cultural Context*. PHD Thesis (Pietermaritzburg: University of Natal, 2001), 29.

6 Becker, “Transplanting CPE,” 184.

Becker, it is vital to come to some understanding of the cultural and social problems that people are struggling with in view of offering and teaching pastoral care.<sup>7</sup> He appreciated and acknowledged the wealth of the socio-economic, cultural and political diversity in the South African context. The socio-economic-cultural and political contexts in which pastors minister to parishioners have always been marked by complexities. When one is grappling with such complexities that are confronting parishioners, one is inclined to “long for the wisdom of Solomon and the compassion of Christ”, according to Becker.<sup>8</sup> It was as a result of this pastoral and public ministry that a year later, he was denied a visa when he wanted to continue with his work in Southern Africa, as he states: “It was not possible to fulfil these plans because entry visas to visit South Africa and Namibia were denied.”<sup>9</sup> Fortunately, he had not made himself indispensable by ensuring that at least two indigenous pastors were equipped to take forward the teaching and the contextualization of CPE.

From the beginning, when CPE was introduced in South Africa at Maphumulo, the intention was to have CPE introduced as both an ecumenical and a contextual project that should have involved all religious stakeholders. Though, sadly during those early years of CPE, only the Lutheran churches seemed interested.<sup>10</sup> That was most probably due to the single-minded focus on the fight against apartheid which was a priority of churches and the ecumenical body, the South African Council of Churches (SACC).

Right from the onset and in pursuance of the need of contextualization of CPE, Dr Becker facilitated the training of two Indigenous pastors Rev. S. Abrahams and Rev. Dr. V. Msomi.<sup>11</sup> The two theologians were sent to the Evangelical Lutheran Theological Seminary in Columbus and the Central Ohio Cluster of CPE, United States. Later, Rev. Abrahams was sent to the Netherlands and Dr Msomi was sent to Canada for further training. The

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7 Becker, “Transplanting CPE,” 184.

8 Becker, “Transplanting CPE,” 185.

9 Becker, “Transplanting CPE,” 184.

10 Ward, *The Contribution of Clinical Pastoral*, 29.

11 Both Rev. S. Abrahams and Dr V.V. Msomi are no longer alive but many of the students they taught continue with their legacies.

two Lutheran theologians contributed significantly to the development of the discipline of pastoral care in South Africa.<sup>12</sup> The two theologians later came to teach Pastoral Care, Homiletics and Clinical Pastoral Education at Maphumulo Lutheran Theological College.

## Dr Arthur H. Becker (1921-2015) and his work in the United States and in South Africa

Arthur H. Becker has served as a pastor, hospital chaplain, supervisor of clinical pastoral education, and seminary professor of pastoral care.” (“Compassionate Visitor: Resources for Ministering to People Who Are Ill”) He is also the author of inter alia, two important books in pastoral ministry, namely, *Compassionate Visitor: Resources for Ministering to People who are ill* (1985)<sup>13</sup> and *Ministry with Older Persons* (1986).<sup>14</sup> He also published many articles in several academic journals such as the *Journal of Pastoral Care*<sup>15</sup>, *Journal of Pastoral Psychology*<sup>16</sup> and *Journal of Pastoral Care*.<sup>17</sup>

Dr Arthur Becker served in various capacities, including pastor, hospital chaplain, supervisor of Clinical Pastoral Education, and seminary professor. It was particularly in the field of Clinical Pastoral Education that he made a global impact on pastoral ministry, teaching at Maphumulo Lutheran Seminary and introducing CPE.

The history of the introduction of CPE in South Africa cannot be complete without mentioning the ground-breaking work of Dr Becker. Dr Becker,

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12 Buffel, O.A. The Potential of CPE in Facilitating Contextual, Effective, and Affordable Pastoral Ministry in South Africa. *Black Theology: An International Journal*, Vol 20(3), (2022) 235-250. <https://www.tandfonline.com/doi/full/10.1080/14769948.2022.2133424#abstract> (accessed 10-09-2025).

