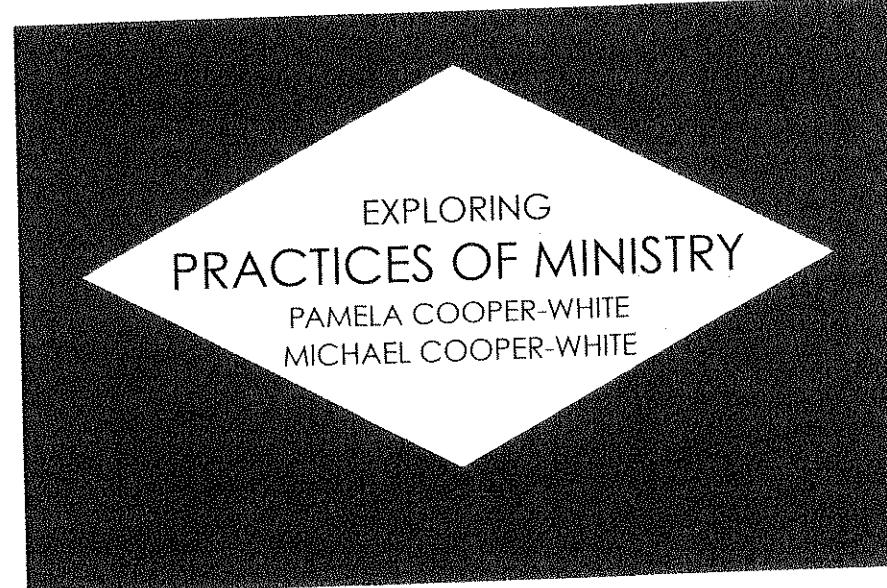


FOUNDATIONS FOR LEARNING



EXPLORING
PRACTICES OF MINISTRY
PAMELA COOPER-WHITE
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EXPLORING PRACTICES OF MINISTRY

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Cover design: Laurie Ingram

Book design: PerfectType, Nashville, TN

Library of Congress Cataloging-in-Publication Data is available

Print ISBN: 978-1-4514-8893-7

eBook ISBN: 978-1-4514-8973-6

The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences — Permanence of Paper for Printed Library Materials, ANSI Z329.48-1984.

Manufactured in the U.S.A.

Worship Matters series. Multiple titles and authors. Minneapolis: Augsburg Fortress, 2005–2014. Details at www.augsburgfortress.org/worshipmatters.

Notes

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4. On metaphor, see Pamela Cooper-White, *Braided Selves* (Eugene, OR: Cascade, 2011), 1–16.
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6. Marjorie Procter-Smith, *In Her Own Rite: Constructing Feminist Liturgical Tradition* (Nashville: Abingdon, 1990), 56.
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Chapter 4

Companions in Healing: Practices of Pastoral Care



And he said to them, “What are you discussing with each other while you walk along?” They stood still, looking sad.

—LUKE 24:17A

Along the Emmaus road, says Luke's gospel, Jesus interpreted to his fellow travelers all things that the Scriptures had to say about him. Now, while the gospels had yet to be written, including those portions where Jesus' sayings about himself were recorded, we might imagine his interpreting how various Hebrew Bible texts about shepherds (with the best-known being Psalm 23) pointed to him as the Good Shepherd. The word *pastoral* comes, of course, from *pastor*, which means shepherd. This has been the traditional metaphor or model—the pastoral caregiver as the shepherd. The shepherd tends the flock, feeds and guides the sheep, protects them from wolves and marauders, and generally steers them in the direction they are to go. And drawing on Christ's own words, the shepherd “lays down his life for the sheep” (John 10:11b). This was taken seriously by generations of pastoral caregivers who felt a call to sacrificial love of their flock and the task of moral and spiritual guidance. But herein lies a serious pitfall—the tendency to see self-sacrifice as a defining image of ministry.

While some sacrifice is probably always necessary in a devoted Christian life, the dominance of a sacrificial image has caused numerous problems. In particular, it can lead to taking oneself so seriously that one might view one's own pastoral ministry as so uniquely indispensable that one's

own needs as a caregiver can be neglected indefinitely, and if the pastoral caregiver or his or her family should suffer for this, it is all within the framework of the self-sacrificial love of the shepherd. Also, the truth is, who in any congregation wants to be thought of simply as a sheep?!

 **The word pastor means shepherd.** This traditional image, associated with Christ, has lately been supplemented by images, such as that of the Good Samaritan discussed later in this chapter, which do not encourage unhealthy self-sacrifice, or over-identification with the Savior. The image of tender care, however, continues to be one of many helpful images of pastoral care.

