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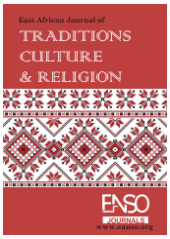

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Original Article

Implementation of Clinical Pastoral Education and Cultural Mediation in Enhancing Program Adaptability among Maasai Clergy and Congregations

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ABSTRACT

Clinical Pastoral Education (CPE), which was first developed in Western settings as a model for training clergy, faces challenges in adapting to different cultural contexts, especially within the Maasai community in Tanzania. This study examines how CPE can be reshaped to fit the local context by looking at how its program content, training methods, and implementation strategies affect adaptability, while also considering the role of community culture. Using a mixed-methods approach, the research collected data from clergy trained in CPE and from community stakeholders in the Northern and North-Central Dioceses of the Evangelical Lutheran Church in Tanzania (ELCT). Quantitative data were analysed using descriptive statistics, correlation, and simple linear regression, while qualitative data were studied through thematic analysis. The findings show a weak negative correlation between Western-oriented CPE content and its adaptability, and a stronger negative correlation between cultural misalignment and adaptability. In contrast, when training and implementation were aligned with local culture, a strong positive correlation with adaptability was found. The study also reveals that the individualised and institution-focused nature of traditional CPE often conflicts with the Maasai's communal, elder-led, and ritual-based ways of addressing healing and problem-solving, which are further shaped by age and gender hierarchies. Involving Maasai elders and traditional leaders emerged as a key factor in improving the program's relevance and acceptance. The study concludes that meaningful contextualization, through the inclusion of indigenous knowledge systems and participatory learning, is essential for CPE to become a more inclusive, effective, and sustainable model of pastoral ministry in Tanzania.

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INTRODUCTION

Clinical Pastoral Education (CPE) plays a central role in the professional growth of pastoral caregivers by providing an experiential learning model that equips clergy, theological students, and other spiritual leaders with practical skills for offering holistic care. Although it originated in the United States, CPE has gradually expanded beyond its early association with mental health institutions to cover a wide range of clinical and community contexts. This development reflects the increasing recognition of the need for structured and supervised training in pastoral care, moving away from purely theoretical theological instruction toward a more practice-based pedagogy grounded in real human experiences.[1]

CPE first emerged in the early 20th century in the United States as a response to the existential challenges of American society, particularly among marginalised communities who lacked access to professional psycho-social and spiritual support[2]. Pioneers such as Anton Boisen and Richard Cabot advanced the idea of "living human documents," highlighting the value of learning through direct engagement with people in crisis[3].

This emphasis shifted pastoral formation from abstract theological concepts to the lived realities of individuals.

Through supervised encounters, this method fostered self-awareness, interpersonal competence, and spiritual maturity, thereby shaping ministerial trainees into more effective caregivers.[4] Over time, the application of CPE expanded into churches, correctional facilities, and community-based organisations, confirming its relevance and dynamic contribution to American society.[5]

The international spread of CPE began in the 1960s and reached Europe, Canada, Northern Europe, England, Ireland, Southeast Asia, New Zealand, Australia, South America, and certain parts of Central Africa.[6] In Africa, pastoral care had long been practised informally, but the introduction of CPE marked an important transition toward professionalised spiritual caregiving. In South Africa, early initiatives by figures such as Arthur Seeker and Dr. Becker sought to adapt the American model to local realities, with an emphasis on ecumenical collaboration and the development of essential pastoral skills.[7] This process led to the founding of the Association of Clinical Pastoral

[1] Eastell, J. K: *The Continuing Religious Education of the Clergy within the Church of England with Specific Reference to the Diocese of London*, 400.

[2] Ragsdale, J. R: *Transforming Chaplaincy Requires Transforming Clinical Pastoral Education*, 58–62.

[3] Nouwen, H. J. M: *Anton T. Boisen and theology through living human documents*, 49–63.

[4] Steinke, P. D: *Living Human Documents Write Books*, 405–408

[5] Buffel, O. A: *The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral Ministry for Impoverished Black Communities in South Africa*, 236

[6] Ward, E. D: *The contribution of clinical pastoral education to pastoral ministry in South Africa: overview and critique of its method and dynamic, in view of adaptation and implementation in a cross-cultural context*, 26

[7] Buffel, O. A: *The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral*

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Education in Southern Africa (ACPESA) in the late 1970s, thereby institutionalising CPE training in the region.

In Tanzania, the Evangelical Lutheran Church in Tanzania (ELCT) recognised the need to integrate CPE into pastoral formation. The roots of CPE in the ELCT can be traced back to the Makumira Consultation on the Healing Ministry of the Church, held in Arusha in February 1967.[5] This meeting emphasised the importance of a holistic approach to health that incorporated spiritual, emotional, and physical dimensions.[8]

Formal CPE training in Tanzania began in 1972 at the KCMC, one of the leading medical institutions affiliated with the ELCT.[9] From the start, Kilimanjaro Christian Medical Centre (KCMC) became a training hub for East Africa, running four-month sessions that brought together a wide mix of participants. Pastors, evangelists, nurses, teachers, and even physicians from different Christian traditions and neighbouring countries came to learn and grow through this program.[10]

