Dreaming an Intercultural Program of Clinical Pastoral Education Based in the Undocumented Latinx Community of the Central North Carolina Piedmont

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Now we have the problem of discovering the connection which actually exists *within* experience between the achievements of the past and the issues of the present.

—John Dewey, *Experience and Education*

I

Social scientists have worked diligently for the past twenty years to chronicle the advent of "new destinations" in the US South and Midwest for Central American immigrants. An intriguing aspect of this literature is the potential it offers for comparison between the novelty of immigration from Southern and Eastern Europe to rapidly expanding cities in the United States during the late nineteenth century (Ellis Island opened in 1892) and the present-day reality in North Carolina.[1] Like residents of New York and Chicago who were uncertain what to make of the tenements and

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slums arising before their eyes, Wake Forest Baptist Medical Center has not known how to engage the undocumented in our midst. I suspect our approach has been wrongheaded. Rather than invite undocumented church members and their pastors or priests to immerse themselves in what Robert Dykstra called "the strange new world of the hospital," we could ask members of the Latinx community what kind of pastoral care training they would find most useful.[2]

I have become curious whether a time existed in CPE history when students and educators left the confines of their institutions, went into surrounding neighborhoods, and there engaged in conversation the city's poor, chronically ill, and most vulnerable residents. If such initiatives existed, how did they come about and what did they look like? I believe a clue lies in the story of church members, physicians, and social workers who responded during the 1920s and '30s to the poverty they saw in densely populated neighborhoods clustered around the central business district or "Basin" of Cincinnati.[3]

I begin with two questions: (1) How did Clinical Pastoral Education come to privilege hospitals and medical facilities as the primary context for learning? (2) Do critics merit a hearing when they accuse Clinical Pastoral Education of having "lost its prophetic voice" and of being "primarily organized around individual, or at best family, health and spirituality"?[4]

The first clinical training program for theological students and newly ordained clergy was the brainchild of Dr. William Keller, a physician, and Rev. Samuel A. B. Mercer, dean of Bexley Hall Seminary. The setting was inner-city Cincinnati during the summer of 1923. A second training program (the result of collaboration between Anton Boisen, Dr. Richard Cabot, and Dr. William Bryan) began two years later in Worcester, Massachusetts. The context there was a state mental hospital. Few published accounts exist of what became known as "the Bexley Hall Plan."[5] The program functioned consistently throughout the 1920s and found common ground with training efforts under way in New England through establishment of the Council for the Clinical Training of Theological Students in 1930. Within two years, Dr. Helen Flanders Dunbar broke with the New Englanders and began a third training program based in New York City.

Clear differences existed between these three "schools." Bexley Hall emphasized partnerships with case workers in social service agencies.[6] The New England program focused attention on collaboration with physi-

cians, seminaries, and medical schools. Students often served as orderlies in public hospitals.[7] The New York emphasis was engagement with Freudian depth psychology. Penitentiaries and mental institutions were the preferred settings for training.[8] Over the course of the next decade, the New England model, with support from Richard Cabot and the Earhart Foundation, emerged predominant. The William C. Whitney Foundation backed Dunbar, allowing the New York model to remain a viable alternative.[9]

Without comparable assistance, the Bexley Hall Plan and its successor, the Graduate School for Applied Religion (GSAR), faded gradually from sight. According to Seward Hiltner, had the Bexley Hall Plan and GSAR survived, the social ethics and social work model "never could have been regarded as a different kind of movement."[10] Instead, when the manpower demands of World War II diminished the ranks of seminary students nationwide, the GSAR—experiencing financial difficulties—moved from Bexley Hall to the Episcopal Theological School in Cambridge, Massachusetts. While in Ohio, the GSAR had provided its students with academic credit through the University of Cincinnati, an arrangement that over time proved difficult to sustain. In contrast, the New England theological schools had successfully made clinical training a part of their curricula, thus ensuring financial stability.[11]

Written accounts of the Bexley Hall Plan and its evolution into the GSAR reach their peak in the 1940s, reappear briefly in the 1970s, then disappear.[12] As a result, most annals of clinical pastoral education (CPE) recognize the network of New England seminaries as the primary inspiration for modern-day CPE.[13] Given this historiography, Edward Thornton's acknowledgement of Cincinnati as home to the first pastoral training program in the United States is remarkable. He also suggests three reasons for the dwindling influence of the GSAR. The most immediate cause was the suspicion that supervisors in the training centers of New England harbored about the GSAR. The school's placement of students in dispersed social agencies made "adequate pastoral supervision" unlikely.[14] Second, reliance of the program on the sponsorship of a single denomination (the Protestant Episcopal church) eventually proved untenable. An emphasis on the preparation of seminarians and priests for congregation-based ministry stood in contrast with the priorities of hospital-based programs that prided themselves on their ecumenicity.[15] Finally, supervisory colleagues considered Jo-

seph Fletcher, director of the GSAR, as prone to integrate "the social and the scientific" into his programs.[16]

These points notwithstanding, lack of a diversified business model seems the primary factor that undermined the long-term viability of congregation- and community-based programs. According to Thornton, the Association for Clinical Pastoral Education, established in October 1967, received criticism during its first year from "social actionists" on the left and "advocates of parish prerogatives" on the right. The refrain common to these complaints was resentment of the "exclusiveness and security" that hospital-based programs enjoyed "within the walls of established institutions."[17] An experiment turned cautionary tale, the GSAR closed its doors in 1966.

Fletcher's last published remarks on clinical training appeared in 1971. His opinion about the direction in which CPE had evolved was unequivocal. "Clinical pastoral education was born in 1923 when William Keller and theologians from Bexley Hall plunged into the social problems of Cincinnati's inner-city. In succeeding decades, we have seen the virtual disappearance of concern with and pastoral use of the social services and social action in clinical pastoral education."[18]

Thornton ends his reflection on Bexley Hall with the observation that William Keller probably never would have felt at home within the framework of CPE that emerged from New England. At the same time, acknowledging the enthusiasm with which many supervisors had embraced the insights of pastoral psychology, his tone is conciliatory. "Inauthentic, alienated man is in part the product of industrialization, urbanization, and mass culture, but more immediately he is the creation of frightened people in flight from the shadows of their own psychic life."[19] Subsequent observers were less willing to adopt such a "both/and" approach.

