Crisis as a Means toward Meaningful Growth – Perhaps through Provoking Inspiration and Insight

on the

100th Anniversary of

Anton Theophilus Boisen's invention of

Clinical Pastoral Chaplaincy

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"half the delight in the world comes from challenges."
Joanne Greenberg: Age of Consent,
New York: Henry Holt, 1987, p.173.

Good afternoon! It is good to be back!

Twenty years ago, The COMISS Network appointed me to a five-year term as "Member-at-Large" of the Commission on Accreditation of Pastoral Services. That was interesting work.

I've often said – at least since 1998 – that each year the chaplaincy world hands me what seems to be an impossible task. My job then is to be open to inspiration – some tentative hypotheses – about how to achieve insight – some useful clarity.

Yes, as an historian, I have studied and written extensively on the period from 1906 to 1936 – and I delivered detailed presentations about the field of clinical pastoral chaplaincy in 1974, '75, '76, '77, '79, '82, '99, 2002, '5, and '12.

Today, I have been given a complex task.

I will divide this presentation into three parts.

Part One:	What got us from 1925 to 1975, & then to 2000?
Part Two:	Where are we now? (The last 25 years have been quite an exhausting experience!)
Part Three:	Where might we want to consider going? (We can't go back and stay there. We can't stay here.)

Let me admit up-front that what challenged me the most was considering Part Two: "Where are we now?" I actually felt a bit depressed about that situation.

The word **"crisis"** comes to mind.

Part One:

What got us from 1925 to 1975, & then to 2000?

Know
whence you have come!

Akavia ben Mahalalel: Pirkei Avot
("Ethics of the Fathers") 3:1.

You don't have to be brilliant.

You just have to be curious.

Recognize and acknowledge
past challenges faced and met – or not

Roughly 75 years ago, Boisen tried "to bring out the therapeutic significance of facing one's difficulties honestly," of using a crisis as a means toward growth. He reiterated the importance of studying "the religious experiences of men [and women] who in time of crisis and suffering had been forced to think and feel together intensely about the ultimate values of life."

He emphasized that "Mental illness … was the price we had to pay for being men [and women] and having the power of choice and the capacity for growth."

Boisen: "The Present Status of William James' Psychology of Religion,"
Journal of Pastoral Care 7:155-162, 1953.
[a select collection of Boisen articles is there in pdf]

If we are anguished about the current state of affairs, it is because we know that we have the responsibility to acknowledge the crisis and respond to it.

In 1975, at the 50th anniversary celebration of clinical pastoral chaplaincy, one of the speakers responding to my presentation humorously commented that he hardly could be held accountable – since he had been in leadership for only thirty years.

Robert A. Preston: "Watch Out How You Are Listening.
Consider What You Are Hearing," [The Bible, Luke 8:18; Matthew 24:4]
The 50th Anniversary Conference, 1975, Conference Proceedings: 28-32, 1976.
Association for Clinical Pastoral Education, Minneapolis, October 1975.

Some folks simply called "chaplains" had existed for quite some time, but it was Anton Theophilus Boisen (1876-1965) who really put the pieces together, to invent the field of clinical pastoral chaplaincy – a professional chaplaincy.

"In … 1950, at the 25th Anniversary … celebration [of clinical pastoral chaplaincy], [Anton Theophilus] Boisen reemphasized that, as it had 'been his contention from the beginning,' he was 'not … trying to introduce anything new to the theological curriculum'; he only was trying, through the empirical approach, to call attention back to the central problem of theology and the central task of the church – 'the problem of sin and salvation' " – the core problems of everyday people.

Powell: Anton T. Boisen (1876-1965): Breaking an Opening in the Wall
between Religion and Medicine, (1976) rev. ed., 2021, pp.20-21, quoting from
Boisen: "Clinical Training in Theological Education: The Period of Beginnings,"
Chicago Theol. Sem. Reg., Jan., 41:1-5; reprint version on the internet at
http://web.metro.inter.edu/facultad/esthumanisticos/coleccion_anton_boisen/
File%201-%20Published%20Articles/13%20-%20Clinical%20
Training%20in%20Theological%20Education%201951.pdf

Specifically, he recognized the central and crucial importance of learning through supervised clinical encounter with real people – with "living human documents". Boisen had nothing against "book learning" – but he viewed it as insufficient. He recognized that during much of medical school – and certainly for the year after it – medical trainees were called "interns" – because they literally lived in an "internment camp" – a supervised survival course based at the hospital.

After that, they were ungraded to being called "residents" – because they now freely wanted to take up residence in the hospital with their mentors and patients. Medical trainees used to work about 105 hours per week – but now only 80 hours per week. The more the hours worked, the more the supervised encounters.

Boisen wanted theologs and pastors to have a similarly intensive real-life experience with real people who were suffering, bewildered, and/ or vulnerable. He also recognized the power of immersion in the group experience for clinical pastoral trainees – as they realized that they, too, might be suffering, bewildered, and/ or vulnerable. He wanted pastors to be forced to ask nitty-gritty questions about life.

Take a look at the handout summarizing Boisen's approach.

* * *

Let's read it together – so that your brain both produces the words and digests the words.

Boisen said:
I seek not
the ready-made formulations contained in books.
I seek to make
empirical studies – of
"living human documents" – particularly those who
are breaking or
have broken – in the midst of
moral crisis – the
inner day of judgment.
I seek
the basis of spiritual healing in understanding the
living human documents and their
actual social conditions – in
all their complexity and in
all their elusiveness – respecting the
tested insights of the wise and noble – of
the past as well as of
the present

an amalgamated paraphrasing of Boisen's clinical pastoral thinking as enunciated in his The Exploration of the Inner World …, (1936) pp.10, 185, 248-9, & in his Out of the Depths …, (1965) p.187. Powell first presented this summary at the Chicago Boisen Conference in 2015.

In 2002, I published a commentary reflecting upon one of Boisen's key articles: "Cooperative Inquiry in Religion," published in 1945.