In 2018, the United Evangelical Mission (UEM) emphasised again how vital CPE is for Africa, urging churches to strengthen their chaplaincy ministries so they could respond more effectively to crises such as war, terrorism, and natural disasters.[11] Yet, despite its growth and acceptance, CPE in Tanzania has struggled to take root in ways that fit every cultural setting. This has been especially clear in communities like the Maasai, whose deep traditions, age-based leadership systems, patriarchal authority, and spiritual practices create a pastoral environment very different from the one CPE was originally designed for. The Western model of CPE focuses strongly on self-reflection, one-on-one counselling, and therapeutic approaches drawn from psychology. While these tools are valuable, they do not always sit well in Maasai contexts, where healing, guidance, and decision-making are typically communal, led by elders, and carried out through traditional practices. This mismatch often means that clergy trained in CPE, especially younger pastors and women, struggle to gain recognition or acceptance, as cultural norms continue to privilege elder male authority.[12]

This study takes up this challenge by exploring how CPE can be adapted to fit Tanzania's diverse cultural realities, with particular attention to the Maasai community. It looks closely at how the content of CPE, the way it is taught, and the strategies used in its implementation shape both its effectiveness and adaptability. At the heart of this research is the role of community culture in bridging the gap. By offering an evidence-based analysis, the study aims to provide practical guidance on how CPE can be reshaped so that it not only respects but also works within Tanzania's cultural frameworks, making pastoral care more relevant, inclusive, and impactful.

BACKGROUND OF CPE IN THE US, AFRICA, AND TANZANIA

CPE is a creative way of training in theology that blends deep reflection on faith with hands-on experience in real ministry settings. Its journey, beginning in the United States and later spreading into Africa and eventually Tanzania, shows how the program has continually adapted to new contexts. Along the way, it has faced challenges, especially when cultural differences made it difficult to fully fit into local traditions and practices.

CPE in the United States

The CPE program began in the United States in the early 20th century as a response to the gap between classroom-based theological training and the real-

Ministry for Impoverished Black Communities in South Africa. 236

[8] Safari, M: *The Healing Ministry of the Church in Tanzania*. 1–10

[9] Weiss, H: *Clinical Pastoral Education in East Africa*. 3

[10] Weiss, H: *Clinical Pastoral Education in East Africa.* 4

[11] Kabango, J. W: *UEM Clinical Pastoral Education (CPE) in Africa Region.* 1

[12] Safari, M: *The Healing Ministry of the Church in Tanzania.* 1–10

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life challenges of ministry. Anton T. Boisen, often called the father of CPE, launched the first program in 1925 at Worcester State Hospital in Massachusetts. Boisen, who was both a theologian and someone who personally lived through mental illness, believed that the most powerful way to learn was through engaging with "living human documents," meaning the actual experiences of people in crisis.[13]

He was critical of theological education's heavy dependence on books, arguing instead that theology should grow out of the lived struggles of individuals, especially those facing psychiatric difficulties.[14] With the support of Dr. Richard Cabot and other early pioneers, CPE developed into an approach that emphasised supervised practice and reflection on real encounters in ministry.[15]

The early philosophy of CPE was shaped by the liberal theology and pragmatic thinking of the time. It aimed to prepare clergy to serve effectively in rapidly changing medical and healthcare environments, offering compassionate and faith-informed care in hospitals, psychiatric institutions, churches, prisons, and community organisations.[16] The training encouraged practical skills such as pastoral assessment, collaboration with other professionals, leadership in groups, and counselling. Over time, the idea of the "living human document" expanded beyond moments of crisis to include everyday human experiences, showing how flexible and dynamic CPE could be within the American context.[17]

Over the years, Clinical Pastoral Education (CPE) grew into a recognised program for the professional development of pastoral caregivers, placing emphasis on holistic care that attends to spiritual, physical, emotional, and mental well-being.[18] Its goal was to prepare clergy and other faith leaders to offer care that is both meaningful and sensitive to the religious needs of those they serve. The program's methods also developed over time to include verbatim analysis, a practice in which students reconstruct their pastoral encounters and examine them through theological, psychological, and sociological lenses. These reflections turned case studies into valuable opportunities for learning and growth.[19] Wayne Oates and Seward Hiltner [20] were among those who deepened this reflective aspect. Hiltner, in particular, drew on the principles of client-centred psychotherapy, insisting that authentic pastoral care must rest on unconditional acceptance, ethical awareness, and the development of a strong pastoral identity.

CPE in Africa

The spread of CPE eventually reached Africa, where it began to take on its own history and forms of adaptation. Long before the 20th century, African communities already practised pastoral care in informal ways, often through family systems and the guidance of elders. The arrival of formal CPE training, however, marked a new chapter by introducing professional structures for spiritual care. The idea of *cura animarum* (care of souls), which emphasises holistic care from a Christian perspective, was embraced and reshaped to reflect the realities of African societies as Christianity continued to grow across the continent.[21]

In South Africa, CPE was first introduced in 1970 through the efforts of Arthur Seeker, an American representative of the Association for Clinical

[13] Nouwen, H. J. M: *Anton T. Boisen and theology through living human documents*. 49–63.
[14] Ibid
[15] Jernigan, H. L.: *Clinical Pastoral Education: Reflections on the Past and Future of a Movement*.
[16] Buffel, O. A.: *The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral Ministry for Impoverished Black Communities in South Africa*. 239.
[17] Ibid.
[18] Ragsdale, J. R.: *Transforming Chaplaincy Requires Transforming Clinical Pastoral Education*. 62.
[19] Ibid
[20] Hiltner, S: *Theological Dynamics of Clinical Pastoral Education*. 194–209
[21] Magezi, V., Africa, S., & Magezi, V: *History and developments of pastoral care in Africa: A survey and proposition for effective contextual pastoral caregiving*. 12

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Pastoral Education (ACPE). Although the initial stages faced logistical difficulties, Dr. Becker later envisioned a more ecumenical model that encouraged cooperation among different churches.[22] This vision eventually led to the establishment of the Association of Clinical Pastoral Education in Southern Africa (ACPESA) in the late 1970s, which became an important step in formalising CPE training in the region.