Seward Hiltner praised Thornton for his "positive reappraisal" of the legacy of William Keller and for arguing that if CPE were to be true to its history, it "should have as much affinity for social concerns as for pastoral care." He then called for a "breaking down [of] the lamentable hiatus that often exists between pastoral care and social action."[20] In a similar vein, Joanne Hemingway, past president of ACPE, observed that "as the clinical training movement increasingly emphasized individual healing and quality pastoral supervision rather than efforts in *social engineering* [my emphasis] and community organization, the Graduate School of Applied Religion diverged from the mainstream and eventually closed." Moreover, the Bex-

ley Hall story highlighted "the tensions in clinical pastoral education be-
tween the private and the public, the pastoral and the prophetic, individual
growth and the wider social good."[21]

This journey back to CPE's origins provides at least partial answers to
the questions with which I began. CPE programs, as they exist today, are
housed primarily in medical settings, especially hospitals. The pedagogical
emphasis of these programs is the promotion of personal and profession-
al growth through focused attention on pastoral encounters with patients,
families, and staff, as well as close supervision of each student, including
their participation in group work.[22] Rarely do syllabi include consideration
of the business priorities of hospital administrators or exploration of pub-
lic health concerns in the surrounding community. The impact on CPE of
the COVID-19 pandemic and the consequent need to conduct supervision
via virtual platforms remains to be seen. Gary Gunderson and James Co-
chrane claimed a decade ago, however, that even were "individual practi-
tioners to become aware of the social determinants of health that affect the
people for whom they care, the [CPE] model gives them no way to conceive
of those determinants in relation to their practice."[23] Duane Parker, former
executive director of ACPE, expressed similar concerns. After declaring his
conviction that "pastoral care needs to be where people are hurting and
where people are struggling to be free," he paused and then asked: "Are we
'trapped' in institutions?"[24]

II

The epigraph to this article invites comparison "within experience"
of the current pedagogical goals of CPE and those of Bexley Hall. At issue
is the significance of context in pastoral education. Objective 4 and accom-
panying Outcome L2.2 in the *2020 ACPE Standards* emphasize the devel-
opment of "students' awareness and understanding of how persons, so-
cial conditions, systems, and structures affect their lives and the lives
of others and how to address effectively these issues through their min-
istry." Do these guidelines provide CPE programs adequate incentive
to look "beyond the walls" of their respective healthcare institutions? I
suspect proponents of the Bexley Hall Plan would respond no, asserting
instead that community engagement is a necessary attribute of pastoral
competence.

This debate is not new. Joseph Fletcher believed, for example, that "social agencies have a higher training value than [hospitals or mental] institutions, except for those students who plan a specialized ministry as institutional priests or chaplains." His concern was that "pastoral care of institutionalized clients assumes the patterns of institutional life."[25] He worried, in other words, that hospital-based programs would link supervisors inexorably to the needs and priorities of the institutions in which they worked. David Hunter, a contemporary of Fletcher, saw things differently. "Since 1938," he claimed when reflecting on his role in founding the New England Theological Schools Committee on Clinical Training, "there has been a strong emphasis on making clinical training a means of preparing men for the general, pastoral ministry, not alone or even primarily for work with the sick."[26]

By and large, Hunter's perspective has prevailed. The accreditation standards of ACPE frame internships and residency programs as resources for pastoral formation, not as a conduit to professional chaplaincy. However, as Wendy Cadge points out, the rapid pace of change in the healthcare industry has threatened to "medicalize" pastoral training programs as directors of spiritual care departments feel the necessity to articulate their importance to institutional leadership by "mirroring" the language and priorities of corporate healthcare.[27]

Concurrently, ACPE maintains strict requirements for the certification of educators. This emphasis on "close supervision" in a "controlled laboratory"[28] environment has discouraged community placements. As Reuel Howe and colleagues at Philadelphia's Protestant Episcopal Divinity School discovered in the late 1930s and early '40s, supervision of students in community or congregational settings could be "extremely difficult" because "the work was so widespread and diverse it was hard to keep up with what the students were doing."[29]

Now, almost a century later, the impact of this way of thinking has been significant. At Wake Forest Baptist Medical Center, one consequence has been limited engagement with the undocumented Latinx community. Without the consistent dialogue and interaction necessary to establish relationships of trust with community leaders, the CPE program integrated into the culture of an academic medical center has proven inadequate to the task of hearing and responding to the most pressing pastoral care concerns of Latinx congregations. As the following example demonstrates, this fail-

ure to acknowledge the importance of context in clinical training has stymied our efforts toward a mutual exchange of knowledge and skills with the Latinx community.

In 2018, the FaithHealth Department of Chaplaincy and Pastoral Education at Wake Forest Baptist Medical Center converted an established second-year residency program into clinically based fellowships with no predetermined curriculum. Ministry with the Latinx community in and around Winston-Salem was one of the fellowship options. This opportunity stemmed from asset mapping work that our department did in 2014 and our subsequent involvement in a community ID program for undocumented residents of Forsyth County.[30] Our hope was that a bilingual fellow would care not only for the Spanish-speaking inpatient and outpatient population of our medical center but would also serve as liaison to our community partners (the Forsyth County Department of Public Health, the Human Relations Commission of the City of Winston-Salem, law enforcement, local congregations, and nonprofit organizations). Were an applicant interested in pursuing certification through the Association of Professional Chaplains (APC), our staff stood ready to provide counsel on preparation of the required written materials. A seasoned chaplain mentor also would be available for consultation on day-to-day clinical work and guidance in the development of a capstone project.

We did not receive a single application for the position. Four years later, we are still waiting. The failure of our first attempt stung but forced us to realize that thinking outside the proverbial box was necessary. We began to wonder how we might align ourselves with the changes that passage of the Patient Protection and Affordable Care Act were creating in the way hospitals interact with the communities in which they are located.