Boisen: "Cooperative Inquiry in Religion," Religious Education 40:290-297, 1945; http://web.metro.inter.edu/facultad/esthumanisticos/coleccion_anton_boisen/File%201-%20Published%20Articles/11%20-%20 Cooperative%20Inquiry%20in%20Religion%201945.pdf
Powell: " 'Cooperative Inquiry' in Pastoral Care…" (2001), published below.
Powell: Anton T. Boisen (1876-1965): Breaking an Opening in the Wall between Religion and Medicine, (1976) rev. ed., 2021, pp.20-21

In summary, I wrote, Boisen envisioned "a situation in which two sincerely curious investigators – the one with specialized clinical pastoral training – are sitting side by side, struggling to comprehend their beliefs". He hoped to encourage a theolog or pastor " to join with another person's nascent curiosity about his or her beliefs".

"This was 'cooperative inquiry' – neither 'too personal nor 'too impersonal' – as firmly embedded in the social milieu as one could imagine." This was "a matter of avoiding fancy theories of cause or purpose and of simply working closely, intelligently with the person in need, toward discerning [, as {Helen} Flanders Dunbar (1902-1959) later would phrase it,] 'a point of effective intervention' for the problem at hand."

Dunbar: Psychiatry in the Medical Specialties, New York: McGraw- Hill, 1959a, p.4.

Cooperative inquiry, it could be said,
lies at the heart of clinical pastoral chaplaincy.

It is not a question of one person "preaching" to another.

It is a question of two human beings exploring together.

At the 50th Anniversary celebration in 1975, the two speakers responding to my presentation – "Questions from the Past…" – recognized that, indeed, I was suggesting that the movement might have "sinned" in ignoring many aspects of Boisen's teachings – about

pastoral social work,
religious diagnosis,
preventive pastoral care,
'everyday,' or 'maintenance,' pastoral care,
the theology of pastoral care,
religious rituals and symbolism,
religious research within clinical pastoral chaplaincy, and
the development of a critical tradition within the field.

Let me repeat that list of emphases that mostly had been lost by 1975.
Ask yourself what further work has been done over the last fifty years.
There has been some – but perhaps the field might benefit from more.

pastoral social work,
religious diagnosis,
preventive pastoral care,
'everyday,' or 'maintenance,' pastoral care,
the theology of pastoral care,
religious rituals and symbolism,
religious research within clinical pastoral chaplaincy, and
the development of a critical tradition within the field.

Powell: "Questions from the Past
(on the Future of Clinical Pastoral Education)," keynote address,
The 50th Anniversary Conference, 1975, Conference Proceedings: 1-21, 1976
Association for Clinical Pastoral Education, Minneapolis, October 1975,
reprinted above.

At least eight areas of Boisen's broader program mostly had disappeared by the fifty-year mark – and the designated respondents grasped that, indeed, I was suggesting that some attempt might be made toward "salvation" of those topics – or, at least, of openly discussing those emphases, might be in order.

The distinguished chaplain/ historian Glenn H. Asquith, Jr. (1946-2017) later noted – in his classic 1980 essay – "The Case Study Method of Anton T. Boisen" – that my presentation in 1975 also "pointed out [that while] many leaders in [clinical pastoral chaplaincy had] … picked up on the [notion of studying] … individual human experience], they had forgotten] … that Boisen also sought to study the experiences of groups in society".

Asquith: "The Case Study Method of Anton T. Boisen."
Journal of Pastoral Care. 1980;34(2):84-94, p.86; on the internet at
http://web.metro.inter.edu/facultad/esthumanisticos/coleccion_anton_
boisen/Case%20Study%20Method-Glenn%20Asquith.pdf
see also Powell: "Amid the Complex Entanglements of Actual Life:
How Are Clinical Pastoral Chaplains to Gain Perspective?"
[a Dunbar Award introduction of Glenn H. Asquith, Jr. (1946-2017)], in
Powell: Anton T. Boisen (1876-1965): Studying Empirically
the Complex Entanglements of Actual Life. 2021.

Roughly 25 years ago, in 1999, I revisited many of these issues – of what got dropped from Boisen's project. I also re-introduced Boisen's somewhat forgotten classic,
Religion in Crisis and Custom: (1955).

Boisen: Religion in Crisis or Custom:
A Sociological and Psychological Study,
New York: Harper & Brothers, 1955

There is a lot in that book – and I recommend it to all of you. As I wrote back then, "Boisen considered the splitting and unifying of groups to be a non-accidental significant norm. While he did not want the factions of [the clinical pastoral field]… to be antagonistic or assimilated, he did want them to be productively confronting each other and engaged in dialogue."

One thing that stood out from this "second look" at the field in 1999 was that a tradition of self-criticism still was lacking.

Powell: "Religion in Crisis and Custom: Formation and Transformation –
Discovery and Recovery – of Spirit and Soul"; opening address, presented at
the 8th Asia Pacific Congress on Pastoral Care & Counseling,
Tsuen Wan, Hong Kong, China, Aug. 2005; available at
http://web.metro.inter.edu/facultad/esthumanisticos/coleccion_anton_boisen/
case_study/ Religion%20en%20Crisis%20y%20en%20Costumbre.pdf ;
2nd ed., revised and enlarged in Powell: Anton T. Boisen (1876-1965):
Studying Empirically the Complex Entanglements of Actual Life. 2021.

What happened to Boisen's vision of studying everything about human nature – both in individuals and in their societies?

Both Boisen and Dunbar focused on the organism-as-a-whole in its environment – both outer and inner.

Certainly between 1975 and 2000 there was a lot of dialogue, but much of it was not very productive. I had been away from the field for most of those years finishing my residency and fellowship, starting private practice, becoming a husband and father, writing about the subliminal versus the subconscious, about patients' ability – or lack of ability – to form and use concepts, and about neurologic, nutritional, and endocrinologic aspects – as well as about circulatory and inflammatory aspects – of emotional disorders. I also had and have continued writing historical essays about the work of Boisen and Dunbar – especially in regard to the roles of symbolism and narcissism.