African scholars, however, point out that for CPE to be effective on the continent, it must respond to the pressing needs of reconciliation and social healing. They stress that its Western-centred framework has to be reinterpreted in ways that resonate with African contexts[23] . Ndung'u Ikenye,[24] for example, calls for a new paradigm of clinical pastoral theology in Africa—one that seeks to decolonise not only the individual soul but also the collective and national spirit, while addressing the deep suffering caused by religious, political, and social conflicts.

CPE in Tanzania

In Tanzania, the ELCT has been central in bringing Clinical Pastoral Education (CPE) into pastoral training. The journey began in February 1967 during the Makumira Consultation on the Healing Ministry of the Church in Arusha. This consultation gathered different Christian denominations involved in medical work across East Africa to promote a holistic view of healing that embraced both spiritual and physical care.[25] Formal CPE training took root in 1972 at the KCMC, an ELCT-founded institution.[26] The KCMC CPE Centre soon became a key training ground, offering intensive four-month programs that drew participants from across East Africa. Pastors, evangelists, nurses, teachers, and physicians from various Christian traditions and countries came together to learn how to better integrate compassionate pastoral care into their ministries and professions.[27]

Decades later, in 2018, the United Evangelical Mission (UEM) emphasised the ongoing value of CPE in Africa. It urged churches to continue strengthening chaplaincy work, particularly in preparing leaders to respond with care and resilience during times of crisis, including war, terrorism, and large-scale disasters.[28]

Although CPE had become well established and continued to grow, by 2016, tensions began to surface between traditional academic theology and the practical methods of CPE. This highlighted the need to revisit the curriculum so that it could better reflect Tanzania's own cultural and church realities.[29] Rapid social, cultural, and economic changes across the country have intensified the pastoral challenges that ministers face. In such a setting, CPE has proven vital in preparing church leaders with the ability to heal, sustain, guide, and reconcile people who are struggling in moments of pain and uncertainty.[30]

This study pays special attention to the Maasai communities within the Northern and North-Central Dioceses of the ELCT, particularly in the Kilimanjaro and Arusha regions. The Maasai retain deeply rooted cultural systems, such as age-based leadership and patriarchal authority, that often stand in tension with Western styles of individual counselling and conventional theological training. Within this context, the research seeks to assess how well CPE-trained clergy can adapt when ministering among the Maasai. The ultimate goal is to propose contextually relevant ways of reshaping CPE curriculum and practice so that it more effectively

[22] Buffel, O. A: *The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral Ministry for Impoverished Black Communities in South Africa*. 236
[23] Ibid
[24] Ndung'u J.B. Ikenye: *African Christian Care and Cure of Souls: Theory and Practice of Responding to Pain and Suffering*. 33
[25] Safari, M.: *The Healing Ministry of the Church in Tanzania*. 1–10.
[26] Weiss, H.: *Clinical Pastoral Education in East Africa*. 3
[27] Ibid
[28] Kabango, J. W.: *UEM Clinical Pastoral Education (CPE) in Africa Region*, 1
[29] Weiss, H.: *Clinical Pastoral Education in East Africa*. 3
[30] *Keller, T.: Four Models of Counselling 1–10*

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serves communities where culture and faith are tightly interwoven. The problem at hand is clear: CPE in Tanzania has not been sufficiently contextualised. Its current form does not fully address the Maasai's cultural realities, leaving gaps in pedagogy and limiting how well graduates are prepared to meet the spiritual, cultural, and practical needs of the people they serve.

RESEARCH METHODOLOGY

This section shares the research design, population and sampling, data collection, analysis, validity, reliability, and ethics.

Research Methodology Overview

The study was carried out in two dioceses of the Evangelical Lutheran Church in Tanzania, namely, Northern Diocese and North-Central Diocese. The CPE is taught at KCMC, situated in the Northern Diocese. These dioceses were selected because most CPE-trained pastors and social workers originate from this area.

This study applied a mixed-methods approach that brought together both qualitative and quantitative research designs. The focus population included clergy who had received CPE training at KCMC and were serving among the Maasai community. For the quantitative part, data were collected using a structured questionnaire that contained Likert scale questions. The qualitative aspect involved semi-structured interviews and focus group discussions to capture deeper insights.

Population and Sampling Procedures

The population consisted of clergy trained in CPE at KCMC, including pastors, chaplains, and counsellors working among the Maasai for at least two years. From 1,100 trained individuals (1972–2020), 472 were from the two dioceses, and 107 were purposively sampled—49 from the Northern Diocese and 58 from the North-Central Diocese. Purposive sampling ensured participants with relevant experience and rich contextual information were included.