Prior to 2010, the IRS allowed nonprofit hospitals to maintain tax-exempt status by citing the uncompensated or "charity" care they provided, as well as initiatives they undertook to promote public health. The Affordable Care Act (ACA), known primarily for its goal of reducing the ranks of the uninsured and partisan fights over the individual mandate, also included a revision of the existing Community Benefit Provision. The new legislation instructed the IRS to alter the tax code for nonprofit hospitals. Maintenance of tax-exempt status now depended on completion of a Community Health Needs Assessment (CHNA) every three years as well as annual progress reports. Compliance with these criteria required hospital leaders

to meet with community members and together identify the outstanding healthcare challenges in the hospital's catchment area. Shefali Luthra of *Kaiser Health News* explains the challenges that the CHNA presented for hospital administrators.

Part of the problem is that the underlying idea—reaching into the community to help people navigate the social and economic factors that can influence health—goes beyond what hospitals have traditionally viewed as their mission. Despite the potential for long-term payoff, administrators tend to focus on the immediate questions: How many beds are full? What medical services are being provided? How are they doing with their operating budget? It's a new world out there in terms of the hospital not being the center of the universe.[31]

ACA requirements went into effect in May 2012 and prompted hospital leaders to see the benefits of adopting a population health perspective.

To the extent that spiritual care departments and CPE programs are woven into the fabric of hospital culture and reliant upon hospital budgets, the mandate for hospitals to look "beyond the walls" of their respective institutions creates the opportunity to imagine what participation in efforts to promote the health and well-being of local communities might look like and what new opportunities present themselves for CPE curriculum development. At this point, lessons from the history of Bexley Hall again become relevant.

Joseph Fletcher did not arrive in Cincinnati until 1936. Specifics on the pedagogical elements that constituted the training program during the period 1923–36 remain scarce.[32] Samuel A. B. Mercer accepted a professorship at Trinity College in 1923 and left Bexley Hall for Toronto either during or shortly after the first summer program. William Keller assumed responsibility for the training program in 1924, providing lodging in his home for students and using his connections as a member of the diocesan Department of Social Services to secure placements. In 1927, the program adopted a new name, the Summer School in Social Service for Theological Students and Junior Clergy. By 1929, the Summer School had collaborative relationships with thirty-six social agencies. 1n 1930, Keller claimed that "75 men have attended the Summer School during the past seven years." The number would grow to 400 graduates from twenty-seven different theological schools by 1943.[33]

A striking feature of the early training programs is the optimism with which supervisors sent students and newly ordained clergy into encounters with human suffering in the belief that reflection upon the experience would make students more thoughtful, self-aware, and compassionate pastors or priests.[34] Strangely missing is curiosity about how the recipients of such attention felt or thought about the experience.[35] In a 1930 journal article, for example, William Keller urged the organization of "Reconciliation Tours" during which participants, by virtue of "visiting slums, labor centers, institutions, and foreign born localities," might "humbly discover how the other half lives."[36]

Use of the phrase "how the other half lives" is noteworthy. It repeats the title of a path-breaking book of photojournalism by Jacob Riis, *How the Other Half Lives* (1890). Riis introduced middle-class Americans to the tenements of Manhattan's Lower East Side and invited readers to gauge the impact that images of such widespread poverty had on them.[37] The phrase also echoes a forty-year discussion among Americans about their perceptions of immigration and poverty that stretches from Jane Addams, Graham Taylor, and Upton Sinclair[38] to the professionalization of social work under Mary Richmond,[39] the emergence of sociology as an academic discipline at the University of Chicago,[40] and the appearance on stage of philanthropic organizations like the Russell Sage Foundation and the Laura Spelman Rockefeller Memorial.[41]

A full account of these developments lies beyond the scope of this article.[42] However, a guiding thread is the shared interest in social change of Social Gospel theologian Walter Rauschenbusch and his daughter Winifred. She did her doctoral work in sociology at the University of Chicago and later wrote a book about her mentor titled *Robert E. Park: The Biography of a Sociologist*.[43] Park was one of the pillars of the "Chicago School" of sociology. Together with his colleague, Ernest Burgess, and with financial support from Beardsley Ruml, executive director of the Rockefeller Memorial, Park oversaw the publication of a series of dissertations and monographs that established urban sociology as an academic discipline. For our purposes, the salient work is *Social Factors in Juvenile Delinquency* published in 1931. Authors Clifford Shaw and Henry D. McKay related the outcome of an experimental program, the Chicago Area Project (CAP), through which they sought to demonstrate the efficacy of community engagement in addressing urban poverty.[44]

Shaw and his research team identified three neighborhoods (one predominantly African American in the city's south side, one comprised of Italian immigrants in the near west and near north sides of the city, and the third of Polish immigrants in South Chicago) that had consistently high levels of juvenile delinquency. Members of the team joined forces with neighborhood residents, local churches, businesses, labor unions, and other groups to organize educational and recreational programs for teenagers and young adults. This strategy proved most successful in the Russell Square neighborhood of South Chicago, whose residents were primarily Polish and Roman Catholic. The project gained momentum with the emergence of a neighborhood council that not only planned and managed youth activities but also raised funds for new initiatives, recruited volunteers to supplement paid staff, and ensured that neighborhood residents were in charge. The idea, according to Alice O'Connor, was "to generate a sense of local autonomy and solidarity" beyond traditional social work solutions.