Since 1999, I have attended clinical pastoral chaplaincy gatherings almost yearly, and have contributed just over 50 essays to the field. So, I saw a lot, listened to a lot, and eventually tried to construct a path between the sometimes-friendly opposing factions. I was greatly influenced by my re-discovery of an essay written by Edward Thornton in 1982.

Let me read what I wrote in 1999: "Revealing, supposedly for the first time publicly and in writing, the "secret" of CPE, [Thornton] … noted that the soul of [clinical pastoral chaplaincy] … had been in that supervisors' goal was 'not education but transformation – transformation of themselves first of all and ultimately of their students'. …"

"[He] … then went on to opine that the 'central mythic enactment,' 'the mystery of the laying on of … hands,' the secret soul of traditional [clinical pastoral chaplaincy] … was dead – that the field had matured, moving on toward 'objectification, quantification, and verification,' a more rigorous albeit soul-less existence! …"

Thornton's "proclamation" in "the movement's flagship publication …stood unchallenged, as far as can be seen …."

Thornton: "The 'Secret' of Clinical Pastoral Education" [editorial],
Journal of Pastoral Care 36(3):145-146, 1982, p.146; on the internet at
https://journals.sagepub.com/doi/abs/10.1177/002234098203600301
See also what I consider to be one of my best essays:
Powell: "Discerning Spirituality in Everyday Life –
and Allowing Oneself to Be Transformed –
Comments Honoring the Work of the
Rev. Dr. Edward Everett Thornton (2008); in
Powell: Clinical Pastoral Training, Education, and Transformation:
The First 50 Years (1925-75) of Learning through
Supervised Encounter with "Living Human Documents" [2nd ed]
and some thoughts about The Second 50 Years (1975-2025), 2021.

The thrust of his essay kept coming back to me – and I ended up reading most of his subsequent writings. Like both Boisen and Dunbar, Thornton became fascinated by Dante's Divine Comedy – which is an emotionally deep story about transformation. While one large group of clinical pastoral chaplains seemed to focus mostly on training – an apprenticeship model – another large group seemed to focus mostly on education – an academic model.

As an insider-outsider – or an outsider-insider – it increasingly appeared to me that something got lost in the struggle for priorities.

Specifically, it seemed to me that Boisen's **cooperative inquiry was about fostering deeper personal and interpersonal understanding – *while fostering change*** – both in those suffering, bewildered, and/ or vulnerable folks being served and in those suffering, bewildered, and/ or vulnerable folks trying to do the serving.

Increasingly, I began to use the notion of gut-based training and brain-based education as essential partners in promoting on-going maturation and transformation of all parties –
both therapee and therapist.

I have written elsewhere an analysis of how training and education differ while promoting transformation – as well as of how clinical pastoral care, counseling, and psychotherapy differ even as they intertwine.

Powell: Anton T. Boisen (1876-1965):
Clinician: A Guide to Clinical Pastoral
Assessment & Therapy (2012), 2nd ed, 2021.

Any way one cuts the situation, it appears clear that many clinical pastoral chaplains are craving more human contact in their work lives.

They are not *technical* pastoral chaplains.

They are *clinical* pastoral chaplains.

Powell: "A Call for Chaplaincy that is
NOT Measured, Weighed, or Cut Down to Size" (2006);
Powell: "A Call for Chaplaincy that
IS Measured, Weighed, and Cut Down to Size –
BUT By and On Behalf of the Persons in Need" (2006); both in
Powell: Anton T. Boisen (1876-1965): Breaking an Opening in the Wall
between Religion and Medicine, (1976) rev. ed., 2021

Most want more human warmth and less computer/ checklist coldness in their lives. That brings us back to yet another somewhat forgotten aspect of Boisen's work.

Boisen discovered Harry Stack Sullivan's 1924 classic article: "Schizophrenia: Its Conservative and Malignant Features," – that emphasized the problem-solving aspects of many psychoses – and Sullivan became aware of Boisen's 1926 classic article: "Personality Changes and Upheavals Arising Out of the Sense of Personal Failure" – that focused on the role of a "sense of isolation" lying behind many cases of emotional disturbance.

Sullivan, "Schizophrenia: Its Conservative and Malignant Features,"
American Journal of Psychiatry 81:77-91, 1924.
Boisen, "Personality Changes and Upheavals Arising
Out of the Sense of Personal Failure,"
American Journal of Psychiatry 5:531-551, 1926; reprinted in:
The American Psychiatric Association:
Sesquicentennial Anniversary, 1844-1994,
Washington, D.C.: American Psychiatric Association,
1994, pp.125-133.

By 1975, Boisen's and Dunbar's work – had firmly established in clinical pastoral chaplaincy the importance of really *being with* a patient – until one finally sees and hears and understands what specifically is bothersome in a specific person's mind, body, world, or world-view.

Being with a patient may not be as easy as it might seem
in our current clinical world.

Powell: "Shedding Light on the Unknown –
without Presuming to Exhaust Its Meaning (2013)

Part Two:

Where are we now?
(The last 25 years have been quite an exhausting experience!)

Know
whence you have come!

Akavia ben Mahalalel: Pirkei Avot
("Ethics of the Fathers") 3:1.

You don't have to be brilliant.
You just have to be curious.

Recognize/ acknowledge
current difficulties in care
broadly conceived

Everything got very confusing as it crept up on us. This part of my presentation is a tricky one.

Let me be clear: for the most part, I do not blame clinical pastoral chaplaincy for the messes of the last 25 years.

Just about the whole country got blind-sided by 9-11-2001. Even if you were not near New York City or Washington, DC, or Shanksville, Pennsylvania, events of the day, the week, the month, the year were un-nerving.

Likewise, just about the whole country – the whole world – got blind-sided by the COVID-19 era – that was un-nerving.

In a different way – more slowly than rapidly –
just about the whole country got blind-sided by
the slow creep of many changes in
the notions of how to care for folks.

We were just naturally doing "patient-centered" care – until some corporate headquarters somewhere – invented "checklists" and computer "templates".

Et cetera, et cetera. You know what I mean.

