**A History of Spiritual Care and Psycho-Spiritual Therapy**

In Canada, Supervised Pastoral Education (SPE) came out of the Clinical Pastoral Education (CPE) movement in the United States. American Pioneers, Dr. William Keller, Dr. Richard Cabot, and Rev. Anton Boisen,[[1]](https://outlook.office365.com/mail/inbox/id/AAQkADgwZmM2NTg4LTQ5YmUtNGQxMi1hNzMwLTdkODU3YjZjYzA5NQAQAPTgw3km4l1PkWOKL3Qcvto%3D%22%20%5Cl%20%22_ftn1) introduced a new training method into theological education in the 1920s (Veinotte, unpublished). Their mission was to train clergy within the healthcare system and enable religious clergy to become part of the healing team for patients (“those that suffer”). Boisen believed that students studied patients as “living human documents” (Asquith, 1982) under supervision, much like how interns became medical doctors. Clergy developed through action and reflection, self-awareness, and spiritual growth a practical method for “doing” theology and augmented traditional methods of theological education beyond the academy. This new orientation assisted clergy to develop more effective communication skills and, through CPE’s spiritual formation, become more competent in delivering pastoral care to the sick and dying.

According to Stokoe (2005), the founders of the CPE movement made it clear to every student that they must not think of themselves as under training to “become a psychiatrist or a psychoanalyst” because it would take years of specialized training for that goal within formal institutions. Instead, the ethos of CPE was to bring “the minister-to-be face to face with human misery in various institutions, and there, under competent supervision, to accomplish three things:

1.     Open the student’s eyes to the real problems of [all] and to develop in [them] methods of observation which would make [them] competent as an instigator of forces which religion has to do and the laws which govern these forces

2.     To train [them] in the art of helping people out of trouble and enabling them to find spiritual Health

3.     To bring about a greater degree of mutual understanding among the professional groups which are concerned with the personal problems of human beings (Stokoe, 2005).

By the end of the 1930s, CPE attracted Canadian students[[2]](https://outlook.office365.com/mail/inbox/id/AAQkADgwZmM2NTg4LTQ5YmUtNGQxMi1hNzMwLTdkODU3YjZjYzA5NQAQAPTgw3km4l1PkWOKL3Qcvto%3D%22%20%5Cl%20%22_ftn2), who became leaders in developing SPE and rallying a movement of clinical pastors (Veinotte, unpublished).

SPE valuing inclusivity moved beyond Christian Protestantism to ecumenical affiliations and inter-faith clergy. With the term SPE, members were more closely associated with theological institutions with their emphasis on ministry supervision than with clinical observation. By the 1970s, CPE programs in Canada were well established across the nation and were an integrated part of many theological institutions (Veinotte, unpublished). In the 1980s, teaching supervisors began conducting CPE units for Aboriginal students in Winnipeg and in Edmonton in the 1990s (CASC/ACSS Website Reference link?).

In Canada, the training branch to become a Pastoral Counsellor was Pastoral Counselling Education (PCE). An effort to solidify CPE and PCE under the same Supervisory Education has been a long-standing value. Since the 1980s, some SPE centres have included 1 PCE unit during a CPE year-long residency. By the 1990s, PCE centres underwent significant expansion, and Supervisor-Educators piloted a blended PCE and CPE unit in the 2000s. Another value learned from PCE centres has been integrating academic counselling courses for retaining the standard pastoral counselling.

As we advanced in 2022, SPE develops its core curriculum content integrating it with a Learning Management System for online learning. CASC/ACSS also adopted new nomenclature for CPE (moving from Clinical Pastoral Education to Clinical Psychospiritual Education ) and PCE (moving from Pastoral Counselling Education to Psychospiritual Therapy Education and using the acronym PTE)to reflect its transition from an ecumenical Christian audience to an inter-faith one. Lastly, many provinces are moving toward applying to regulatory professional colleges. Hence the need to clarify our Standards, Scope, and Competencies in this work.

We recommend the resources footnoted below for further reflection of the particulars of our movement in Spiritual Care Practice and Psychospiritual Therapy.[[3]](https://outlook.office365.com/mail/inbox/id/AAQkADgwZmM2NTg4LTQ5YmUtNGQxMi1hNzMwLTdkODU3YjZjYzA5NQAQAPTgw3km4l1PkWOKL3Qcvto%3D%22%20%5Cl%20%22_ftn3)

References

[1] Dr. William S Keller was a medical doctor from Cincinnati, Ohio; Dr. Richard C. Cabot was Boston Physician, and the Rev. Anton T. Boise was a Presbyterian minister from Boston.

2Charles Fielding, Albert V. Bentum, Earle McKnight, Charles Taylor, Archibald MacLachlan and Edgar Bull.

3Schmidt, A.E., O’Connor, T., Chow, M., and Berendsen, P. (2016). *Thriving on the Edge: Integrating Spiritual Practice, Theory and Research*. The Canadian Association for Spiritual Care, Southwestern Ontario. Barclay-Johnston, L. (1989). *Wheels Within Wheels: A History of Chaplaincy in Ontario, 1949-1989*. Trinity College, Toronto. Veinotte, D.M. *East to West: The pioneers of CPE in Canada*, unpublished.