This paradigm of the pastor as shepherd is now shifting. In large part, this is due to the influence of two very important and interrelated strands of theological thinking and pastoral praxis: the growing presence of women in both lay and ordained leadership in many mainline denominations, and the emergence, in part through liberation theology (see chapter 1), of "Two-Thirds World" voices in theology and of at least slight growth in diversity of racial and class diversity in U.S. churches. These influences, from their own social locations and theological perspectives, have brought critiques of the Shepherd paradigm. No one, it should be noted, is trying to throw the baby (or the shepherd?) out with the bathwater. But there is an increasing awareness of the limitations of this individualistic, heroic model and a wonderful opening up of possibilities for a much wider horizon for pastoral care and pastoral theological thinking.

This opening or widening process may be seen in at least five aspects of pastoral practice: (1) listening as primary practice; (2) context; (3) content; (4) diversification; and (5) balance.

Listen, Listen, Listen!

Pastoral care involves learning to trust that silence is truly facilitative. Less is more! A lot of pastoral care simply involves getting out of the way so that the Holy Spirit can do the healing work necessary. We are not to be psychotherapists (or worse, pseudo-therapists!). A good way of explaining the

 **Listening is the most important skill in pastoral care.** While many imagine that pastoral care implies giving wise advice, or dispensing theological wisdom, these play a relatively small role in good care and counseling. The best care depends mainly upon showing empathy, helping persons to tell and hear their own stories, and encouraging their own listening for the movement of the Spirit in their lives.

domains of pastoral care, vis-à-vis therapy, is the chart in figure 4.1, called the Johari window.²

In this diagram, areas 1 and 3 are the usual domains of pastoral care, involving conscious communication between pastor and pastoral-care recipient. Domain 1 is the social level, where what the parishioner shares is fully conscious (known to self) and easily shared with others. Domain

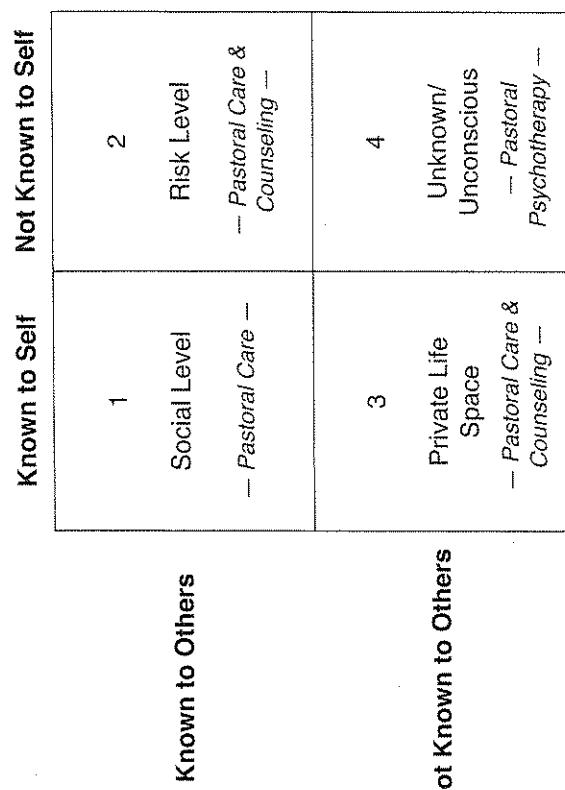


Figure 4.1 The Johari Window, adapted

Source: Adapted from Vincent J'Andrea and Peter Salovey, *Peer Counseling: Skills and Perspectives* (Palo Alto, CA: Science and Behavior Books, 1983), 63; citing Joseph Luft, *Group Processes: An Introduction to Group Dynamics*, 3rd ed. (New York: McGraw-Hill, 1984).

3 also is fully conscious for the parishioner but involves matters of more privacy and is more carefully bounded. Issues belonging to domain 3 can be shared when the parishioner feels there is sufficient trust and rapport with the pastoral caregiver. This requires time to develop. The caregiver needs to exercise patience, non-intrusiveness (not being pushy or having an agenda for the parishioner to follow), and devotion to nonjudgmental listening. Domain 2 also is, on occasion, an area for pastoral care; it covers personal feelings and behaviors that the pastor observes in the parishioner (even if the parishioner is not fully aware of them) and on occasion, for the good of the congregation, needs to tactfully confront. This is an area of risk and requires great sensitivity and tact, because exposing to a person what others observe and know about, though the person is unaware, tends to evoke shame. Therefore, while occasionally the domain of pastoral care when gentle confrontation is required,³ domain 2 is more the purview of pastoral counseling and psychotherapy. The fourth quadrant is the realm of pastoral psychotherapy and not pastoral care. It represents the realm of the unconscious.