The planned changes by "higher forces" were clear by 1975, but few either grasped or believed in the potentially negative consequences of "higher forces" **switching focus from individual patients to *populations of patients***. Yes, there were positive effects, but the negative effects thus far are not to be ignored.

Few either grasped or believed in the potentially negative consequences of "higher forces" deciding equally to **switch focus from individual clinicians** – some of whom could be fantastic – and some not – **to *aggregations of clinicians*** – who now were viewed by "higher forces" as interchangeable "cogs in a machine". Yes, there were positive effects, but the negative effects thus far are not to be ignored.

1975 is the year when that horrible term "provider" began coming into wider and wider use.

Scarff JR: "What's in a Name?
The Problematic Term 'Provider' ".
Federal Practitioner. 2021 Oct;38(10):446-448.

I am going to let ALL of us off THIS TIME, but NOT the next.
Here we are.

Fool me once, shame on you.

Fool me twice, shame on me.

attributed to Anthony Weldon (1583–1648)

Yes, there were philosophical differences between different clinical pastoral chaplaincy groups – and I refer you to my writings for discussion of this – but I believe that the over-arching situation was of everyone trying to figure out how to deal with the slow creep of many changes in the notions of how to care for folks.

Boisen and Dunbar, following the examples in medical and social work training and education, tried to toss new trainees in first with the most severely ill patients – those who were the world's most overwhelmingly suffering, bewildered, and/ or vulnerable folks – those whose lives were ones of loneliness and isolation.

Such suffering, bewildered, and/ or vulnerable folks are to be found everywhere, but I want to remind us up-front of those who reside in hospice/ palliative care settings – and in prisons – and in the streets.

Let me also mention the growing numbers of folks who live with what I call "death on the horizon" – those who deal – often for years – with upcoming "death from a disease with somewhat known, non-immediate time course".

Powell: When Death Is NOT Theoretical …, 2014, 2018.

I have written about this elsewhere, but I want to draw clinical pastoral chaplains' attention to this: that folks with mostly-secret "terminal illnesses" also need support, as they live daily – frequently looking quite healthy – while actively dying.

Let me also mention the growing numbers of younger folks – especially the pre-teens, the teenagers, and the young adults – many of whom – unfortunately – now wander about a sometimes confusing world like "lost souls".

Yes, the word "crisis" comes to mind.

If you have not yet read Boisen's classic 1926 study on "Personality Changes and Upheavals Arising Out of the Sense of Personal Failure" – let me recommend that you do.
I have reprinted it in "Boisen Booklet #3. [there are four individual "Boisen Booklets"]

Powell: Anton T. Boisen (1876-1965):
Studying Empirically the Complex
Entanglements of Actual Life, 2021.

I say "classic" as that was the only article by a non-psychiatrist reprinted in the American Psychiatric Association's 1994 review of research during the previous 150 years.

Boisen emphasized "a sense of isolation" as perhaps the main predisposing factor contributing to significant psychic disorganization. He explained that "The sense of isolation is probably characteristic of the mentally disordered as a group. They are, for the most part, those who have been regarded as … different from their fellows."

Furthermore, according to Boisen, "The individual who succeeds in becoming an integral part of some group [–] even though that group be small and peculiar [–] does not as a rule find his [or her] way into our [psychiatric] hospitals."

Ten years later, in 1936, in his astounding book, The Exploration of the Inner World …, he emphasized the "sense of isolation … which acts as a barrier between the individual and his [or her] fellows."

Boisen: The Exploration of the Inner World:
A Study of Mental Disorder and Religious Experience,
Chicago: Willett, Clark & Co., 1936; p.25.

Let that sink in for a moment.

Now, remember how – initially – we handled patients who had severe COVID-19. I do not have to say much here. I suspect that you have a lot to say here.

Eventually, clinical pastoral chaplains got their acts together and tackled head-on some administrators' impulses to send chaplains home – and to isolate ill – sometimes dying – patients from their loved ones.

Now is the time for clinical pastoral chaplaincy groups to
disseminate "white papers" on how such loneliness and isolation is
NOT to be allowed during the next pandemic.

Let me repeat: I am going to let ALL of us off THIS TIME, but NOT the next.

Boisen addressed this issue, too. He suggested that at times we need to cut ourselves some slack. Boisen admonished, in my words, that "we need to allow ourselves … some room for misunderstanding the true nature of things and for losing the intended path.

To not allow this [room] is to set up ourselves … for a potentially devastating sense of failure if the choices made later turn out to need some correction."

Powell: "Religion in Crisis and Custom: Formation and Transformation – Discovery and Recovery – of Spirit and Soul"; opening address, presented at the 8th Asia Pacific Congress on Pastoral Care & Counseling, Tsuen Wan, Hong Kong, China, Aug. 2005; available at http://web.metro.inter.edu/facultad/esthumanisticos/coleccion_anton_boisen/case_study/ Religion%20en%20Crisis%20y%20en%20Costumbre.pdf ; 2nd ed., revised and enlarged in Powell: Anton T. Boisen (1876-1965): Studying Empirically the Complex Entanglements of Actual Life. 2021,p.29.

Let us go on record NOW about **how clinical pastoral chaplains believe that suffering, bewildered, and/ or vulnerable folks should be cared for despite a pandemic.**

Let me also state clearly the perhaps lesser case: **that some – perhaps many – of our patients have felt loneliness and isolation when confronted with corporate-mandated chaplaincy visit "checklists" and "computer templates".**

Let me also state clearly another perhaps lesser case: **that some – perhaps many – of our patients have felt loneliness and isolation when experiencing the corporate-mandated view that seems to focus on populations of patients rather than on individual patients.**

"Patient-centered" care means *being with*
one suffering, bewildered, and/ or vulnerable soul at a time.

Let me even further state clearly yet another perhaps lesser case: **that some – perhaps many – of our patients have felt loneliness and isolation when experiencing the corporate-mandated view that seems to focus on chaplains – and other individual clinicians – as being interchangeable.**

Each of us is unique. Yes, each of us has been trained and educated and transformed, but we are not interchangeable "providers" – or interchangeable "cogs in a machine". We work together – complementing each other in our work – as very-human individual human beings.