13 Arthur Becker, *Compassionate Visitor: Resources for People who are ill* (Minneapolis: Fortress Press, 1985).

14 Arthur Becker, *Ministry with Older Persons: Guide for Clergy and Congregations* (Augsburg Fortress Publishers, 1986).

15 Becker, “Transplanting CPE,” 184.

16 Becker, Arthur, Judgement and Grace in the Ageing Process. *Journal of Pastoral Psychology*, Vol 27(3), (Spring 1979), <https://link.springer.com/content/pdf/10.1007/BF01032523.pdf> (accessed 30-12-2024).

17 Becker, “Transplanting CPE.”

who was popularly known as Art, passed away on January 23, 2015, just two days after his 94<sup>th</sup> birthday.<sup>18</sup> He studied at Wartburg Lutheran Seminary and was ordained in 1945. He held an M.A.-degree in Pastoral Care from Andover Newton Theological Seminary and a PhD in Pastoral Psychology from Boston University. He started teaching at Trinity Lutheran Seminary in 1955 and was given the task of establishing the department of Pastoral Care and taught there until his retirement in 1985. He initiated an interdisciplinary course in ministry, law, and medical-social ethics. He was not only a pioneer in the introduction of CPE in South Africa, but in the broader field of Pastoral Theology. He had wide-ranging interests and compassion that included research in pastoral care with the sick<sup>19</sup> and the elderly.<sup>20</sup>

When Arthur Becker was sent to South Africa by the Division of World Missions of the American Lutheran Church (ALC), now the Evangelical Lutheran Church in America (ELCA), his main responsibility was to teach pastoral care with special focus on introducing the “clinical method” of the Clinical Pastoral Education.<sup>21</sup> From the beginning of his brief work in South Africa, Becker acknowledged in the same way as de Jong Van Arkel<sup>22</sup> that modern pastoral care is primarily a modern a western-dominated enterprise. De Jong Van Arkel correctly observed that theories generated for the field of pastoral care are influenced by the individualistic and affluent lifestyles of Western Europe and North America. Similarly, Becker accepted that the same applies to CPE and therefore there must be pastoral sensitivity when introducing CPE in the South African context. Writing in the context of the broader field of pastoral care and counselling, De Jong Van Arkel advocates for “the necessary project of contextualising which now faces pastoral caregivers as it integrates its unique cultural and

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18 Becker, Arthur, Obituary. [Online]. Available: <https://www.legacy.com/us/obituaries/dispatch/name/arthur-becker-obituary?id=20927959>

19 Arthur Becker, *The Compassionate Visitor*, 1.

20 Arthur Becker, *Ministry with Older Persons*, 1.

21 Buffel, “The Potential of CPE,” 235.

22 De Jong Van Arkel, T.J. “Teaching Pastoral Care and Counselling in an African Context: A Problem of Contextual Relevancy,” in *The Journal of Pastoral Care and Counselling*, (Summer, 1995) Vol 49 (2), 189.

religious heritages into developing a relevant pastoral theology that will serve pastoral practice and pedagogical necessity.”

## **The context which confronted Becker in Southern Africa**

Becker’s work in South Africa was not confined only within the walls of Maphumulo Lutheran Theological College but extended to rural villages in South Africa and Namibia, which were then under the administration of South Africa as mandated by the League of Nations until 21 March 1990 when Namibia gained independence. He paid pastoral and educational visits to rural hospitals and villages.<sup>23</sup> Both in class and during visits to rural villages, Becker witnessed the harsh socio-economic-cultural and political realities of South Africa and Namibia, and by extension, other African countries, as Maphumulo Lutheran College had students from other parts of the continent. He referred to the harsh realities as “social tragedies.”<sup>24</sup> He encountered harsh realities such as extreme and serious structural poverty and other problems in the fabric of the family and society. He correctly observed that the structural problems are so intertwined, complex, and tragic. He stated: “So intertwined and complex are those problems that they require a multiple approach which should include various forms of direct financial assistance, social case work, pastoral counselling, pastoral theology and ecclesiology, all given simultaneously.”