Residents would be spared the 'humiliations' of receiving outside philanthropy. 'Indigenous workers' would replace trained professionals as program staff. 'Individualized' treatment would give way to community methods, building on the resources at hand. 'Outside' professionals would retain a role in these initiatives, but it would be under the guidance of local residents.[45]

As the Depression deepened, CAP participants realized that a focus on social services, no matter how much decision-making flowed from "the bottom up," failed to address structural causes of poverty such as unemployment, gender disparities, and low wages. One team member, Saul Alinsky, became frustrated, left the project, and pursued a more politically oriented form of community organizing that led to the creation of the Industrial Areas Foundation.[46]

III

Gustavo Gutiérrez first read *A Theology for the Social Gospel* in the 1970s while a visiting scholar at Union Seminary in New York. He immediately "exhorted his students to resume [Walter] Rauschenbusch's work." One of those students, Gary Dorian, recalls that "to take the recommendation of Gutiérrez to heart would be to infuse American Christianity with the spirit of the Social Gospel in new forms."[47]

Rauschenbusch was a professor of church history at Rochester Theological Seminary. Before joining the faculty in 1897, he served for ten years as pastor of the Second German Baptist Church in the West Manhattan neighborhood known as Hell's Kitchen. His firsthand exposure to urban poverty and the experience of presiding at one funeral after another of children who had died of disease and malnutrition spurred him to political activism. Rauschenbusch was but one among thousands of American Protestants for whom the human toll of unbridled capitalism demanded systemic social change.[48]

The approach to community engagement of both the Chicago Area Project and the Industrial Areas Foundation parallels the pastoral practice of Gutiérrez and may help account for his enthusiastic embrace of Rauschenbusch. Reflecting on his ministry in Rimac, a slum area of Lima, Gutiérrez acknowledged having had to learn the hard lesson that even "generous solidarity with the poor is not exempt from the temptation of imposing on them categories foreign to them and from the risk of dealing with them in an impersonal way."[49] Entering the "world of the poor" demands instead "a large measure of humility" and "can come only as the result of an experience of what the gospel calls childhood"—that is, "a trusting self-surrender to God with a will to commitment and close association with God's favorites: the lowly, the hungry."[50] Friendship and the sharing of lives are hallmarks of being neighbors. Solidarity exists in staying engaged in activities that are not self-interested but deepen and support the processes by which "the oppressed themselves can freely raise their voices and express themselves directly and creatively, when they themselves account for the hope which they bear, when they are the protagonists of their own liberation."[51]

CPE has paid a price for allowing memories of the Social Gospel and the Bexley Hall Plan to gather dust. Among the losses has been the ethos of community engagement that William Keller and his contemporaries emphasized. They knew the neighborhoods where the "the other half" lived and the day-to-day problems marginalized communities faced. Similar awareness is absent from present-day training programs.[52] Barriers to admission serve as a case in point. Although every center has the freedom to tweak its entrance requirements, few church members from marginalized communities possess either the year of theological training that ACPE recommends or the language skills necessary to function effectively in educational and clinical settings where proficiency in English is normative. These

difficulties, however, are luxury problems compared to the obstacle of completing the background check necessary to obtain a hospital ID badge that allows unfettered access to the campus.

In North Carolina, Latinx students whose parents are undocumented often are the first persons in their families to attend college. Records from the Hispanic League of Forsyth County indicate that the majority of high school seniors who apply for scholarships through the League have taken part in STEM curricula (Science, Technology, Engineering, and Math) and plan to enter scientifically oriented professions.[53] Moreover, students who pursue graduate theological education tend to eschew pastoral care and counseling in favor of biblical studies, church history, ethics, or theology. Many Latinx pastors who work amidst the undocumented lack a master's degree from a nationally or regionally accredited university or seminary and face significant challenges in gaining acceptance into a residency program at an ACPE accredited center, much less obtaining certification as professional chaplains. A bright spot on the horizon is the 2021 memorandum of agreement between McCormick Theological Seminary and the Association for Hispanic Theological Education (AETH), which is the only entity recognized by the Association of Theological Schools to certify the Bible institutes that aspiring but poor Latinx pastors are most likely to attend.[54]

Imagining an intercultural program of CPE based in the undocumented Latinx community involves more than contracting with social agencies so that privileged students have an opportunity to discover "how the other half lives." A program may not require use of the facilities of churches or existing organization in Latinx neighborhoods, but collaboration with local leaders whom community members trust is essential. The main requirement is listening carefully to what grassroots leaders identify as the community's pastoral care needs and developing a CPE curriculum responsive to those concerns. Indifference awaits models that fit pastors, lay people, and community members into CPE structures that reproduce hospital culture. A program based in the Latinx community would entail not simply translating English-language CPE into Spanish but inviting community members to be both students and teachers in the quest for a form of CPE that helps sustain the health and well-being of the entire community. Finally, recognizing that institutions are unlikely to fund activities from which they derive no direct benefit, a plan for financial sustainability and its frequent review are crucial.

Edward Thornton reminded us more than fifty years ago that allegations of "exclusiveness" have plagued ACPE since its inception.[55] Worth remembering, for example, are the roles that the wealth and prestige of the Cabot family played in supporting the fledgling program at Worchester State Hospital and the family ties that helped Philip Guiles garner the attention of the Earhart Foundation when seeking to establish the Institute of Pastoral Care.[56] Exclusivism today, however, assumes more subtle forms.

Also writing more than fifty years ago, James Cone noted that to be excluded "is to be defined, located or set aside according to another's perspective."[57] Troubling to me these days is the ease with which mainstream media and persons engaged in everyday conversations employ the phrase "black and brown people" when referring to similarities (e.g., distrust of vaccines) between members of ethnic and racial minorities. The history of racial mixing in Latin America has resulted in the fact skin pigmentation of many people who self-identify as Hispanic being black, olive-colored or even white, not "brown."

Although people and communities of color have experiences in common, significant differences also exist. One example is the term "*Juan* Crow," which activists coined recently to denounce anti-immigrant legislation in several Southern states. As Cecilia Marquez points out, such a term threatens to conflate, even homogenize, two different lived realities.[58] James Cone describes his experience of being defined according to another's perspective.