Each of us has a unique contribution to make. "Artificial intelligence" cannot substitute for human warmth.

Let me end this part with this thought:

'We're all merely human ….
Living human-sized lives.'

Samuel Shem [Stephen Joseph Bergman]:
Man's 4th Best Hospital,
New York: Berkley, 2019; p.365.

That is both enough – and everything.

Part Three:

Where might we want to consider going?
(We can't go back and stay there.
We can't stay here.)

Know
wither you go!

Akavia ben Mahalalel: Pirkei Avot
("Ethics of the Fathers") 3:1.

You don't have to be brilliant.
You just have to be curious.

Recognize and acknowledge
What care YOU – if suffering,
bewildered, and/or vulnerable might hope to find.

In "Part Two" of this presentation – about the years from 2000 until today – I said that I was going to let ALL of us off THAT TIME, but NOT the next. Slowly creeping events blind-sided us. There we were. Here we are today.

Where are we going?

Fool me once, shame on you.
Fool me twice, shame on me.

All that being said, let us listen closely to words Theodore Roosevelt (1858-1919) famously spoke in 1910. This is a long quote, but I believe that it speaks to us today.

It is not the critic who counts;
not the man [or woman] who points out
how the strong man [or woman] stumbles, or
where the doer of deeds could have done them better.

The credit belongs to the man [or woman] who is
actually in the arena, whose
face is marred by dust and sweat and blood;
who strives valiantly; who errs, who
comes short again and again, because
there is no effort without error and shortcoming;

[The credit belongs to the man or woman]
… who does actually strive to do the deeds;
who knows the great enthusiasms, the great devotions;
who spends himself [or herself] in a worthy cause; who at the best
knows in the end the triumph of high achievement, and
who at the worst, if he [or she] fails, at least fails while daring greatly…

Roosevelt: "Citizenship in a Republic"
[usually referred to as "The Man in the Arena" speech],1910;
in Roosevelt: African and European Addresses, ed.,
Lawrence F. Abbott. III, NY: G. P. Putnam's Sons, 1910, p.31.

Seriously, some of the coming years may be hard for clinical pastoral chaplaincy, but "the reins must be grabbed." Regardless of what the healthcare world – or any other part of society – is doing, chaplains must try hard to determine the fate of themselves and those they serve: the suffering, the bewildered, and/ or the vulnerable.

Yes, we can think about neighborhoods of patients, but let us see each patient – none-the-less – as a unique individual within unique environments – both outer and inner.

It is a huge mistake to assume that you might know a patient before you really have begun to meet him or her in all of his or her complexity.

Let me give but one example from my past work.

I once met a patient who would switch back and forth between easily comprehensible English and some not-so-easily comprehensible other language said to have been taught to him by aliens.

In my work, I am very sensitive to heard words – to concepts. If I sense that a patient seems a bit baffled by either anger or fear – or both – I ask "As far as you know or as far as you have heard, was there anything unusual about the first four years of your life/" – as during those early years – if there are unsettling circumstances – a child tends to intuit that showing anger might make things worse, and/ or that showing fear might make things worse.

The patient seemed jolted by my unexpected serious question into real memory. He was adopted at age three by new parents, one of whom had been raised as German and one of whom had been raised as Chinese – the aliens whom sometimes he could understand and sometimes he could not. It was unclear if the patient ever before had thought this through or discussed this.

How would a clinician learn about this issue from a standard check-list of questions? The patient probably did not know to discuss this issue until focused on remembering those earliest years.

Let me give another example – from my own past.

It was not until age 75 that I realized – suddenly – why my mother – a non-drinker – lay mercifully drunk in bed on exactly one day each year. While listening to my wife speak at a grief group about our own adult daughter's instant death I realized – suddenly – that my mother probably had still mourned the loss of an older sister I never knew – a sister who died after only eleven weeks. If asked whether she ever had used either "street drugs" or alcohol, my mother probably would have said "No". She didn't know – and I didn't know – consciously – to discuss the issue until a passing comment focused on grasping those earliest years.

I doubt that some random check-list of questions could have elicited either of these mentioned bits of important information learned rather unexpectedly within an atmosphere of sincere rapport. It takes more than five minutes to connect with someone – really to ***be with*** someone.

Healing frequently takes time.

Persistence.

Ninety years ago, "AA" – Alcoholics Anonymous – grew out of an awareness, first, that healing tuberculosis took time – then out of an awareness, second, that healing nervous disorder took time – then – at last – understanding that healing in general may take time –
may take persistence and patience.

Powell: "The Emmanuel Movement (1906-29)
and the Role of Persistence in Care:
When Serious Illness … Is NOT Theoretical."
opening address, delivered 7 Oct 2018 at
The Alcoholics Anonymous History Conference,
Emmanuel Church, Boston, MA.

Chaplains need time – time with their patients – time with their own thoughts – not with a check-list.

Patients want us to be patient and persistent.
Clinicians want to be persistent and patient.

I ended Part Two of this essay with a quotation from Samuel Shem:

'We're all merely human ….
Living human-sized lives.'

This essay has not been an easy one to write. The issues are complex. Fortunately, I had ten months to think about the issues. Somewhere along the line, I remembered The House of G-d … – "Samuel Shem" 's first novel, a profound, anguished study of clinical care, published in 1978.

Samuel Shem [Stephen Bergman]:
The House of God: A Novel,
New York: R. Marek Publishers, 1978.

That memory led me to the book's sequel – from which I already have quoted – an oddly named book: Man's 4th Best Hospital – that is once again a profound, anguished study of clinical care – this time published thirty years later, in 2019.

Samuel Shem [Stephen Joseph Bergman]: Man's 4th Best Hospital,
New York: Berkley, 2019.
https://www.penguinrandomhouse.com/
books/606772/mans-4th-best-hospital-by-samuel-shem/

I hope that "Samuel Shem" – Dr. Stephen Bergman – can forgive me for summarizing his book – in an appreciating way – through a series of quotations. I encourage you to consider reading the whole book.

Shem names his goal as
To put the human back in health care.