In addition to the immense problems facing families, there were ever-present problems of sheer starvation and poverty that Becker encountered.<sup>25</sup> About that, he lamented as follows:

The physiological and spiritually debilitating effects of this poverty are well-known but always agonising when one comes upon them; they make you want to cry in horror, sympathy, and anger. Another major social tragedy is alcoholism among working men.”<sup>26</sup>

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23 Becker, “Transplanting CPE,” 184.

24 Becker, “Transplanting CPE,” 185.

25 Becker, “Transplanting CPE,” 184.

26 Becker, “Transplanting CPE,” 184.

The challenges led to illnesses of individuals, families, and communities. They also led to the breakdown of families, especially given the migrant labour system that messed up many African families and rendered them dysfunctional. Amid many of the challenges in pastoral ministry and theological education of African pastors that Becker encountered, he remained open-minded and pastorally and culturally sensitive, in contrast to many Western missionaries. His pastoral and cultural sensitivity was very uncommon among other western missionaries and theologians who engaged in the practice of what they called *seelsorge* (care of souls). They approached Africans as if they are *tabula rasa* and as if they existed in a cultural vacuum, in what Msomi refers to as “a culturally new and unfamiliar situation.”<sup>27</sup> Msomi correctly states that “quite often, it seems, the missionary was overwhelmed with the radically new situation and reacted with in an impulse of cultural shock, with rigid church discipline, as a form of pastoral care.”<sup>28</sup> That was not the case with Arthur Becker, with his cultural and pastoral sensitivity as he played the role of pastor and educator in the South African context.

## What is Clinical Pastoral Education?

Clinical Pastoral Education is an important educational process of training and equipping students, clergy and other professionals in the area of pastoral ministry.<sup>29</sup> Hemenway defines CPE as a type of professional training which offers practical opportunities for theology students, clergy, chaplains and other professionals to be in such pastoral relationships and to grow in self-knowledge and in the capacity to offer effective pastoral ministry training.<sup>30</sup> Other professionals who are involved are nurses, physicians and social workers who are interested in the spiritual development of other people. CPE purports to facilitate balanced and contextual theological education and spiritual formation and development. It is a kind of work-

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27 cf. Msomi, Vivian, *Pastoral Counselling in South Africa with special reference to the Zulu*. PhD thesis (Cape Town: University of Cape Town. 1992), vi.

28 Msomi, *Pastoral Counselling*, vi.

29 cf. Buffel, “The Potential of CPE,” 235.

30 Hemenway, Joan. Position Paper on CPE Supervision and Learning. *Journal of Pastoral Care*, xxxvi, no. 3 (1982): 208.

related theological education that empowers participants such as students, clergy, and other ancillary professionals in view of self-understanding and capacity building so that participants may offer specialised pastoral care ministry to parishioners.<sup>31</sup>

One of the most comprehensive, classical, and accepted definitions is offered by Thornton, who described it as:

Professional education for ministry which brings theological students, ordained clergy, members of religious orders and qualified laypersons into supervised encounter with the living human documents in view of developing their pastoral identity, interpersonal competence, and spirituality; the skills of pastoral assessment, interpersonal collaboration, group leadership, pastoral care and counseling and pastoral theological reflection.<sup>32</sup>

Wallace describes CPE as an experiential process using a clinical method to interpret human conditions. In this process, students, clergy and other participants are helped to find meaning in life's situations and make connections with God.<sup>33</sup> One of the giants among the historians of religion E. Brooks Holifield describes CPE as a program of professional training which involves a long-term supervised encounter with men and women in crisis in hospitals, prisons and social agencies.<sup>34</sup>

Initially, CPE started with a narrow focus on theological students, but as it matured it gradually became more inclusive, as indicated by the various categories of participants referred to in Thornton's definition. CPE started at a psychiatric hospital in 1925 but moved on to a general hospital and then hospices later. It also moved from an institutional model to a parish set up (parish model), as well as cluster of social services and community-based

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31 Cf. Buffel, "The Potential of CPE", 235.