From its very origin Black theology was defined as liberation theology. We did not borrow the word "liberation" from Latin America. But because the problem of white racism has played the central role in creating the need for a distinctively Black theology, the word "black" has been more visible in describing our theological enterprise than has the term "liberation." The focus on Black has provided many white North American and European interpreters with the option of identifying "liberation theology" as exclusively limited to Latin America, even though Blacks started using the word "liberation" about the same time as did Latin American theologians. The focus on liberation in terms of class in lieu of color gave white North American theologians yet another occasion for ignoring the problem of racism and what it means in the history of North America and Europe.[59]

To the extent that certified educators view different communities and contexts through the same lens—(1) obscuring the uniqueness of each community, (2) seeing the undocumented as but one more constituency among

many, and (3) treating each non-Anglo body of persons as interchangeable one with the other—exclusiveness in ACPE remains hidden in plain sight.

This article has sought to highlight the importance of context and community engagement in determining where CPE programs take place and to what extent they model cultural humility (ACPE Outcome L2.6). Overlooked or at best glimpsed through a glass darkly have been the pastoral care needs of communities that lie outside hospital walls. A change in this situation calls for courage on the part of certified educators to conceive of and implement innovations necessary to engage and learn from the undocumented Latinx community. The time has come to dust off these words of Jeremiah: "Stand by the roads, and look, and ask for the ancient paths, where the good way is; and walk in it" (6:16 ESV).

NOTES

1   Victor Zúñiga and Rubén Hernández-León, eds., *New Destinations: Mexican Immigra-
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     Music and Creating Culture in a Southern City* (New York: New York University Press,
     2015); Hannah Gill, T*he Latino Migration Experience in North Carolina: New Roots in the
     Old South*, rev. ed. (Chapel Hill: University of North Carolina Press, 2018).

2   Robert C. Dykstra, "The Intimate Stanger," in *Images of Pastoral Care: Classic Readings*,
     ed. Robert C. Dykstra (St. Louis: Chalice Press, 2005), 132.

3   Zane L. Miller, "Boss Cox's Cincinnati: A Study in Urbanization and Politics, 1880–
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     Miller and Bruce Tucker, *Changing Plans for America's Inner Cities: Cincinnati's Over-
     the-Rhine and Twentieth-Century Urbanism* (Ohio State University Press, 1998): xvi–xvii,
     1–5.

4   William H. Willimon, *Worship as Pastoral Care* (Abingdon Press, 1979): 35–39; Gary
     R. Gunderson and James R. Cochrane, *Religion and the Health of the Public: Shifting the
     Paradigm* (New York: Palgrave MacMillan, 2012): 17.

5   Edward E. Thornton, *Professional Education for Ministry: A History of Clinical Pastoral
     Education* (Nashville: Abingdon Press, 1970), 267n12.

6   According to Rollin Fairbanks, the Bexley Hall program began with four students
     who "worked along social casework lines in a mental hospital, a human relations
     court, a public welfare program, and a social hygiene society." "CPE—50 Yrs.—Learn-
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     No clear answer is available to the question of whether Keller arranged these place-
     ments through the Department of Social Services of the Protestant Episcopal Diocese
     of Southern Ohio (of which Keller was a member) or the Cincinnati Community Chest
     and Council of Service Agencies. See Clarence M. Brookman, "The Community Chest
     Movement: An Interpretation," in *Proceedings of the National Conference of Social Work
     Formerly National Conference of Charities and Correction at the Fifty-First Annual Session
     Held in Toronto, Ontario June 25–July 2, 1924* (Cincinnati: National Conference of So-
     cial Work), 19–29; M. Christine Anderson, "Catholic Nuns and the Invention of Social
     Work: The Sisters of the Santa Maria Institute of Cincinnati, Ohio, 1897 through the
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     Slaybaugh, "'It Made Me Want to Rush Out and Take an Antiseptic Bath': Frances
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     Midwestern History* 1, no. 7 (September 2015): 52–73.

7   Porter French, "Innocents Abroad: Clinical Training in Its Early Days," *Journal of Pas-
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     Education," *Journal of Religion and Health*. 38, no. 1 (Spring 1999): 5–13.

8   Allison Stokes, *Ministry after Freud* (New York: Pilgrim Books, 1985); Brian Childs, re-
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     1986): 180–82; Curtis W. Hart, "Present at the Creation: The Clinical Pastoral Move-

ment and the Origins of the Dialogue between Religion and Psychiatry," *Journal of Religion and Health* 49 (2010): 536–46.

9   Rollin J. Fairbanks, "The Origins of Clinical Pastoral Training," *Pastoral Psychology* 4 (1953): 15; Paul E. Johnson, "Fifty Years of Clinical Pastoral Education," *Journal of Pastoral Care* 22, no. 4 (December 1968): 228–29; Homer L. Jernigan, "Clinical Pastoral Education: Reflections on the Past and Future of a Movement," *Journal of Pastoral Care & Counseling* 56, no. 4 (Winter 2002): 381–82. According to one of his biographers, William Whitney possessed "a fortune beyond the dreams of avarice." James Grant Wilson, "William Collins Whitney," *New York Genealogical and Biographical Record* 35, no. 3 (July 1904).

10   Seward Hiltner, "A Movement Comes of Age," review of *Professional Education for Ministry: A History of Clinical Pastoral Education* by Edward E. Thornton, *Pastoral Psychology* 21, no. 8 (October 1970): 50.

11   Thornton, *Professional Education*, 44–45. For an example of the difficulties Midwestern universities faced in collaborating with independent schools of religion, see Peter Laipson, "And the Walls Came Crumbling Down: The Michigan School of Religion, 1920–1930," *Michigan Historical Review* 21, no. 2 (Fall 1995): 93–123.

12   William S. Keller, "Should the Church Be Organized for Social Work?" *Christian Education* 14, no. 2 (November 1930): 128–39; Joseph F. Fletcher, "Social Training for the Pastoral Ministry," *Anglican Theological Review* 22 (April 1940): 121–34; Angus Dunn Jr. and Ted Thornton, "Applied Religion, Theological and Social," *The Union Review* [Union Theological Seminary, New York City] (December 1, 1941): 19–21, 37; Seward Hiltner, "Clinical Education in Religion and Mental Hygiene," *Religious Education* 38 (January 1943): 152–55; Joseph F. Fletcher, "The Development of the Clinical Training Movement through the Graduate School of Applied Religion," and "Standards for a Full Time Program in Light of the Experience of the Graduate School of Religion," in *Clinical Pastoral Training*, ed. Seward Hiltner (New York: Commission on Religion and Health, Federal Council of the Churches of Christ in America, 1945), 1–4, 31–36.