Shem (2019), p.34.

He quickly provides some guidance:
'Y'gotta be with*.*
Y'gotta turn toward*,*
in this world that as a rule turns away'.

Shem (2019), p.7.

Shem quickly points out the kind of patient-centered clinical notes that once were common – were the norm -- were

'brief, thought-through notes passing along
not only the info or knowledge, but
un-der-stan-ding. *What we*
[clinicians] … value and are valued for.
You can forget information and knowledge;
y'never forget what y'understand.'

Shem (2019), p.47.

'you have to talk to – no,
talk with – *people, docs, patients,*
to find out the truth.' …
'Not the truth, the real.
We can bend the truth.
None of us can bend the real.'

Shem (2019), p.150.

He names the dilemma we all have known:
'Our ideals were still there,
but buried under our daily work.'

Shem (2019), p.121.

Shem describes how – idealistically – an average clinical visit used to unfold before the rush of managed care and electronic medical records arrived.

The clinician listened and observed. Then the clinician

'sat there and did nothing,
he [or she] did what is now strange:
he [or she] paused.
He [or she' sat there and did nothing,
as much nothing as possible –
except he [or she]
Considered. Mused . Sensed. Intuited.
Put it all together. Came to
a vision of … how he [or she] could
be with you in caring for you in your illness,
no matter what.
He [or she] integrated.'

Shem (2019), p.358.

Now, let me go back to Boisen.

In Boisen's view, the basis of all good psychotherapy – of all good care – is the being ***with*** the other person – the trying to remove the sense of isolation. The crux of distress, he believed, often is not to be found in conflict but in the sense of isolation and estrangement.

Boisen: The Exploration of the Inner World …, 1936, pp.221, 279.
Powell: " 'Listening Closely to Wisdom: Guiding Your Heart to Understanding' {Proverbs 2:2}; Change Must Be Weighed," delivered March 2022, at The College of Pastoral Supervision and Psychotherapy, plenary meeting, by Zoom.

The question is: How to get even more listening – more ***being with*** – into our clinical work. Patients need it. Chaplains themselves need it. How might we make it happen?

Boisen and Dunbar could but sketch out an approach.

Interestingly enough, both Dunbar and Boisen presented at the 1959 meeting of the Association of Mental Hospital Chaplains. Boisen spoke on "Prophetic Inspiration in the Light of Psychopathology". He appreciated that some so-called "psychiatric patients" received intriguing thoughts seemingly "out of nowhere" – but he also appreciated that some theologs, inventors, and scientists did, too. Boisen valued inspiration – tested inspiration.

Boisen: "Inspiration in the Light of Psychopathology,"
Pastoral Psychology 11:10-18, 1960;
http://web.metro.inter.edu/facultad/esthumanisticos/coleccion_anton_boisen/ - File%201-%20Published%20Articles/23%20%20Inspiration%20in%20Light%20of%20 Psychopathology%201960.pdf

He asked us not to be too quick in rejecting a new idea – however it arrived – but to focus on testing the new idea for its usefulness. Clinical pastoral chaplaincy certainly might benefit from test-driving some new ideas.

During the same point in time as Boisen's lecture on inspiration, Dunbar noted that centenarians seemed to stand out for their "continued ability to create and invent." She spoke of their "enthusiastic, unfrightened response to change and to the unknown".

"Centenarians," she suggested, have taken catastrophe in their stride and almost automatically mobilized their forces to do quickly whatever could be done to cope with disaster."

Flanders Dunbar: Psychiatry in the Medical Specialties,
New York: McGraw-Hill, 1959, pp.374, 465, 461, 464, 153, 459, 460.

Powell: "The 'Continued Ability to Create and Invent':
Going for One Hundred Years of Clinical Pastoral Transformation."
Dunbar Award Address, delivered March 2002, at
The College of Pastoral Supervision and Psychotherapy
plenary meeting, Virginia Beach, VA; in
Powell: Psychosomatic Healing and Clinical Pastoral Care:
A Holistic, Organismic, Dantean Approach:
Focusing on the Life & Work of Helen Flanders Dunbar (1902-59), 2021

In other words, both Boisen and Dunbar were asking chaplains to take a chance on creative inspiration, however, it arrived – as long as they subjected it to rigorous scrutiny.

In 1959, Boisen also spoke of the "revelations" or "inspirations" that may come when one is "faced with the ultimate issues of life" and is "forced to do fresh and creative thinking".

Boisen: "Ideas of Prophetic Mission,"
Journal of Pastoral Care 15:1-6, 1961;
http://web.metro.inter.edu/facultad/esthumanisticos/
coleccion_anton_boisen/File%201-%20Published%20
Articles/24%20-%20Ideas%20of%20Prophetic%20
Mission%201961.pdf

Boisen emphasized "tested … insights" and "tested … experience".

Boisen: The Exploration of the Inner of the Inner World:
A Study of Mental Disorder and Religious Experience,
Chicago: Willett, Clark, & Co., 1936; p.x, 248
Boisen: Problems in Religion and Life: A Manual for Pastors: with
Outlines for the Co-operative Study of Personal Experience in Social Situations,
New York: Abingdon-Cokesbury Press, 1946, p.6.
Boisen: Out of the Depths: An Autobiographical Study of
Mental Disorder and Religious Experience,
New York: Harper & Brothers, 1965, p.186.

Keep in mind that several of Boisen's recurring delusional inspirations – his notion of a "family of four" – and his notion about "breaking an opening in the wall between religion and medicine" led to the testing out of a definite "plan of cooperation between medical and religious workers".

These initially delusional inspirations became tested insights that led to the enduring foundations of both clinical pastoral training, education, and transformation – as well as of the burgeoning overall field of mental health chaplaincy.

We are at a crossroads.

The world needs more chaplains, not fewer.

What if we could find funding for even ten percent more chaplains in every facility? So that chaplains could do their work as they know it should be done?

How do we find that funding?