32 Thornton, Edward. *Clinical Pastoral Education. Dictionary of Pastoral Care and Counselling*, ed. Rodney Hunter, 177–185. Nashville: Abingdon, (2005).

33 Wallace, Brenda P. *Perceptions of Live Experiences of Clinical Pastoral Education*, Ed D thesis, (Minneapolis: Walden University, 2015).

34 Holifield, Books, E, *A History of Pastoral Care in America: From Salvation to Self-Realization*. Nashville: Abingdon Press, p. 231 (1983).

models of CPE.<sup>35</sup> Furthermore, it moved from a Christian programme to an interreligious experience-based training that involved participants and professionals from other religions.

## The birth and the development of CPE in the United States of America

The CPE movement started in the United States at Worcester State Hospital in Massachusetts, where Dr Anton Boisen, initiated the clinical training programme in the summer of 1925, with the support and encouragement of Dr Richard Cabot who was associated with the Harvard Medical School.<sup>36</sup>

It was while Anton Boisen was studying at Harvard that he studied under Richard Cabot who was teaching a course on “Clinical Dimensions of Ministry.”<sup>37</sup> There, Boisen studied the case study method with special emphasis on highlighting the relations of certain kinds of religious experience to mental illness. With the support of Cabot, Boisen organised a clinical training programme in the summer of 1925 at Worcester State Hospital where he was a chaplain. Cabot believed that physicians and ministers have to work together to heal the sick. Hence his support of the research and work of Anton Boisen.<sup>38</sup>

It was initially known as the Clinical Training Programme for Theological Students before it became known as Clinical Pastoral Education. When Boisen accepted the position of a chaplain, he understood that he would be able to spend some of his time doing research on the relations between religion and mental illness.<sup>39</sup> He was convinced that theological students

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35 Thornton, “Clinical Pastoral Education,” 177; cf. Nace, Robert, Parish Clinical Pastoral Education: Redefining “The Living Human Documents.” *Journal of Pastoral Care*, 58–68 (1981).

Nace, Robert. Parish Clinical Pastoral Education: Redefining “The Living Human Documents”. *Journal of Pastoral Care* XXXV, no. 1 (1981): 58–68.

36 Jerngan, Homer, L. Clinical Pastoral Education: Reflections on the Past and the Future of a Movement. *Journal of Pastoral Care and Counselling*, Winter, 2002), Volume 56(4), 377.

37 Jerngan, “Clinical Pastoral Education: Reflections,” 377.

38 Jerngan, “Clinical Pastoral Education: Reflections,” 381.

39 Jerngan, “Clinical Pastoral Education: Reflections,” 380.

had much to learn from *mental patients* (patients living with mental illness) and regarded the psychiatric hospital as a kind of “laboratory” in which students could learn from what he referred to as “the living human documents.”<sup>40</sup> This phrase, coined by Anton Boisen is the cornerstone of CPE and its methodology since the beginning of the movement in the 1920s.<sup>41</sup> Having been troubled by several psychotic episodes himself, Boisen was concerned with the “living human documents” of troubled persons. From those psychotic episodes and associated hospitalisation, he concluded that his experiences and those of other patients were characterised by fundamental struggles of the spirit akin to religious struggles. Furthermore, he concluded that theological students, clergy, and other participants in Clinical Pastoral Education (formerly Clinical Training for Theological Students) had to learn from patients hospitalised as a result of struggles with mental illness. He regarded the psychiatric hospital as a kind of laboratory in which participants could learn from the living human documents.<sup>42</sup>

Anton Boisen insisted that students, clergy, and other participating professionals in pastoral ministry should read and understand “the living human documents” in addition to the classical texts of theology. CPE students were to be introduced under guidance to the practice of reading “the living human documents” so that they could learn to recognise the pathological dimensions and better understand their parishioners and patients.<sup>43</sup> CPE has, therefore, responded to the challenges of the society from which it was born in the American context. It makes sense, therefore, that when CPE is exported to other countries and contexts, it should respond appropriately to the challenges of those different contexts. This is the pastoral and cultural sensitivity Dr Becker displayed when he introduced CPE at Maphumulo Lutheran Theological College and throughout Southern Africa.