13   See Thornton's summary of how competition between differing clinical training traditions ended. "The mainstream of clinical pastoral education has been more fully congruent with Richard Cabot's vision of the goals and methods of the field than with either William Keller or Anton Boisen." Thornton, *Professional Education*, 54.

14   Thornton, *Professional Education*, 45, 267n18; cf. Hiltner, "Clinical Education in Religion and Mental Hygiene," 54.

15   Thornton, *Professional Education*, 45. Thornton notes on the same page that "Fletcher and his staff never quite turned the corner from the training of pastors for parish functioning." See also Thornton, "Training for Pastoral Care and Its Ecumenical Dimension," *Pastoral Psychology* 18 (June 1967): 23–28, esp. 26.

16   Thornton, *Professional Education*, 45. Note, however, Thornton's opinion that there existed a moment in CPE history during which the Cincinnati tradition was a valid option. "Had Boisen accepted the offer to become the full-time Assistant Professor of Social Ethics at Chicago Theological Seminary in 1925 [rather than becoming the first chaplain at Worcester State Hospital], the sociological orientation of the new movement just possibly might have become dominant, or at least the Keller orientation might have gained more support" (p. 59). In fact, writes Thornton, both of Boisen's major studies (*The Exploration of the Inner World* and *Religion in Crisis and Custom*)

"were built on the presupposition that pathological manifestations accompany severe stress whether it is an individual suffering from inner conflict, or a group suffering from economic and social deprivation" (p. 66). Accordingly, Thornton recognizes that Fletcher "pioneered the first graduate school exclusively devoted to clinical training and developed more highly than any other program since that time the social work dimension of the movement" (p. 110). For an overview of Fletcher's opinions, see his "Social Training for the Pastoral Ministry," 121–34. Note especially his comment that "man is more important than any social theories about him or social order for him" (125).

17 Edward E. Thornton, "Some Hard Questions for Clinical Pastoral Educators," *Journal of Pastoral Care* 22, no. 4 (December 1968): 200. William Willimon (see note 4 above) is an example of what Thornton refers to as criticism from "the right." For an example of "social actionist" criticism, see Peggy Way, "Community Organization and Pastoral Care: Drum Beat for Dialogue," *Pastoral Psychology* 19 (March 1968): 25–36. According to the *ACPE Newsletter* of March 1968, the new organization had 217 clinical centers, of which 6 (2.76%) were congregation- or parish-based; 11 (5.07%) were housed in service agencies or clinics; 64 (29.50%) in psychiatric hospitals; 113 (52.07%) in general hospitals or academic medical centers; 18 (8.30%) in prisons; and 5 (2.30%) in schools for intellectually disabled children. *ACPE Newsletter* cited in Thornton, *Professional Education*, 195. By 1988, the number of centers accredited by ACPE had grown to 382 of which 92 percent were based in "general hospitals, psychiatric hospitals, correctional centers and various other 'bedded' facilities that confine most of their clients." 10 "special" programs (2.55%) took place in parish settings. *ACPE News* 21, no. 7 (July-August 1988), quoted in David C. Duncombe, "Prophetic Dimensions of Ministry in Pastoral Care," *Journal of Pastoral Care* 44, no. 4 (Winter 1990): 318–19.

18 Fletcher, "A Prospect for Parsons," *Journal of Pastoral Care* 25, no. 2 (June 1971): 83.

19 Thornton, *Professional Education*, 12.

20 Hiltner, "A Movement Comes of Age," 50.

21 Joan E. Hemenway, *Inside the Circle: A Historical and Practical Inquiry Concerning Process Groups in Clinical Pastoral Education* (n.p.: Journal of Pastoral Care Publications, 1996): 8–9. On the context in which the term "social engineering" arose, see William H. Tolman, *Social Engineering: A Record of Things Done by American Industrialists Employing Upwards of One and One-Half Million of People* (New York: McGraw Publishing Co., 1909). For perspective on the connotations the term has acquired over time, see John M. Jordan, *Machine-Age Ideology: Social Engineering and American Liberalism* (Chapel Hill: University of North Carolina Press, 1994); Janet Knoedler and Anne Mayhew, "Thorstein Veblen and the Engineers: A Reinterpretation," *History of Political Economy* 31, no. 2 (June 1999): 255–72.

22 Seward Hiltner, "Theology and Pastoral Care in the United States," *Pastoral Psychology* 18 (November 1967): 15–21, esp. 18ff; John H. Patton, "Toward a Theology of Pastoral Event: Reflections on the Work of Seward Hiltner," *Journal of Pastoral Care* 40, no. 2 (June 1986): 129–41.

23 Gunderson and Cochrane, *Religion and the Health of the Public*, 17. In the mid-twentieth century, the most widely read American physician advocating the importance of social determinants of health was George Rosen. See his *A History of Public Health*, rev. ed. (Baltimore: John Hopkins Press, 2015).

24 Duane Parker, "Response" to John J. Gleason Jr., "The Marketing of Pastoral Care and Counseling, Chaplaincy, and Clinical Pastoral Education," *Journal of Pastoral Care* 38, no. 4 (December 1984): 270.

25 Fletcher, "Social Training for the Pastoral Ministry," 131–32. See also Gibson Winter, "The Pastoral Counselor within the Community of Faith," *Pastoral Psychology* 10 (November 1959): 26–30

26 David R. Hunter, "The Development of the Clinical Training Movement through the New England Group," *Clinical Pastoral Training* (1945): 6.

27 Wendy Cadge, "Healthcare Chaplaincy as a Companion Profession: Historical Developments," *Journal of Health Care Chaplaincy* 25 (2019): 45–60 (quotations are from p. 49).