As noted, twenty years ago, I served a five-year team as Member-at-Large of the COMISS Network Commission on Accreditation of Pastoral Services. On one occasion, we noted that a facility met all minimum staffing requirements, but that the chaplains' medical colleagues independently spear-headed a new plan to hire additional chaplains "owned" by specific medical departments.

When I first arrived in Chicago in 1977, a local major medical center funded both chaplaincy and consultation-liaison psychiatry [Dunbar's two fields] through a charitable arm: "The Women's Board".

When I first arrived in New York City in 2015, a local major clinic funded such desperately needed assistance for women and their children through overhead funds derived from its more profitable activities.

How can we expand chaplaincy to the otherwise sometimes forgotten?

In 2013, I published an article about a facility that specifically wanted more chaplains available between 7 pm and 3 am. Interestingly enough, that pattern better fit some of the chaplaincy residents' own personal needs.

Powell: "Chaplain on Demand! What Non-Pastoral Care Colleagues Want and Believe They Need," in Powell: Anton T. Boisen (1876-1965): Studying Empirically the Complex Entanglements of Actual Life. 2021.

Many pre-teens, teenagers, and young adults are floundering. Our detention facilities and emergency rooms are full – especially of thirteen- and fourteen-year-olds. What would happen if we had after-class chaplaincy? – just as many locales have after-class medical clinics?

In "the old days," many with frightening disorders – such as cancer and similarly severe issues – had these crises on their minds for only short times. Now, many live with so-called "terminal illnesses" for years – with the earliest years of coping frequently being the hardest.

What would happen if we had chaplaincy services not only for those knowingly dying – but also for those adapting to living while knowingly dying?

Many – for many reasons – no longer have family members who can be with them at difficult times – in hospital and out of hospital. What would happen if we had serious chaplaincy services for more of those who suffer in their unwanted aloneness?

Please recall that Boisen and Dunbar once spoke of "preventive" pastoral care – of "everyday" or "maintenance" pastoral care – both of which might at times progress to pastoral counseling and pastoral psychotherapy as needed.

In ALMOST closing, let me suggest that perhaps our job now is to be open to inspiration – some tentative hypotheses – however odd – about how to achieve insight – some useful clarity.

Let the discussion begin!

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Ah! I said ALMOST closing.

I began writing this presentation late last March – and got it essentially into final form by early September. Meanwhile, I visited an outpatient clinic being opened on tribal land in rural northwest Montana. I cannot pronounce the native-language description of what that clinic does – but I stand in wonder at the loose translation – which reminds me very much of Dunbar's focus – on helping folks to become "Emotionally *free* to think and act".

The clinic's goal is to foster "Whole Life Healing while Thinking Clearly".

Think about that:

"Whole Life Healing while Thinking Clearly".

Then I discovered the writings of a retired chaplain – Mary Scriver, MDiv – who had lived among the tribe for 50 years. Discussing her hospital work, one essay commented: "I thought that every doctor and every patient … should have a guardian who could use common sense to review what was happening. …"

"Ideally, a chaplain would be an ethical and emotional authority figure equal to the huge power of doctors. The chaplains' religious concerns would be justice, protection, and the sustenance of hope for both doctors and patients."

Mary Strachan Scrivner (1939-2022):
"Reflections on CPE Experiences after Two Decades,"
J Pastoral Care Counsel. 2006;60(5 Suppl):445-54.
https://www.researchgate.net/publication/6358304
manuscript version: pp.37-38

I most enjoyed her last two essays. Wow!

"a guardian who could use common sense to review what was happening. …"

Someone whose "concerns would be justice, protection, and the sustenance of hope for both doctors and patients."

How is that for some guidance into the future?

&&&&

Again!

Ah! I said ALMOST closing.

Upon re-visiting this manuscript yet one more time in late November, I came across a most damning medical article – an article on the theme just explored: "that every doctor and every patient … should have a guardian who could use common sense to review what was happening. …"

The article was about a man whose wife had died quickly in the hospital of cancer. Let me quote that grieving man's comments as repeated directly in the article:

" 'The hardest thing about her long hospitalization was that
no one was in charge. ...
[W]hen she was first admitted, a guy introduced himself as her oncologist, but
I never saw him again'.
He paused a moment, and then added,
'Never.'

The word sounded like the thrust of a dagger. His comments made it clear that he saw this group as disorganized and leaderless." Maybe it was "someone else's" responsibility, but maybe –

"when in doubt" – "push come to shove" – it falls upon
the clinical pastoral chaplain to be
"a guardian who could use common sense to
review what was happening. …"

the someone to take care of everyone.

Janet R. Gilsdorf: "No One in Charge"
New England Journal of Medicine. 2024 Sep 19;
391(11):974-975; p.975.
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The Author's Afterword:

The 50th Anniversary presentation (1975) was commissioned five years after I first had gotten into the various archives and had begun to untangle the interactions between Anton Theophilus Boisen and Helen Flanders Dunbar –

between the clinical pastoral chaplaincy movement and the American psychosomatic movement. My memory is that I had about eleven months to think about "Questions from the Past (on the Future of Clinical Pastoral Education)".

The almost-75th Anniversary manuscript (1999) came about much less formally. My answering service had received a most unusual message – a question: "Are you the Dr. Powell who gave a keynote address In Minneapolis in 1975?" The caller seemed uncertain as to whether I would still be alive – not realizing that I had been "a mere kid" way back when. Busy with a private practice and a family, I had published only a dozen essays and a dozen reviews during the intervening decades, but I was intrigued by this invitation to revisit the chaplaincy field. My memory is that I had about four months – not much time – to think about "Whatever Happened to CPE – Clinical Pastoral Education?"

The 100th Anniversary presentation (2025) request came unexpectedly. I had just delivered an essay – on "Transformational Support: Listening Closely When You Have NO Idea What You Might Hear" – when a friend in the audience asked if I would be free early the next year to give a major presentation on "the past, present, and future" of chaplaincy. I accepted the challenge – before consciously realizing – rationally and emotionally – the enormity of the task. How was I to tackle such a large topic? Fortunately, I had ten months to think – and to rethink – about the problem. Generally, I do not know what to write before I write it. I will just be driving home late some night when "inspiration strikes". That's it! No one – that I knew of – had written about Boisen's decades-long interest in the notion of TESTED inspiration and insight. This was a hard presentation – rationally and emotionally – to prepare, but the task now seemed clear. Clinical pastoral chaplaincy had endured some messy decades that had to be explored – and could not be ignored. Chaplaincy had to find the courage to discuss the undiscussable – and to find new paths. Thus I spoke on "Crisis as a Means toward Meaningful Growth: Perhaps through Provoking Inspiration and Insight".