According to Anton Boisen, supervised clinical experience in a psychiatric hospital could help students to come to a new understanding of basic

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40 Jerngan, “Clinical Pastoral Education: Reflections,” 380.

41 Nace, “Parish Clinical Pastoral Education,” 58; cf. Buffel, “The Potential of CPE,” 244.

42 Buffel, “The Potential of CPE,” 244.

43 Jerngan, “Clinical Pastoral Education: Reflections,” 380.

issues of “sin” and “salvation.” According to Hiltner, Boisen was primarily concerned to help students by deepening their insights with what he called “the problem of sin and salvation” through the study of the “living human documents,” as well as through the study of books, journals, sermons and reflective thought.<sup>44</sup> Boisen was not attempting to introduce a new theology in terms of content but only a new method of theological study.

The essence of Boisen’s work in Clinical Training is captured as follows by Allisson Stokes:

The essential part of the clinical training for theological students, said Boisen, is that they should be introduced under guidance to “living human documents” and that they should learn to recognise and understand the pathological. Boisen believed that unless the clergy understand “those experiences in which men (sic) are grappling with issues of spiritual life and death,” they will not be able to speak with authority regarding the way to salvation, individual and social. Pastoral competence comes with insight.<sup>45</sup>

Even though Cabot and Boisen had differences regarding mental ill-health and religious experiences, they were able to work together and establish an organisation that promoted clinical training. The organization established in 1930, with Dr Cabot as President and Dr Boisen as its Secretary, was known as the Council of Clinical Training for Theological Students.<sup>46</sup> Other programmes of Clinical Training followed in other parts of the US, such as at Cincinnati, Ohio, in 1927 and in Boston in 1930.<sup>47</sup>

Although Dr Anton Boisen is credited as the “Founding Father” of the Clinical Pastoral Education movement, there were other personalities who worked with him and supported him, such as Dr Richard Cabot, Dr Bryan, Dr Flanders Dunbar, Dr Russel Dicks and Dr Phillip Guiles. During the 1930s and under the auspices of the “Council for the Training of Theological Students,” there were significant efforts to integrate clinical

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44 Hiltner, Fifty Years of CPE. *Journal of Pastoral Care*, XXIX, no. 2 (1975): 90.

45 Jerngan, “Clinical Pastoral Education: Reflections,” 380.

46 Jerngan, “Clinical Pastoral Education: Reflections,” 380.

47 Hammett, Hugh. The Historical Context of the Origin of CPE. *Journal of Pastoral Care*, XXXIX, no. 2 (1975): 85.

training and theological education.<sup>48</sup> The objectives of the Council were as follows:

- To set up and open training centres
- To recruit students
- To raise funds
- To work out criteria for training and supervision.<sup>49</sup>

In later years, the Clinical Training for theological students became Clinical Pastoral Education and continued to respond to the conditions and realities of American society. It continued to attract international students. CPE also spread to other parts of the world, such as Europe, Australia, New Zealand, and Latin America. It later reached Southern Africa through the work of Dr Arthur Becker, when he was invited to teach at Maphumulo Lutheran College in 1970, while on sabbatical leave, with the assistance of Dr V. V. Msomi and Rev. Siegfried Abrahamse. As Thornton put it, “it became international in scope.”<sup>50</sup> Becker made a significant contribution to spreading CPE in Southern Africa, especially in South Africa and Namibia. Later, his teaching work in pastoral ministry took him to New Guinea and Australia.

### **CPE as a contextual response to the then-new conditions and needs in the U.S.A.**

The establishment of CPE was both a continuation of older traditions in pastoral ministry and, more importantly, a response to new conditions and needs.<sup>51</sup> It did not just occur out of the blue, but it is a programme that was necessitated by existential realities of the 1920s that were prevalent in American society. When it started, it was associated with theological liberalism and philosophical pragmatism of the first two decades of the twentieth century.<sup>52</sup> This period constituted the theological and

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48 Jerngan, “Clinical Pastoral Education: Reflections,” 383.