Research Design

A mixed-methods approach combined qualitative and quantitative techniques for a holistic understanding. Qualitative data were collected through semi-structured interviews and document reviews to capture the lived experiences of CPE practitioners. Quantitative data were gathered using structured questionnaires with a 5-point Likert scale to measure demographic and perceptual information. The integration of both approaches enhanced reliability and provided comprehensive insight into CPE adaptability and effectiveness.

Analysis of Quantitative Data

Field data were edited, coded, and analysed using IBM SPSS. Descriptive statistics summarised demographic data, while correlation and **Simple Linear Regression (SLR)** tested relationships among variables such as programme content, training methods, and CPE implementation. The regression model used was:

$$\mathbf{Y = \alpha + \beta i Xi},$$

Where *Y* represents CPE adaptability and *Xi* denotes independent variables.

Results revealed how each factor influenced adaptability, with culture acting as an intervening variable.

Analysis of Qualitative Data

Qualitative data were analysed thematically to identify patterns and insights regarding CPE contextualization in Tanzania. Coding of interviews and documents helped uncover cultural influences and practical challenges. The findings were integrated with quantitative results to explain statistical patterns and enrich interpretation through contextual narratives.

Validity and Reliability

Instrument validity was ensured through expert review from Tumaini University, verifying alignment between research tools and objectives.

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Recommendations were incorporated before data collection. Reliability was established through triangulation—using both questionnaires and interviews—and testing with Cronbach's Alpha[31] in SPSS, setting the acceptable reliability threshold at 0.7.

Ethical Consideration

Ethical clearance was obtained from the university and diocesan authorities. Participants gave informed consent, and confidentiality was maintained throughout. Interviews respected cultural values, and participants' rights regarding anonymity and the use of information or photos were fully upheld.

RESULTS

Overview of Research Results

This section discusses results related to the demographics of the respondents and statistical outcomes related to program content, training, implementation, and cultural mediation.

Demographic Characteristics of Respondents

The descriptive analysis outlines the key characteristics of respondents who participated in the study. The results show that men made up the majority at 62%, while women accounted for 38%, suggesting that the field remains slightly male-dominated. In terms of professional background, theologians represented about 70% of respondents, followed by teachers (17.5%) and medical professionals (12.4%), highlighting the central role of theology in CPE practice. When it comes to education, most participants held certificate or diploma qualifications (60.8%), while 39.1% had attained a bachelor's degree or higher, showing a generally well-educated group. The study also found that the counselees served were fairly balanced by gender, indicating inclusivity in counselling services. Moreover, about half of the counsellors had over five years of experience, reflecting a well-seasoned group with substantial exposure to counselling work and community engagement.

CPE Program Content and Adaptability to the Maasai Community

The analysis of CPE program content and its adaptability to the Maasai community revealed a statistically significant but weak negative relationship. In simple terms, the more the program holds on to its Western framework, the less suitable it becomes within the Maasai cultural setting. This trend was also reflected in the qualitative findings. Many respondents highlighted that the current CPE curriculum lacks cultural and anthropological depth. One participant explained:

> *In the actual field work, I realised that I miss the understanding of people's culture and the way they view foreigners. I realise that I missed the anthropological knowledge in my counselling. In many situations, I find myself failing to achieve the goal simply because I did not know how to introduce the subject in the specific cultural setting.*

These reflections point to a major gap in the program: the absence of culturally specific content. Elements such as indigenous conflict resolution methods, local spiritual beliefs, and traditional healing systems—integral parts of the Maasai worldview—are not adequately addressed. The role of culture as a mediating factor was also examined. Results showed that as program content became more culturally sensitive, acceptance within the community improved slightly. However, when cultural alignment was compared directly with adaptability, a strong negative relationship emerged, suggesting that cultural disconnect significantly undermines the program's effectiveness.

[31] *Taber, K. S.: The use of Cronbach's Alpha when developing and reporting research instruments in science education*. 1273–1296

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When both program content and culture were analysed together in relation to adaptability, the effect of program content became statistically insignificant, while culture continued to show a strong and meaningful impact. This demonstrates that cultural compatibility is the more decisive factor in determining how effectively CPE can be applied within the Maasai community, outweighing the influence of program content alone.

Training of the CPE Curriculum and Adaptability to the Maasai Community

The study found a strong positive correlation between the training provided through the CPE curriculum and the ability of practitioners to adapt within the Maasai community. This indicates that the quality and structure of training have a major influence on adaptability. Yet, despite its importance, the current training model, which is heavily shaped by Western approaches, seems to limit adaptability in the Maasai cultural context.

Participants voiced the need for training that is more inclusive and locally grounded. They emphasised participatory methods that blend theory with practical experiences in real community settings. One experienced counsellor reflected:

> *What we learned at KCMC is good, but not realistic. I did practicals for clients in very artificial hospital ward settings. I was in a white coat and a pastor's collar, so probably what they told me was mediated by the environment. I think the CPE students need to do a practical in a local setting where they will be working after the training. The experience they will gain there will help them to modify the program to suit local cultural conditions.*

This reflection points to a major limitation in the current training approach. Programs that focus mainly on hospital-based practice may not prepare clergy to effectively serve communities like the Maasai, whose cultural identity and pastoral needs are deeply tied to traditional ways of life. The mediating role of culture was also clear in the findings. There was a strong positive correlation between training and cultural acceptance, showing that the nature of training greatly influences how culture responds to CPE practices. When both training and culture were analysed together in relation to adaptability, each had a statistically significant effect. However, the effects varied inversely with adaptability, underscoring that while training is crucial, cultural sensitivity within that training is what ultimately determines the effectiveness of CPE in the Maasai context.

