

Pastoral Perspective

Youth in the Church

By Bishop Joseph L. Hogan

[The second in a series of four articles]

WE WERE NEVER THEIR AGE

To comprehend the position of youth we have to begin to understand the culture in which youth lives today. It has always been the Mission of the Church to lead people through their culture to God, and to influence that culture for good insofar as it is possible. The Church is an effective forming and supporting community when it forms Christians through a coalition of home, parish, church-school, and diocese.



Many of the parents of today's youth were raised in the wake of the depression and were married during the war years. Many of these people admit that they wanted to give all the things to their children that they themselves missed because of the aftermath of the depression or the limitations during the war years occasioned by rationing, lack of job opportunities, low salaries, poor housing, and so on. Youth born and reared in these homes experienced a certain insecurity because of World War II, the Korean War, and the Vietnam situation. Moreover, the culture became a very materialistic one. Everyone was striving to obtain what he could. It has been an affluent period in society and the culture has been consumer- and pleasure-oriented. It has been a time of extreme technological advancement. Space has been bridged, modes of transportation have been developed, computerization has been the order of the day. Everything has been tested and man has been taught to have experiential knowledge of all. Religion in this culture has been considered a private matter, one that should not come into the public forum lest it create a divisiveness.

Too many adults today are too quick to deny any differences in the situation today and the situation when they were young. How many of us have used statements like "when we were their age" and "it was good for us, therefore..." The fact is that we were never their age, because contemporary culture has brought them, in such a short period of time, to so many experiences that we never had. The different media come into their homes and bring with them very real experiences of the culture of our day.

What is youth's reaction to all of this? Father Henri Nouwen, the psychologist, states that the modern generation can be described as possessing three characteristics — inwardness, fatherlessness, and convulsiveness. (The Wounded Healer — Doubleday & Company, Inc., p. 27 sqq.)

A youth of the inward generation has lost contacts with his parents; has doubted the appreciation of individual worth under the mass growth resulting from technological and scientific advancement; and, in order to establish personalism, has turned into himself. He seeks self-identification in concentration, contemplation, and meditation. He looks to cults in the East that may take him away from this busy society, for he is convinced there is nothing outside himself in the present culture that can deliver him from his uncertainty and confusion. There is no authority, nor institution, that can lead him. He is trapped and, as a result, he becomes very anxious and lonely. This person who is turned inward has no sense of history; he does not look to the past, because of fear; and he does not concern himself about the future, but rather lives in the present. This inwardness can cause him to grow in either sanctity or selfishness, and it is important that the ministry of religion determine which it shall be.

Father Nouwen further describes the youth of today as a fatherless generation, in that youth turns away from authority and seeks to be liberated from the home — to be emancipated. A young person feels his individual worth comes not from his father but from what he makes of himself. Since he cannot turn to his father for assistance, his peers become standards for his behavior. As a result of this, there is a shift from the guilt culture, where the young person feared disobedience to authority, to the shame culture today, where the young person, fearing he may not be conforming, readily accedes to peer pressure.

Finally, Father Nouwen says that the youth generation is convulsive. It is displeased with the institutions it finds in society and so turns to violence and suicide in protest. Just the other day in The New York Times it was reported that the second greatest cause of death among young people is suicide. By statistical report, the incidence of suicide among youth has grown dramatically. Youth is unhappy with the world he finds and desires a change but,

lacking vision and perception, he acts erratically, oft-times seeking escape in the drug culture. However, this convulsiveness also leads to a tremendous ambivalence which makes it difficult sometimes for those in authority to understand youth's positions: Poor listening on the one side and poor articulation on the other do not help the situation.

We know that many of our present-day youth are disenchanted with technology, because they judge that it has dehumanized man. They are satiated with material abundance because they see that their parents, in trying to give them everything, have lost a true sense of values and that multiplicity of material gifts has not assured happiness. Youth is disconcerted with politics and diplomacy because these have not brought peace nor civil justice. Youth judges the Church to be ineffective because it seems to be hypocritical in that it preaches one doctrine officially but then tolerates the failure of its believers to live that doctrine as a community of living service and witness. The past and its institutions represent for some an oppressive burden from which they want to be free. They reject any long-range idealism because this seems ill-founded in terms of past experience. So they express pessimism. They are intent upon the needs of the moment, looking for new satisfying experiences, perceptions, relationships. This is a romantic or aesthetic orientation that is arational or anti-rational. In short, feeling prevails rather than thought, personal fulfillment is primary and today is more important than tomorrow.