49 Van der Vyver, Supervisie in Kliniese Pastorale Opleiding, 17.

50 Thornton, “Clinical Pastoral Education,” 179.

51 cf. Hammet, “The Historical Context,” 85; Buffel, “The Potential of CPE,” 23

52 Hammett, Jenny. A Second Drink at the Well: Theological and Philosophical Context of CPE. *Journal of Pastoral Care*, XXIX, no. 2 (1975): 86–89.

philosophical context of CPE in American society of the time. Apart from the initial response to what was happening in society, it also continued to keep abreast of further developments in American society, and over the years, it evolved and adapted to those realities and conditions. It kept on responding to those “new conditions and needs.”<sup>53</sup>

Hugh Hammett recognises that there were “important social, intellectual, political and economic currents that swirled around CPE in its infancy.”<sup>54</sup> Hiltner correctly makes an observation that one of the issues related to the establishment of CPE is related to the rapid changes that were taking place in the U.S. in terms of what medical and health care were offered.<sup>55</sup> CPE emerged out of a particular historical time, under particular historical circumstances and material conditions in the American context.

From the perspective of Thornton, CPE arose “in the midst of a decade of social revolution.”<sup>56</sup> It is for that reason that he calls CPE the “new and revolutionary action.” Asquith refers to the beginning of the twentieth century as having had a significant impact on American society. He also calls the beginning of the twentieth century a historical context of social reform and consequently of CPE.<sup>57</sup>

The immediate context in which Clinical Pastoral Education arose consisted of a reaction against traditional theological education and the attraction for medical psychology and social work.<sup>30</sup> It would be ironic if a movement that originated as a response to American realities were to ignore the contexts and realities in other continents, such as Africa. It was therefore appropriate that Dr Arthur Becker arrived in Southern Africa with a great deal of pastoral and cultural sensitivity. Hugh Hammett correctly drives

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53 Cf. Hammett, *The Historical Context of the Origin of CPE*, 85.

54 Hammett, *A Second Drink at the Well*, 77.

55 Hiltner, *Fifty Years of CPE*, 96.

56 Thornton, *Professional Education for Ministry: A History of Clinical Pastoral Education*. Nashville: Abingdon Press, (1970), 24.

57 Asquith, Glenn. An Experiential Theology. *Turning Points in Pastoral Care: The Legacy of Anton Boisen and Seward Hiltner*, Leroy Aden and Harold Ellens (eds.). Grand Rapids, MI: Broker Book House, 1991. 21–25.

30 Asquith, *An Experiential Theology*, 24.

this point home by concluding in his essay on the “Historical Context of the Origin of CPE”:

... the founding of CPE was a continuation of older traditions of reform, but more importantly, it was a response to new conditions and needs. In particular, the movement was a search for ways of effective ministry to individuals under the stresses of all that modern life demands. On its fiftieth anniversary,<sup>58</sup> CPE can look back to a proud heritage of bettering in a time of urgent need. And in a future in which the velocity of history will undoubtedly accelerate, CPE can look forward to a time in which it will be needed as never before.<sup>59</sup>

The main argument in this article is that in the context of South Africa and its socio-economic-cultural and political realities, CPE is needed as never before. It is needed as a programme that helps equip those who participate in pastoral ministry.

It would, therefore, be a travesty of justice that CPE was to be imported uncritically onto African soil without any efforts to make it sensitive and contextual, particularly given the realities of communities in Africa that are suffering as a result of socio-economic-cultural and political structures under which they live. Those who participate in CPE as professionals, such as Dr Becker, Dr Msomi, and Rev. Abrahamse and others who are participants as students, must inevitably respond appropriately to the realities confronting African Pastoral ministry in all dimensions of ministry. Just like in the American context, CPE in the African context must respond appropriately to the concrete realities of Africa.

## **The contextualization of CPE in Southern Africa**

It is important to acknowledge that context is particularly important in theological education and particularly in respect of the practice of pastoral ministry. Dr Arthur Becker appreciated the importance of context when he

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58 The 50th anniversary of CPE was celebrated in 1975 in the U.S.A.