Implementation of CPE Practices and Adaptability to the Maasai Community

The study found a strong positive relationship between the way practitioners apply CPE practices and their ability to adapt within the Maasai community. Yet, the direction of this relationship showed that when implementation does not take local culture into account, adaptability is reduced rather than strengthened.

Participants highlighted that significant cultural barriers shape how CPE-trained clergy are received in Maasai settings. These barriers are often tied to gender, age, and tribal identity. One female counsellor shared her experience:

> *When I was posted in the Maasai community as their pastor and counsellor, I thought that they would easily accept me. The first people to withdraw from active participation in the church services were the Moran (young men), and later, I learned that they were looking down at women, especially young women like me who were ministering to them. Later, I learned that men were not open to sharing with me their challenges until the situation was beyond their control"*

A young male theologian expressed similar frustrations about age, saying:

> *I think the age issue is very serious here. How can elders in the Maasai community be made to understand that they can get help even from*

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> *young people? It is funny that old women can listen to me when I do counselling, but are rarely accepted by old folks. They have that chauvinism and cannot open up their challenges to young people until they have built strong trust. I think I need to know much more about this culture.*

These accounts highlight how deeply rooted cultural expectations, especially those connected to social hierarchy and traditional gender roles, can limit the effectiveness of CPE implementation. The study confirmed the important role of culture as a mediating factor. There was a strong positive relationship between cultural understanding and the way CPE practices were applied. When both implementation strategies and cultural factors were considered together in relation to adaptability, both had a significant impact, although their effects worked in the opposite direction. This reinforces the idea that cultural gaps can seriously hinder adaptability.

Furthermore, the overall adaptability of the CPE program among clergy serving the Maasai was found to be moderate to low. Beyond issues of social roles, religion and belief systems, particularly among non-Christian Maasai, also presented significant barriers to effective implementation. In summary, while the CPE program provides clergy with valuable pastoral tools, its current Western-centred model limits its effectiveness in the Maasai context. To achieve meaningful impact, the program must undergo careful cultural adaptation and contextualization.

Cultural Mediation in Enhancing Program Adaptability

Cultural mediation is essential in determining how well CPE programs can adapt and succeed within diverse communities, especially among the Maasai in Tanzania. The study's findings clearly show that cultural sensitivity is not just an additional concern but a key factor that greatly influences the effectiveness of CPE. It strengthens the connection between program content, training, implementation, and overall adaptability. These results align closely with Cultural Competence Theory (CCT), which emphasises that pastoral care programs can only be truly effective when they are carefully tailored to the social and cultural contexts in which they are applied.[32]

DISCUSSIONS

The findings of this study provide critical insights into the adaptability of the CPE program within the Maasai community in Tanzania. The discussion interprets these findings in light of the research objectives and questions, comparing them with existing literature and highlighting key implications for improving CPE contextualization.

Demographics

The study achieved an excellent response rate, with almost all the targeted participants completing and returning their questionnaires for analysis. The majority of respondents were men, while women made up the remaining proportion. Looking at professional backgrounds, most participants were theologians serving in pastoral ministry, followed by theologians who were not currently in pastoral roles. Other respondents included teachers and medical practitioners.

In terms of education, among those trained in CPE, most held diploma qualifications. They were followed by those with certificates, then bachelor's degrees, and finally a smaller number with postgraduate studies. When examining the gender of the people receiving counselling, the findings showed that men and women were represented almost equally. Some counsellors reported that most of their clients were men, while others said they mainly worked with women. Furthermore, about

[32] Jirwe, M., Gerrish, K., & Emami, A: *The theoretical framework of cultural competence*. 6.

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half of the counsellors had more than five years of experience in the field, highlighting that many were seasoned professionals.

The Influence of CPE Program Content on Adaptability to the Maasai Community

The study found a statistically significant, though modest, negative correlation between the CPE program content and its adaptability within the Maasai community ($R = -0.307$, $p = 0.002$). This suggests that the current Western-oriented curriculum, which emphasises individual counselling and hospital-based chaplaincy, faces notable challenges in addressing the pastoral and counselling needs of a culturally distinct society like the Maasai. These results align with Cultural Competence Theory (CCT), which highlights the importance of incorporating local traditions, norms, and belief systems into educational programs to improve their relevance and effectiveness.[33]

The Maasai community, with its deeply rooted hierarchical social structure, collectivist decision-making, and strong patriarchal values, stands in stark contrast to the individual-focused approach of traditional Western CPE models. Boisen's "Living Human Document" concept, although foundational to CPE, requires reinterpretation in this context. One pastor shared:

> *In Maasai culture, one's problem is not necessarily a personal problem. It affects the wellbeing of the whole community and therefore the whole community is involved in solving the problem. This culture was a challenge to me as I always thought – based on the training, that a person's challenge is a personal issue and must be solved in isolation – and I was flat wrong!*

This statement underscores the significant gap between the individualistic therapeutic models taught in CPE and the communal healing practices common in Maasai society.