28 Thornton attributes this phrase to early supervisors who insisted upon the superiority of the contained educational setting that hospitals provided in contrast to the open character of fieldwork placements. This perspective makes the "quality of supervision" a priority and assumes that the best supervision occurs when training occurs in the "very presence" of the supervisor. Thornton, *Professional Education*, 233–34.

29 Reuel Howe, quoted by Thornton, *Professional Education*, 216.

30 Teresa Cutts et al., "Community Health Asset Mapping Partnership Engages Hispanic/Latino Health Seekers and Providers," *North Carolina Medical Journal* 77, no. 3 (May/June 2016): 160–67; Gary Gunderson, *Speak Life: Crafting Mercy in a Hard-Hearted Time* (n.p.: Stakeholder Health, 2018): 121–26.

31 Shefali Luthra, "Obamacare Act Pushed Nonprofit Hospitals to Do Good beyond Their Walls. Now What? *Kaiser Health News*, March 16, 2017, https://khn.org/news/obamacare-pushed-nonprofit-hospitals-to-do-good-beyond-their-walls-now-what/.

32 Group meetings at the school included lectures on the casework methods that different agencies employed. Seminar discussions and reports focused on the correlation of these lectures to the direct experiences of students in their placements. Thornton, *Professional Education*, 43. For a first-hand account by two students from Union Theological Seminary, New York, who attended a summer program of the GSAR in Cincinnati, see Dunn and Thornton, "Applied Religion, Theological and Social," 19–21, 37.

33 Fletcher, "The Development of the Clinical Training Movement," 1–4; Hiltner, "Clinical Education in Religion and Mental Hygiene," 152–56; William L. Hiemstra, "A History of Clinical Pastoral Training in the United States," *Reformed Review* 16, no. 4 (1963): 33.

34 According to Wayne Oates, Anton Boisen "insisted that students be taught within an environment in which the greatest problems of man's entrapment in sin and deliverance by Jesus Christ from sin be dealt with on a face-to-face basis with persons who were in dire circumstances, crisis and pain. Consequently, the development of pastoral care called for moving out of the confines of the campus to arenas of human need. This interfaced the theological curriculum with the life of the institutions of the city and country—hospitals, children's homes, correctional institutions, and inner-city missions." Wayne E. Oates, "Organizational Development and Pastoral Care," *Review and Expositor* 75, no. 3 (Summer 1978): 350.

35 Seward Hiltner, "What We Give and Get in Pastoral Care," *Pastoral Psychology* 5 (February 1954): 13–24. Hiltner intended this article to be the first in a four-part series. He

planned to devote two articles to "what we get" (self-understanding and theological understanding) and two to "what we give" (the scientific and the existential). To my knowledge, he never published the remaining three articles.

36   Keller, "Should the Church Be Organized for Social Work?" 132.

37   Jacob A. Riis, *How the Other Half Lives: Studies among the Tenements of New York*, 2nd ed., The Bedford Series in History and Culture (Boston: Bedford/St. Martin's, 2011). See also Bill Hug, "Jacob Riis and Double Consciousness: The Documentary/Ethnic 'I' in *How the Other Half Lives*," *Ethnic Studies Review* 33, no. 1 (2010): 130–57.

38   Erik Schneiderhan, "Pragmatism and Empirical Sociology: The Case of Jane Addams and Hull House, 1889–1895," *Theory and Society* 40 (2011): 589–617; Mary Jo Deegan, *Jane Addams and the Men of the Chicago School, 1892–1918* (Piscataway, NJ: Transaction Publishers, 1988); Donna L. Franklin, "Mary Richmond and Jane Addams: From Moral Certainty to Rational Inquiry in Social Work Practice," *Social Service Review* 60, no. 4 (June 1986): 504–25; Clinton E. Stockwell, "Graham Taylor: Urban Pioneer," *Register of the Chicago Theological Seminary* 86, no.1 (Winter 1996): 1–23; Maura Spiegel, Introduction to *The Jungle* by Upton Sinclair (New York: Barnes & Noble Books, 2003): xiii–xxv. Doubleday, Page and Company first published *The Jungle* in 1906.

39   Allison D. Murdach, "Mary Richmond and the Image of Social Work," *Social Work* 56, no. 1 (January 2011): 92–94; Ernest W. Burgess, "The Value of Sociological Studies for the Work of Social Agencies," *Social Forces* 8, no. 4 (June 1930): 481–91.

40   William I. Thomas and Florian Znanieki, *The Polish Peasant in Europe and America*, 5 vols. (Boston: Badger, 1918–20; repr. Board of Trustees of the University of Illinois, 1996); Robert Ezra Park and E. W. Burgess, *Introduction to the Science of Sociology* (Chicago: University of Chicago, 1921; repr. Good Press, 2019). See also Frederick H. Matthews, *Quest for an American Sociology: Robert E. Park and the Chicago School* (Montreal: McGill-Queen's Press, 1977).

41   Martin Bulmer, "Support for Sociology in the 1920s: The Laura Spellman Rockefeller Memorial and the Beginning of Modern, Large-Scale, Sociological Research in the University," *American Sociologist* 17, no. 4 (November 1982): 185–92; Martin Bulmer and Joanne Bulmer, "Philanthropy and Social Science in the 1920s: Beardsley Ruml and the Laura Spellman Rockefeller Memorial, 1922–1929," *Minerva* 19, no. 3 (September 1981): 347–407.

42   Historians have debated the relationship between the Social Gospel and settlement house movements, nonprofit social agencies, and academic sociology. For an introduction to the literature, see Martin Bulmer, *The Chicago School of Sociology: Institutionalization, Diversity, and the Rise of Sociological Research* (Chicago: University of Chicago Press, 1984): 22–27, 33–35, 38–39; Stephanie T. Burns, "Legacy of the Vocational Bureau of Cincinnati: Research Advances Social Justice," *The Career Development Quarterly* 57 (March 2009): 237–47.