59 Hammett, *The Historical Context of the Origin of CPE*, 85 cf. Van der Vyver, *Supervise in Kliniese Pastorale Opleiding*, 13 33Nace, *Parish Clinical Pastoral Education*, 58, cf. Jernigran, *Clinical Pastoral Education*, 379.

first had an opportunity to introduce CPE in South Africa and Namibia. He appreciated that CPE implemented in South Africa had to be rooted in the African soil and take the African socio-economic-cultural and political realities seriously. Becker appreciated that for CPE to be contextual, it had to take cognisance of Southern African socio-economic-cultural and political contexts of the region. CPE had to be sensitive to the specific needs and circumstances of participants, and those are beneficiaries of pastoral ministry. His first step was to make sure he does not make himself indispensable. He facilitated the training of some among the indigenous pastors who were sent to the Evangelical Lutheran Theological Seminary in Columbus for advanced theological education, which included units of CPE in the Central Ohio Cluster for CPE.<sup>60</sup> By the time Dr Becker was denied a visa and prevented from visiting South Africa and Namibia when he was invited for the third time to continue his work, he had already done enough to empower and train some among the indigenous pastors. It is interesting that right at the beginning of CPE in South Africa, Arthur Becker grappled with the question: “Does the pastoral care model assumed by CPE make any sense at all in the African setting?”<sup>61</sup> It is unfortunate, if not tragic, that this pertinent and very prophetic question does not seem to have been taken seriously in CPE in particular, and pastoral ministry in general. Many CPE programmes and related workshops may force one to imagine that such encounters are not taking place in South Africa, but are still located in Worcester, Cincinnati, or Boston in the US, where CPE started in the twentieth century.

There is some anecdotal evidence that suggests that the majority of those who are participants in CPE programmes are from the so-called mainline churches such as the Roman Catholic church, the Lutheran churches, the Anglican church, the Methodist church, the Congregational and Dutch Reformed churches. The question remains: To what extent is the model of CPE appropriate for the pastoral ministry that is relevant to the membership of those churches, especially those from the “black side” of the mainline churches? Concerted efforts must be made to develop models that are appropriate for members of Pentecostal churches and those belonging

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60 Becker, *Transplanting CPE*, p. 184.

61 Becker, *Transplanting CPE*, p. 186.

to African Initiated Churches (AIC's), which constitute the largest grouping of the Christian churches in South Africa.<sup>62</sup> One of the most dramatic aspects of these religious affiliations has been the rise of these movements in recent years. The 4,000 or more independent churches have a membership of more than ten million people, making this movement the single most important religious group in South Africa.<sup>63</sup> There are also many Christians who are both members of the mainline churches, as well as adherents and practitioners of African traditional religions. They are, for instance, "Lutherans by day and Pentecostal by night." There are students, clergy and other leaders in faith communities who are subjected to exclusion from current CPE programmes due to standards of educational qualifications and costs involved and the foreign language (English). They constitute the bulk of "the living human documents" in African contexts. Consequently, it makes no sense to exclude them on whatever grounds, while exploiting them by pretending to listen to them in hospital wards during CPE programmes. Those who are in positions of power in CPE programmes and in the leadership of churches must facilitate consultative processes that will lead towards inclusive, contextual, and affordable CPE programmes. We must remove the impediments and barriers in terms of costs, location, relevance, and languages. CPE coordinators and participants must listen to many of the patients whom they encounter in clinical settings and attempt to achieve congruence in the goal of learning from patients who are not from mainline churches and must develop the skills and the practice of providing spiritual care models that are appropriate to them. Any programme that is devised for poor and struggling Black communities must be designed in such a way that "faith is indissolubly linked to the struggles of the people," that is "faith confronted with oppression,"<sup>64</sup> poverty and the harsh living conditions of communities in Africa. Such a programme must be "an organic part of the pastoral work carried out by priests and others" as pointed out by the Boff theologian

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62 Buffel, *The Potential of CPE*, p. 245.