The study also highlighted a major lack of culturally specific content within the KCMC CPE curriculum. Training modules often fail to address indigenous conflict resolution methods, local spiritual beliefs, and traditional healing practices, all of which are central to the Maasai worldview. This gap reduces the effectiveness of CPE-trained practitioners, as they are not adequately prepared to engage with Maasai communal structures or traditional pastoral care practices. Additionally, gender and age hierarchies present further obstacles. Younger or female clergy frequently encounter resistance because traditional norms prioritise the voices of older men in spiritual and community leadership. These findings align with previous research emphasising the importance of inculturation and contextual theology in African pastoral education.[34]

The Role of Training in Enhancing CPE Adaptability

The study found a strong positive correlation between the CPE training provided and the adaptability of practitioners within the Maasai community ($R = 0.931$, $p < 0.001$). While this underscores the importance of structured training, the qualitative findings showed that current training methods are not fully contextualised for the Maasai context. Participants highlighted the need for more participatory approaches that combine theory with hands-on practice in local settings. They emphasised practical fieldwork in actual Maasai communities, rather than training confined to hospital wards. This perspective aligns with Humanistic Theory, particularly Carl Rogers' Person-Centred Approach (PCA), which values individual growth but requires adaptation in collectivist cultures where well-being is closely tied to communal harmony.

[33] Jirwe, M., Gerrish, K., & Emami, A.: *The theoretical framework of cultural competence*. 6

[34] Ndung'u J.B. Ikenye.: *African Christian Care and Cure of Souls: Theory and Practice of Responding to Pain and Suffering*. 1–29

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The study also identified key challenges in CPE training for the Maasai, including cultural mismatch, limited cultural competence, and barriers related to gender and age. The curriculum's focus on Western clinical chaplaincy methods, such as hospital-based counselling and individualised therapy, does not align with the Maasai's communal approach to healing and problem-solving. Moreover, the training provides insufficient content on Maasai traditions, including their pastoralist lifestyle, spiritual beliefs, and community governance structures. These findings resonate with Buffel's research, emphasising the need for culturally and contextually grounded pastoral education.[35] Ndung'u and Ikenye's (2011, pp. 1-29)[36] critiques of Western CPE models in African contexts underscore the necessity of grounding CPE more thoroughly in African epistemologies and communal care practices.

The Impact of CPE Implementation on Adaptability

The study found a strong positive correlation between the way practitioners implement CPE practices and their adaptability within the Maasai community ($R = 0.869$, $p < 0.001$). This indicates that when CPE is applied in ways that respect and integrate Maasai cultural norms, practitioners are more readily accepted and able to work effectively. However, the Western-focused framework of CPE continues to present challenges, particularly because it does not fully align with the communal and ritual-based structures central to Maasai society.

Qualitative data highlighted cultural factors that limit the acceptance of clergy counselling, including the gender, age, and tribal identity of the counsellor. Female and younger male practitioners often faced resistance from Maasai elders and young men (Moran), who traditionally give priority to elder male voices and established trust rather than professional credentials. These findings confirm that cultural factors play a significant mediating role in the relationship between CPE implementation and adaptability. Overall, the adaptability of the CPE program among clergy serving the Maasai was rated as medium to low, with religious beliefs further limiting adaptability among non-Christian community members. This underscores the importance of explicit training that equips clergy to navigate cultural hierarchies and adapt counselling practices in ways that respect traditional social structures.

Cultural Mediation as a Mediating Influence

Cultural mediation proved to be a key factor in shaping the adaptability and effectiveness of CPE programs in Tanzania. Statistical analysis confirmed that cultural sensitivity significantly strengthens the connection between program content, training, implementation, and overall adaptability. The strong negative correlation between culture and CPE adaptability ($R = -0.919$, $p < 0.001$) suggests that the Western-originated CPE model does not easily align with the communal, elder-led pastoral structures that are central to Maasai traditions. These findings support Cultural Competence Theory (CCT), which emphasises the need for pastoral care programs to be tailored to the socio-cultural contexts in which they operate.

The limitations of Western CPE are particularly visible in patriarchal communities such as the Maasai, where women are traditionally excluded from leadership and religious decision-making roles. CPE-trained practitioners, especially younger and female clergy, often struggle to gain pastoral legitimacy and may face rejection primarily due to their gender or age. The Western CPE model, with its focus on individual reflection, therapeutic

[35] Buffel, O. A.: *The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral Ministry for Impoverished Black Communities in South Africa*. 235-250

[36] Ndung'u J.B. Ikenye. (2011). *Chaplaincy: African Theory and Practice of Clinical Pastoral Care and Cure of Souls. In Phys. Rev. E (Vol. 108, Issue June, p. 33). St. Paul's University*

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dialogue, and institutional chaplaincy in settings like hospitals, does not correspond with the Maasai approach to healing and counselling. In this context, care is typically communal, led by male elders or facilitated through culturally significant rituals. This mismatch means that many skills acquired through CPE are underutilised, limiting the ability of trained clergy to provide effective ministry, particularly to women in the community.

Theoretically, the CPE model needs to move beyond an exclusively individual-focused approach to one that fully incorporates collective healing and gender inclusivity. While Humanistic Theory, with its focus on personal growth and self-reflection, offers important insights, it is limited in communities where identity is relational and healing occurs within a collective context. Boisen's concept of the "Living Human Document," though groundbreaking, needs to be reinterpreted in the Tanzanian and Maasai setting, not as an isolated experience, but as one closely connected to family, gender roles, and wider community structures.