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CHAPTER HEADINGS in the already published & the yet to be published 7 volumes of
Dr. Powell's key previous writings relating to the lives and works of
Anton Theophilus Boisen & [Helen] Flanders Dunbar:

‘Cooperative Inquiry’ in Pastoral Care

Tolerance and Encouragement, I: Among the Roots of the Clinical Pastoral Tradition

Tolerance and Encouragement, II: At the Core of the Modern Clinical Pastoral Tradition

Tolerance and Encouragement, III: Within a Covenant of Mutual Accountability

Tolerance and Encouragement, IV: Having Strong Feelings – without Being Self-Righteous

Tolerance and Encouragement, V: Making Room for Divine Presence

Tolerance and Encouragement, VI: Is “Reverence toward Otherness” Possible?

What about Pastoral Supervision of the Field of Clinical Pastoral Chaplaincy?
[a Dunbar Award introduction of Kenneth H. Pohly (1923-2016)]

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BOISEN: ***Studying Empirically*** **[“Boisen #3”]** [only formatting needed for publication]

Empirical Theology, 1916-1946: A Note on the Contribution of Anton T. Boisen

Religion in Crisis and Custom: Discovery and Recovery of Spirit and Soul

Chaplain on Demand! What Non-Pastoral Care Colleagues Want and Believe They Need

“Be Strong! Take Courage! All Ye Who Hope in the Lord”
[a Dunbar Award introduction of John Edwin Harris (1941-2012)]

Clinical Pastoral Psychology of Religion: A “Peculiar and Dynamic Play between the Mundane and the Sublime”
[a Dunbar Award introduction of Orlo C. Strunk, Jr. (1925-2013)]

“Amid the Complex Entanglements of Actual Life”: How Are Clinical Pastoral Chaplains to Gain Perspective?
[a Dunbar Award introduction of Glenn H. Asquith, Jr. (1946-2017]

Boisen’s Most Famous and Most Cited Psychiatric Study:
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ASSESSMENT: Persistent & Provocative “Cooperative Inquiry”:
Empathic & Enlightening “Exploration of the Inner World”

THERAPY:
Patient &Creative “Cooperative Interpretation”:
“Thinking & Feeling Strongly Together about Things that Matter Most”

Anton T. Boisen’s “Psychiatric Examination: Content of Thought” (c.1925-31):
An Attempt to Grasp the Meaning of Mental Disorder

Definitions:
- “What’s in a Name? ‘Clinical Pastoral Training’ versus ‘Clinical Pastoral Education’ – and How These Fit with ‘Clinical Pastoral Transformation’ ”
- “What’s in a Name? ‘Clinical Pastoral Care’ versus ‘Clinical Pastoral Counseling’ versus ‘Clinical Pastoral Psychotherapy’ – and How These are Different”

Other Writings about Anton Theophilus Boisen & Helen Flanders Dunbar

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PSYCHOSOMATIC HEALING & CLINICAL PASTORAL CARE:
The Life & Work of Helen Flanders Dunbar [only formatting needed for publication]

Helen Flanders Dunbar (1902-1959) and a Holistic Approach to Psychosomatic Problems:
II. The Role of Dunbar's Nonmedical Background.

Emotionally, Soulfully, Spiritually '*Free* to Think and Act': Psychosomatic Medicine, and Pastoral Care.

The 'Continued Ability to Create and Invent': Going for One Hundred Years of Clinical Pastoral Transformation

Further Comments on Dunbar's Life.

Helen Flanders Dunbar (1902-1959) and a Holistic Approach to Psychosomatic Problems:
I. The Rise and Fall of a Medical Philosophy.

Psychosomatic Aspects of Affect in Psychoanalytic Theory: 1950-1970.

Shedding Light on the Unknown – Without Presuming to Exhaust Its Meaning [re "parabolic events"]
[a Dunbar Award introduction of Donald E. Capps (1939-2015)]

Standing in the Midst of Hopelessness and Hearing that G-d has Embraced Us in Spite of Ourselves
[re illness and health as equal parts of life]
[a Dunbar Award introduction of J. Harold Ellens (1932-2018)]

Emotions, Bodily Changes, and Symbolism:
Helen Flanders Dunbar (1902-1959) and a Hidden but Implicit Thesis within a Major Medical Reference

Dunbar's Most Poetic Study (1934): "What Happens at Lourdes: Psychic Forces in Health and Disease"

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HEALING & WHOLENESS: ***Helen Flanders Dunbar (1902-59) & an Extra-Medical Origin of the American Psychosomatic Movement, 1906-36.***

[possible alternative title:]

[HEALING & WHOLENESS: ***Helen Flanders Dunbar (1902-59) & an Extra-Theological Origin of the Clinical Pastoral Chaplaincy Movement, 1906-36*****]** [only formatting needed for publication]

The Medical, Theoretical Context: Psychoanalysis and Psychophysiology

The Holistic, Organismic Approach: Psychobiology

Helen Flanders Dunbar

Breaking Down the Wall between Religion and Medicine [Anton Theophilus Boisen]

Physician of the Whole Man, of the Soul as Well as of the Body [Elwood Ernest Worcester]

Symbolism, Narcissism, and the Joint Committee

Mind and Body: Symbolism in Medical Thought

Epilogue
extra note #1 – The Years after 1941
extra note #2 – Why the Two Concepts – "Symbolism" and "Narcissism" – are Paired Together
extra note #3 – The Macy Foundation Seemed More Focused on Encouraging Questions than on Promoting Answers
extra note #4 – The Early Impact Dunbar's Life had on Me

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