

## ***Bringing Theology Alive***

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My family of origin were church-going people, attending with some sort of regularity. They changed denominations several times, between Methodism and Presbyterian, but the reasons for these changes were never clear to me. I remember once changing Sunday Schools, but actually learning nothing of the reason for the change, except that my parents had some kind of political argument with a teacher.

I left school at the end of the Second World War and commenced work in the wool trade. These were exciting times. NZ wool-buyers seemed the only people to have new cars, and a life-style to match! Wool-buying was a fascinating industry, and I met all kinds of interesting people.

Part of my training involved me in traveling to Bradford in Yorkshire, England, for Bradford was the home of the worsted industry. England was recovering from the Second World War, the year being 1950. Bradford had a large number of what were described as 'DPS' – 'displaced persons' from Europe. The whole experience was a culture shock for me coming from a farming rural life in the Manawatu. Some of my 'tutors' in Bradford saw me as some kind of a threat, as if I intended to carry some trade secrets back to NZ and to set up in opposition. On one occasion, a maintenance worker threw an iron bar in my direction because I was a "foreigner."

Returning to New Zealand, I married and later became the Wool Representative for a stock firm in the Waikato. These were happy and fulfilling days. Our first daughter was born, and in due course along came our second daughter who was diagnosed as having a dangerous blood condition. Both Aileen and I were told the facts pretty bluntly: to prepare for the worst, and to expect that our daughter would probably die. The hospital phoned asking "Would you like her to be baptised?" and the local Vicar said: "Well you wouldn't want her to go through life with a disability would you?" About a day later Vicki Marie improved, at first steadily and then quite rapidly; and the consultant paediatrician simply shrugged and walked away. None of the above professional help seemed helpful to Aileen and me!

Throughout my journey, briefly outlined above, I was beginning to feel a strange kind of pull towards something different. This was exacerbated by the near-death of our daughter and the events surrounding it. The then Anglican Bishop of Waikato used to have weekend meetings for young men considering a vocation to ordained ministry. I went along, intent on putting this notion out of my mind, once and for all. The end result: I became a theological student at Saint John's College, Auckland. I was at the College for three years.

Theological students of that time were mainly single men, and few had worked in the outside world beyond student jobs in vacation time. Those of us who were married with young families had a really tough time financially; I can never express adequately my gratitude to my wife and family for the sacrifices they made to enable me to attend College.

Saint John's College provided some theoretical teaching regarding pastoral care, but it was minimal preparation for practical ministry. The Anglican model of training (at the time) for those newly-ordained was good in theory i.e. newly-ordained clergy were posted to work under the guidance of an experienced vicar who would hopefully provide what CPE people would recognise as 'experiential training.' However in my case, of the first two priests that I had to work with, one had personal problems, the other had serious emotional problems – his Bishop simply described him as being "a bit nervy."

In retrospect for me all the aforementioned played a significant backdrop for CPE. I began my ministry practice with an acute awareness that my ministry was somehow missing the mark, and not only for me, but for other as well. I had, and still do, keep in touch with friends and others who, while retaining a spiritual awareness, increasingly struggle with the institutional church not meeting their pastoral needs or not understanding their particular situation.

It was a struggle for me to finally to enter the ranks of hospital chaplains. It was made clear to me that in the Waikato Diocese hospital chaplaincy was not the route to follow in order to achieve preferment. Later, after serving in Saint James Parish, Lower Hutt, at my farewell before becoming chaplain at Wellington Hospital, a parishioner expressed her regrets that I was "leaving the ministry!"

Very shortly after I began at Wellington Hospital, Diana Goss phoned me and said, "You must go on a CPE course now that you are a chaplain." My entry into the chaplaincy job at the hospital had not been without its difficulties: a man, senior to me in years, had run into some major problems, resulting in a role demotion; as a consequence he did not appreciate finding himself in his new situation; it would have been much simpler for him to have been transferred elsewhere. Also, being brand-new to the hospital, I felt that being away for three months doing CPE, but weeks after starting, was not a good idea. Actually, in the end, it made little difference.

In 1971, when I entered chaplaincy, there were two courses for the formation of chaplains, namely 'A' and 'B'. From memory, 'A' was conducted by the Reverend Ian Wilson at Christchurch (Burwood Hospital) although students actually worked at several Christchurch hospitals. The 'B' course was run at Porirua Hospital by Diana Goss. This latter course was strictly CPE. Church

leaders occasionally directed people they perceived as 'difficult' to this course for 'straightening out'. Some students really appreciated the course and saw it as the saving of their ministry; some simply endured it. At the time I think I was in the latter group, but instead of walking away I stuck at the process, eventually volunteering to come back again. I did not appreciate Diana Goss' smoke-filled office and used to complain, with the result the windows were opened sometimes. Can you imagine that scenario today!

At a later point it occurred to me that it would be useful to take a 'couple of CPE units' in the USA. The idea received a mixed reception from others, but Ian Wilson, who somehow heard about it, phoned me and said, "Why not stay on in the States and gain CPE supervisory status? I couldn't really see a good reason not to take up Ian's suggestion, and with a settled family both Aileen and I set out for the USA. It was a Diocesan requirement that I resign from the Wellington Hospital position. Some of the happiest days of my ministry had been there, so I was sad to depart.

Where to locate in the USA? I had a CPE Directory which just provided addresses. I was interested in Community Ministry. Eventually I selected the Tacoma General Hospital for three months (to serve as an introduction to the USA way of doing things) and then I went on to the William S. Hall Psychiatric Institute in Columbia, South Carolina, which did provide Community Chaplaincy.

I enjoyed my three months in Tacoma; in that CPE unit I didn't experience the same 'cut and thrust' as in earlier units; and we were invited to see and discuss our final reports; and I even finally saw my earlier NZ CPE reports.

The move to Columbia, South Carolina, turned out to be one of the best things I ever did. I was contracted for a one-year residency; this was followed by me becoming a Pastoral Fellow. Tom Summers, my principal Supervisor, was a master at his trade, introducing the themes of story, of the need for a sound theoretical base, of inter-disciplinary co-operation, and of working out in the community. I became a co-therapist in the South Carolina Department of Mental Health, working with an amazing woman psychologist. The process of moving towards CPE supervisory status included an interview with the South Eastern ACPE Accreditation Committee to determine if I had the necessary potential. Up to that point I had never undertaken such a discernment process. At an 'after match' function, my then supervisor, Roland Rainwater, reminded me they had said some positive things about me, whereas I could only focus on the negative things

Returning to New Zealand, I took up the role of Adviser to the Interchurch Hospital Chaplaincy Service (IHC), a role which at the time included running the 'Course B' chaplaincy training. It seemed sensible to offer two units of CPE, which is what happened. However, eventually my work-load as the IHC Adviser became so heavy that I was forced to give up my CPE supervisory work, especially when hospital-health-restructuring seriously threatened the financial base of chaplaincy itself. There were also those who felt that my being both the IHC Adviser and the CPE chaplaincy trainor/supervisor was a dual-role that threatened the security of some of the chaplains, especially if an individual chaplain wasn't performing well!

My biggest regret at the time was being prevented from carrying out a more active role in CPE supervision, but the 'craft' remains with me still, influencing me in almost everything I do, especially in bringing theology alive in terms that are meaningful to me and others.