A reimagined approach should explicitly recognise Maasai women not just as recipients of spiritual care, but as active custodians of oral wisdom, informal counsellors, and central participants in rites of passage, including birth, marriage, and mourning. These roles make them natural, though often unacknowledged, pastoral agents. For CPE programs to be truly effective, they must engage with this dynamic, ensuring that training is both culturally sensitive and actively empowering for all members of the community.

Theoretical and Practical Implications

The study's findings carry important theoretical and practical implications for adapting CPE in Tanzania. Theoretically, the results support the relevance of Cultural Competence Theory (CCT) in understanding the barriers to CPE effectiveness, highlighting the need for training programs to incorporate the cultural values, traditions, and beliefs of the communities they serve. While Humanistic Theory provides valuable insights, it requires reinterpretation in collectivist settings, where healing and well-being are rooted in communal relationships rather than individual experiences.

From a practical perspective, the current CPE curriculum at KCMC does not fully reflect the socio-cultural realities of the Maasai, resulting in limited acceptance of Western pastoral care models. Younger and female clergy, in particular, face challenges due to Maasai social structures that prioritise elder authority and traditional gender roles. The curriculum's focus on Western clinical training, such as hospital chaplaincy and individual counselling, does not align with the Maasai's informal, communal approach to addressing personal and social issues.

To address these challenges, the study proposes a cross-cultural CPE model that combines indigenous knowledge systems with core pastoral care principles. This model emphasises participatory learning, active community engagement, and the inclusion of Maasai elders and spiritual leaders as co-educators. It also advocates for contextualised pastoral training, interdisciplinary approaches drawing from anthropology, sociology, and African theology, as well as strong institutional and policy support. This transformative approach seeks to bridge the gap between theological education and practical ministry, ensuring that CPE is both culturally relevant and theologically robust for the Maasai and other diverse communities across Tanzania.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

This study set out to explore how Clinical Pastoral Education (CPE) can be better adapted to fit Tanzania's diverse cultural contexts, focusing particularly on the Maasai community. The findings revealed that while CPE has been a valuable tool for developing pastoral and counselling skills, its strong Western orientation limits its effectiveness in

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cultures where healing, decision-making, and spiritual guidance are community-centred rather than individual. The research showed that curriculum content, training methods, and implementation strategies work best when they are closely aligned with local traditions and cultural values.

When CPE embraces indigenous wisdom, participatory learning, and collaboration with community elders, it becomes more relevant and impactful. The study also highlighted the vital role of cultural mediation, demonstrating that respect for Maasai customs, age structures, and gender roles greatly improves acceptance and adaptability. In connecting these insights to the research objectives, the study concludes that for CPE to thrive in Tanzania, it must evolve into a model that is both culturally sensitive and contextually grounded. By blending theological training with local traditions, CPE can produce clergy who not only offer spiritual care effectively but also bridge cultural divides—making pastoral ministry more inclusive, transformative, and sustainable for the future.

Recommendations

To enhance the adaptability and effectiveness of Clinical Pastoral Education (CPE) within Tanzania's diverse cultural settings—particularly among the Maasai community—several key recommendations are proposed.

Contextualising the CPE Curriculum

The study recommends revising the CPE curriculum to reflect Tanzania's cultural realities by integrating indigenous knowledge systems, traditional counselling approaches, and locally relevant conflict resolution methods such as *Osotua* and other communal reconciliation practices. Training content should also include teachings on Maasai rituals, belief systems, and social hierarchies to ensure that the program resonates with community values and promotes cultural acceptance.

Adopting Culturally Responsive Training Methods

Training should combine theoretical learning with practical fieldwork conducted within local communities rather than being confined to hospital environments. Participatory teaching strategies—such as storytelling, case studies, and role-playing—should be emphasised to link learning with real-life experiences. Moreover, trainees should be mentored by experienced clergy and Maasai elders who possess a deep understanding of cross-cultural pastoral care, thus bridging the gap between academic learning and community practice.

Enhancing Program Implementation

The implementation of CPE should be grounded in close collaboration between training institutions and local communities. Such partnerships would allow trainees to gain hands-on experience and apply pastoral skills in culturally appropriate ways. Clergy are encouraged to involve community elders and leaders in counselling processes to foster trust and acceptance. Continuous monitoring and feedback from both community members and spiritual leaders should be established to assess progress and refine the program.

Strengthening Cultural Mediation and Inclusion

Cultural mediation should be institutionalised within the CPE framework by formally involving elders, traditional leaders, and local mediators in pastoral training and counselling initiatives. Their participation will enhance community ownership and build credibility among local populations. Additionally, young and female clergy should receive targeted training and mentorship to help them navigate patriarchal structures and establish authority within traditional communities.

Institutional and Policy Support

To sustain culturally grounded CPE, theological institutions, the Evangelical Lutheran Church in Tanzania (ELCT), and government agencies should integrate cultural competence standards into

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pastoral education policies. National guidelines for accreditation and quality assurance should be developed to ensure consistency across CPE programs. Adequate funding should also be allocated for curriculum review, research, and staff development aimed at promoting culturally adaptive pastoral training.