Youth today in general is better educated than previous generations. They are more mobile and independent because of the affluence of the society in which they live. They are surely more curious and questioning, and they do not blindly accept whatever is said to them. This makes them more aggressive and outspoken. They have stronger ties with their peers than they do with their own families. They have an earlier experience level because realities and forces of life are known and experienced at an earlier age. They are generally suspicious of authority and society, whether it be family, civil, or church. They live in a tension-filled, high-powered world of change. In many ways they have their own distinct culture, characterized by their own form of music, language, and style of dress and hair.

Clinical Pastoral Education

To Help People Rethink Their Lives

By PAT PETRASKE

More serious thinking is done there per square foot than anywhere else.

Perhaps this is because people tend to give little thought to ultimate concerns until they find themselves ill.

On hand to help people as they rethink their framework of life are 15 students under the Clinical Pastoral Education program housed for three years at Strong Memorial Hospital. Approaching the 50th anniversary of its conception, the program is designed for those in the ministry to have practical experience with human suffering.

Two of the participants are combining hospital and parish experience. Rev. Mr. Bailey Walker, OP, from Washington, D.C., believes the two experiences complement each other since the pastoral encounters provide insight into the dramatic situations that a hospital produces.

Rev. Mr. Bailey and Richard Brown, a fourth year theology student at St. Bernard's Seminary, work three days a week at Strong and spend the remaining two days at St. Monica's. The other members in the program work at the hospital all five days.

"Our role is more of a listening board. Patients often have something they'd like to get off their chests so we plug in to see

what they have to offer," Brown explained.

His placement on the surgical floor means he often meets people at their worst. "Many times only their faith keeps them going. Of course it can swing the other way; the sudden intrusion of pain can mean a rejection of God and we try to help them clarify their feelings," he said.

He described this typical situation: "The man was about to undergo surgery and he'd already had 40 per cent of his stomach and half of his pancreas removed. He was afraid and was ready to die. We just talked for three hours."

Those involved in the program are of many faiths. Among them are a woman Protestant seminarian and a couple of ordained ministers on sabbatical leave to "sharpen up." Interest is increasing among the sisters and the laity.

There is little religious conflict since "no attempt is made to impose a belief on a patient or a fellow worker. We just try to help him develop his faith in light of his own experiences," Rev. Mr. Walker commented.

Clinical Pastoral Education was begun as a method of developing pastoral care, according to Dr. Albert Meiberg, director of the Strong program and a member of the faculty at Colgate-Rochester Divinity School. The school

sponsors the program. Modeled after the medical training program where interns have a direct encounter with the people with medical problems, the clinical pastoral students meet people under actual emotional stress.

"Religious ideas tend to be abstract dialogue. They can best be assimilated and renewed if actual care of people is involved," Dr. Meiberg said. Doctrinal points tend to be minimized when the basic needs of the people are involved.

Father Edward Zimmer, who supervises the seminarians in their parish work, believes the program "gives to the students before ordination what we had to learn the hard way."

A major tool in the program is the verbatim report. After a student has an "interview" with a patient he writes a confidential report stating as closely as possible what was said. The 15 participants who are divided into groups of five meet every morning, challenging and criticizing the work of the others.

The verbatim report may have lapses of silence by the student because listening is the major part of the approach. "Just the presence of the students is very important; you can't always have great words to say. I used to visit with people in one of the hospital's solariums and they'd always thank me profusely af-



Seminarian Richard Brown discusses clinical pastoral counseling with nurses Donna Kiikka, left, and Pat Yock.

terwards. I felt I really didn't do that much," Father Zimmer said.

A hidden benefit that has come out of the program is a renewal of enthusiasm for the priesthood. Seminarians say they find out how much priests are really needed.

The role of a counselor or confessor, especially when patients are faced with such burdens as cancer, leukemia or impending amputations can be one of frustration. "When I first started the program I hoped to be able to solve everyone's problems. It's not great to see so many people suffering. But I feel

exhausted and happy after a day in the hospital," Brown said.

In the 11-week program ministers often reach a critical point when they have their first contact with pain and death, according to Father Edwin Metzger, director of field experience of St. Bernard's, who was instrumental in setting up the clinical pastoral education program. Some sort of clinical experience is required for most ministries. According to Father Zimmer, the Strong program enables a seminarian to encounter as many clinical experiences in one summer as a parish priest would have in three years.