43   Winifred Rauschenbusch, *Robert E. Park: Biography of a Sociologist* (Durham, NC: Duke University Press, 1979). For reflections by a student contemporary of Rauschenbusch, see Ruth Shonle Cavan, "The Chicago School of Sociology, 1918–1933," *Urban Life* 11, no. 4 (January 1983): 407–20.

44   Clifford R. Shaw and Henry D. McKay, *Social Factors in Juvenile Delinquency*, vol. 2, National Commission on Law Observance and Enforcement, Report on the Causes of

Crime (Washington, DC: U.S. Government Printing Press, 1931); Ernest W. Burgess, Joseph D. Lohman, and Clifford R. Shaw, "The Chicago Area Project," *Chicago Institute for Juvenile Research* (1937): 8–28.

45   Alice O'Connor, *Poverty Knowledge: Social Science, Social Policy, and the Poor in Twentieth Century U.S. History* (Princeton: Princeton University Press, 2001): 51–52.

46   Steven Schlossman and Michael Sedlack, "The Chicago Area Project Revisited," *Crime & Delinquency* 29, no. 3 (July 1983): 398–462; Lawrence J. Engel, "Saul D. Alinsky and the Chicago School," *Journal of Speculative Philosophy* 16, no. 1 (2002): 50–66.

47   Donald W. Shriver Jr., Introduction to *A Theology of the Social Gospel* by Walter Rauschenbusch (Nashville: Westminster John Knox Press, 1997): xx.

48   See, for example, Christopher H. Evans, *The Social Gospel in American Religion: A History* (New York University Press, 2017); Elizabeth Hinson-Hasty, "Solidarity and the Social Gospel: Historical and Contemporary Perspectives," *American Journal of Theology and Philosophy* 37, no. 2 (May 2016): 137–50; Wendy J. Deichmann, "The Social Gospel as a Grassroots Movement," *Church History* 84, no. 1 (March 2015): 203–6; Carol Crawford Holcomb, "The Kingdom at Hand: The Social Gospel and the Personal Service Department of Woman's Mission Union Auxiliary to the Southern Baptist Convention," *Baptist History and Heritage* 35, no. 2 (Spring 2000): 49–66; and D. G. Paz, "The Anglican Response to Urban Social Dislocation in Omaha, 1875–1920," *History Magazine of the Protestant Episcopal Church* 51, no. 2 (June 1982): 131–46.

49   Gustavo Gutiérrez, *A Theology of Liberation: History, Politics, and Salvation*, rev. ed. (Maryknoll, NY: Orbis Books, 1988): xxx.

50   Gustavo Gutiérrez, *We Drink from our Own Wells: The Spiritual Journey of a People* (Maryknoll, NY: Orbis Books: 1984): 126–27.

51   Gustavo Gutiérrez, *A Theology of Liberation*, 174. Cf. Daniel May, "The Politics of Friendship: Hannah Arendt and the Organizing of the Industrial Areas Foundation," *The Good Society* 22, nos. 1–2 (2018): 86–109. According to Day, "Public friendship is wary of any ideology or philosophy that collapses difference in the name of truth, history, or even compassion. Friendship does not mean that friends become the same or equal to each other, but rather that they become equal partners in a common world— that together they constitute a community" (p. 96).

52   Frances C. McWilliams, "Voices Crying in the Wilderness: Prophetic Ministry in Clinical Pastoral Education," *Journal of Pastoral Care* 51, no.1 (Spring 1997): 37–47.

53   Yu Xie et al., "STEM Education," *Annual Review of Sociology* 41 (2015): 331–57, esp. 343–46.

54   "McCormick Seminary, Hispanic Theological Network Sign Agreement," https://www.presbyterianmission.org/story/mccormick-seminary-hispanic-theological-network-sign-agreement/, accessed April 12, 2021.

55   Thornton, "Some Hard Questions for Clinical Pastoral Educators," 200. Thornton goes on to claim that "more radical than the appeal for a parish or community context for clinical pastoral education is the suggestion that supervision may not be the *sine qua non* of the specialty."

56   Ward A. Knight, Jr., "Richard Clarke Cabot, MD: A Unitarian Critique," *Journal of Pastoral Care and Counseling* 65, no. 4 (December 2011): 1–2; Laurie O'Brien, "'A Bold Plunge into the Sea of Values': The Career of Dr. Richard Cabot," *New England Quarterly* 58, no. 4 (December 1985): 533–34. By 1915, Cabot already was well connected in the philanthropic networks of Boston and New York. Anatole Shaffer, "The Cincinnati Social Unit Experiment: 1917–19," *Social Service Review* 45, no. 2 (June 1971): 161. Philip Guiles was the husband of Louise Earhart, the second oldest daughter of Harry Earhart and Carrie Boyd. "H. B. Earhart Succumbs at 83," *Ann Arbor News*, October 21, 1954; Jernigan, "Clinical Pastoral Education," 381. Harry Earhart was the owner of White Star Refining Company and made his fortune in the oil refining business.

57   James H. Cone, *A Black Theology of Liberation* (Philadelphia: J. B. Lippincott Co., 1970; repr. Orbis Books, 2020): 160n4.

58   Cecilia Marquez, "*Juan* Crow and the Erasure of Blackness in the Latino/a South," *Labor Studies in Working Class History* 16, no. 3 (September 2019): 79–85. See also Irene Brown and Mary Odom, "*Juan* Crow in the *Nuevo* South: Racialization of Guatemalan and Dominican Immigrants in the Atlanta Metro Area," *Dubois Review* 9 (2012): 321–37; Jennifer J. Jones, "Blacks May Be Second Class, But They Can't Make Them Leave: Mexican Racial Formation in Winston-Salem [North Carolina]," *Latino Studies* 10, nos. 1–2 (April 2012): 60–80.

59   James H. Cone, "Black Theology as Liberation Theology," in *Down by the Riverside: Readings in African American Religion*, ed. Larry G. Murphy (New York: New York University Press, 2000), 389–413 (quotation is from p. 411n44). See also James H. Cone, *My Soul Looks Back* (Nashville: Abingdon Press, 1982; repr. Orbis Books, 1986), 93–113.