Expanding Application Beyond the Maasai Context

The lessons learned from adapting CPE to the Maasai context should be extended to other Tanzanian communities with unique cultural characteristics. Developing flexible, region-specific modules will help broaden the program's impact. Furthermore, partnerships among religious bodies, community organisations, and policymakers will be crucial in institutionalising culturally responsive pastoral education throughout the country.

Overall, these recommendations emphasise curriculum reform, culturally sensitive training, inclusive implementation, and strong institutional support to ensure that CPE remains both contextually meaningful and theologically sound in Tanzania's diverse pastoral environments.

RECOMMENDATIONS FOR FURTHER RESEARCH

To build on the findings of this study and strengthen the implementation of CPE in diverse contexts, several areas for future research are recommended. Comparative studies across different ethnic and regional communities in Tanzania, such as the Hadzabe, Sonjo, Sandawe, and Mang'ati, could identify shared challenges and best practices, providing insights into how CPE functions across varying cultural settings and guiding tailored interventions. Longitudinal studies tracking the careers of CPE-trained clergy and counsellors over time would shed light on their long-term effectiveness in promoting spiritual and emotional well-being and the sustained impact of culturally adapted CPE models.

Further research is needed on the integration of traditional healing and spiritual counselling practices into contemporary CPE training. Action research projects could formally incorporate indigenous methods into curricula and evaluate their outcomes, offering evidence on effective cross-cultural adaptation. The impact of proposed curriculum reforms, including cultural competence modules, experiential learning components, and participatory training methods, should also be empirically assessed to provide evidence-based recommendations for improvement. In-depth qualitative studies focusing on the specific barriers faced by younger and female clergy in Maasai and similar patriarchal societies could inform the development of targeted support systems and inclusive pastoral education models.

Research should also examine the effectiveness of policy reforms and institutional support mechanisms in promoting and sustaining culturally sensitive CPE programs, including accreditation standards, funding initiatives, and inter-institutional collaborations. Theological inquiry into how adapting CPE to African contexts, particularly through the integration of indigenous spiritualities and communal values, can enrich Christian pastoral theology would contribute to the broader discourse on African contextual theology. Finally, a cost-benefit analysis comparing culturally contextualised CPE programs with traditional models would provide policymakers and funding bodies with practical insights into the economic viability and long-term advantages of investing in culturally relevant pastoral education. Pursuing these directions will help ensure that CPE evolves into a more effective, culturally attuned, and sustainable model, ultimately strengthening the role of clergy in fostering community well-being and spiritual transformation.

REFERENCE

Buffel, O. A. (2022). The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral Ministry for

Article DOI: https://doi.org/10.37284/eajtcr.8.1.3996

Impoverished Black Communities in South Africa. *Black Theology*, 20(3), p. 236.

Buffel, O. A. (2022). The Potential of Clinical Pastoral Education in Facilitating Contextual, Effective and Affordable Pastoral Ministry for Impoverished Black Communities in South Africa. *Black Theology*, 20(3), p. 239.

Eastell, J. K. (1992). *The Continuing Religious Education of the Clergy within the Church of England with Specific Reference to the Diocese of London*, p. 400.

Hiltner, S. (1977). Theological Dynamics of Clinical Pastoral Education. *Journal of Pastoral Care*, 31(3), pp. 194–209.

Jernigan, H. L. (no date). *Clinical Pastoral Education: Reflections on the Past and Future of a Movement*.

Jirwe, M., Gerrish, K., & Emami, A. (2006). The theoretical framework of cultural competence. *The Journal of Multicultural Nursing & Health*, 12(3), p. 6.

Kabango, J. W. (2018). *UEM Clinical Pastoral Education (CPE) in Africa Region*, p. 1.

Keller, T. (2010). Four Models of Counselling in. *Redeemer Counselling Services Manual*, pp. 1–10.

Magezi, V., Africa, S., & Magezi, V. (2019). History and developments of pastoral care in Africa: A survey and proposition for effective contextual pastoral caregiving. *HTS Teologiese Studies/Theological Studies*, p. 12.

Ndung'u J.B. Ikenye. (2011) African Christian Care and Cure of Souls: Theory and Practice of Responding to Pain and Suffering. *Pastoral Care and Counseling*, p. 33.

Nouwen, H. J. M. (1968). Anton T. Boisen and theology through living human documents. *Pastoral Psychology*, 19(7), pp. 49–63.

Ragsdale, J. R. (2018). Transforming Chaplaincy Requires Transforming Clinical Pastoral Education. *Journal of Pastoral Care and Counselling*, 72(1), p. 62.

Safari, M. (1998). The Healing Ministry of the Church in Tanzania. *ELCT Archives*, 1(1), pp. 1–10.

Steinke, P. D. (1996). Living Human Documents Write Books. *Journal of Pastoral Care*, 50(4), pp. 405–408.

Taber, K. S. (2018). The use of Cronbach's Alpha when developing and reporting research instruments in science education. *Research in Science Education*, 48(6), pp. 1273–1296.

Ward, E. D. (2001). *The contribution of clinical pastoral education to pastoral ministry in South Africa: overview and critique of its method and dynamic, in view of adaptation and implementation in a cross-cultural context*. University Of Natal. Pietermaritzburg, p. 26

Weiss, H. (2016). Clinical Pastoral Education in East Africa. *African Ecclesial Review*, 58(2), pp. 3–9.