63 *The South Africa Yearbook 2006/2007*, edited by Delian Burger (Pretoria: Government Communication and Information System), (2007), 6.

64 Leonardo Boff and Clovovis Boff, *Introducing Liberation Theology* (Turnbridge Well, Kent: Burns & Oates, 1987) 12.

brothers.<sup>65</sup> Any programme, including CPE, which does not consider the harsh living conditions of poor Black communities, is not helpful at all. To use the words of James Cone, CPE and pastoral ministry in general must “listen to the heartbeat of black life as reflected in the song and speech of black people.”<sup>66</sup> CPE must pay attention to the Black religious experience, which is marked by poverty, suffering, unemployment, landlessness, homelessness and other ills entrenched in the socio-economic-cultural and political structures of the South African context. That is the Black existence, the “ups and downs of Black existence” about which James Cone says, “indeed must not be taken for granted.”<sup>67</sup> It is inappropriate to import models from the U.S. without the necessary adaptation for the context of Africa. Africa also needs home-made models. If it is true, as Clinebell points out that “pastoral care is one of the instruments by which the church stays relevant to human need,”<sup>68</sup> then it must be true for Africa as well. One agrees with Pattison that: “it is appropriate that pastoral care should have a chameleon-like character so that it can be related to particular needs at different times and in different places.”<sup>69</sup>

## Conclusion

In dialogue with the life and work of Dr Arthur Becker, the article makes a case for CPE to take seriously the socio-economic-cultural and political contexts of Africa. Furthermore, the article appreciates and acknowledges that CPE is an experiential training that is part of the broader field of pastoral care, which is influenced by Western-dominated theories and paradigms. Therefore, there is a need to be deliberate and strategic about efforts to design CPE programmes that are sensitive to the material conditions of participants in CPE programmes, as well the material conditions of

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65 Boff and Boff, *Introducing Liberation Theology*, 12.

66 James Cone, *God of the Oppressed* (Minneapolis, Minnesota: The Seabury Press, 1975), 5.

67 Cone, *God of the Oppressed*, 2,4.

68 Clinebell, Howard, *Basic Types of Pastoral Counselling: Resources for the Ministry of Healing and Growth* (Nashville: Abingdon Press, 2011), 26.

69 Pattison, Stephen, *A Critique of Pastoral Care*, (London: SCM Press 1988), 18. 74 Vivian Msomi, 1993, 74.

participants and beneficiaries of the programme. Programmes of CPE must not be allowed to continue in isolation, but to work in partnership with academic institutions where clergy and other pastoral caregivers and professionals are trained as part of work-integrated theological education for pastoral ministry. Special efforts must be made to ensure that CPE is inclusive, non-elitist and sensitive to the pains and needs of members of impoverished communities across Africa.

CPE and its custodians must listen carefully to all the patients who are participants of CPE programmes and all those that they come across in hospital wards, including those who are not members of the mainline churches, especially members of the fast-growing A.I.C's and those from Pentecostal and neo-Pentecostal churches. These groups constitute the majority of the 79.8% <sup>70</sup> of Christians of the sixty million South African people.<sup>71</sup> It must also listen to those who are members and adherents of the African Traditional religions (ATR), including those who moonlight or double as Christians of the mainline churches. If there were such listening efforts, they would have designed inclusive CPE programmes that are relevant to the diversity that constitute the people of Southern Africa. CPE cannot afford to continue to be an exclusive club of the elites from some of the mainline churches. Even some mainline churches cannot afford to send their candidates to CPE programmes due to the costs involved.

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70 The 2001 census for South Africa found that 79.8% of the population (35,7 million people), were Christian, up from 75.5% in 1996 The Census form in 2011 did not include questions about religion. BusinessTech, 7 April 2015, Religion in South Africa and around the World, <https://businesstech.co.za/news/trending/84315/religion-in-south-africa-and-around-the-world/> (accessed 22 November 2020).

71 On the 22 November 2020 the Worldometer elaboration of the latest United Nations data put the South African population at 59,609,497. See <https://www.worldometers.info/world-population/south-africapopulation> (accessed 22 November 2020).

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