Transference and Countertransference

The foregoing distinctions require a brief explanation of two interlocking dynamics in all helping relationships; these dynamics are called transference and countertransference. Transference is a particular form of projection, in which we (unconsciously) project our internal emotional experiences of other persons—especially from childhood—onto the “screen” of another person and begin to treat that person as if she or he were an earlier figure in our life. For example, if one of my parents was highly critical, I might unconsciously assume that about my boss and react accordingly, even when the facts about my boss suggest otherwise. We all do this. It’s a part of our natural psychological development and a strong determinant in the formation of our personalities. It manifests itself in marriage, in friendships, and in work relationships, and as one person’s projections interact with another’s, it can also be a powerful mutual dynamic in groups, including congregations.⁴ Transference, as a subset of projection, is a natural unconscious set of feelings, thoughts, fantasies, and to some extent behaviors that occur whenever we are in the position of being cared for, taught, evaluated, supervised, and/or governed by another person. We unconsciously project or “transfer” the feelings we had as infants and children onto those who

have some kind of authority for or over us today. Without realizing it, we are reminded of the feelings we had toward our parents and other early caretakers, on whom we depended initially for our very survival and later for our physical and emotional well-being. The better our experiences of being parented, the easier our relationships to authority in adulthood will also be. However, no one has “perfect” parents, and no one escapes childhood entirely unscathed emotionally.

Extremes of abuse and neglect can cause significant suffering and damage to a person’s self-esteem, personal boundaries, and ability to trust. But even more subtle experiences of emotional neglect, rigidity, or judgmentalism can trigger unconscious expectations of those who have some kind of power over us—even in the most benign forms. For this reason, pastoral caregivers are trained to be aware of ways in which we are always on the receiving end of some kind of transference from those for whom we care. While it is only the domain of pastoral psychotherapy (domain 4 in the Johari window) to explore and in some sense rework this transference dynamic, our awareness in all the domains of care and counseling will help us not to get drawn in unwittingly to reenacting unhealthy dramas from the parishioner’s past.

Just as transference occurs in the unconscious feelings of a parishioner toward a pastoral caregiver, so caregivers also project our own “stuff”—our own unresolved emotional issues or baggage—onto those in our care. This is traditionally called countertransference in psychotherapy, but a more useful way of thinking about it is how we most helpfully can use ourselves as instruments for understanding the other person, while keeping our own

Technical terms **transference and countertransference** are crucial in listening to another without distortion or projection. Classically defined, transference is what parishioners unconsciously imagine about us and possibly act out toward us, based on their earliest childhood relationships. Countertransference is our own unconscious imaginings, or projections, onto them, based on our own unresolved issues. The better aware we are of our own issues and the better we appreciate that unconscious dynamics are always flowing, the more we can get beyond these to a clearer picture of the real needs of those who turn to us to listen to them and provide care.



issues from getting in the way.⁵ Many if not most seminary students will enroll not only in an introductory pastoral-care course, but also in a hospital- or community-based clinical pastoral education (CPE) program, where the importance of self-awareness as a caregiver and ways of understanding our own personal history, feelings, and habitual behaviors can be explored in the direct practice of pastoral care and in small groups of peers receiving the same training together.

Pastoral Counseling and Psychotherapy

In the Johari window (figure 4.1), notice that there is a distinction between pastoral counseling and pastoral psychotherapy. Pastoral psychotherapy, as previously stated, is the domain in which unconscious dynamics are more intensively explored through such techniques as free association, dream interpretation, and exploration of reenactments of childhood thoughts, fantasies, and emotions as they become evident in the relationship with the therapist. It is a branch of mental health counseling in which some of the deepest and most intractable emotional issues can be addressed, and it may be brief (a period of weeks or months) but is often longer-term, even two years or more. Pastoral psychotherapists are extensively trained in both theology and clinical psychology, and are normally both endorsed by a religious body and certified and/or licensed by a variety of professional organizations, such as the American Association of Pastoral Counselors, and state licensing boards. Pastoral counseling is another mode of pastoral helping that goes beyond short-term and supportive pastoral care, both in the level of risk and intimacy and in duration. Like psychotherapy, it belongs in the realm of greater training and specialization of certified and/or licensed counselors. However, in contrast to pastoral psychotherapy, Pamela has previously defined pastoral counseling as focusing mainly on *conscious* emotional and mental processes (or, at most, preconscious)—that is, mental contents that may be temporarily out of awareness but are easily accessible once some attention has been paid).⁶ The goal is to help a client solve problems in his or her present situation, often by identifying and building on his or her existing strengths. Unlike psychotherapy, which primarily addresses long-term pathology, trauma, or serious and enduring patterns of emotional distress, pastoral counseling primarily addresses ways in which the client can become more self-aware and thoughtful about his or her behaviors, feelings, and life choices.

Obviously, in practice there is considerable overlap between therapy and counseling. The primary means of healing in pastoral counseling is through a cognitive, or mental, reframing of the client's current situation and the adoption of new strategies for coping, although some focus may be given to antecedents in the client's early life. Pastoral counseling, then—including cognitive, cognitive-behavioral, Solution Focused,⁷ Rational-Emotive,⁸ and many contemporary narrative approaches⁹—tends to focus on the present and future rather than present and past emotional events, and it works through various methods of reframing of negative perspectives or meanings to events in order to arrive at solutions to problems identified by clients. Much or all of what is discussed in sessions—usually about once a



Care, counseling and therapy are not the same! Pastoral care is generally short-term, focused on spiritual support and an assessment-referral model for serious or long-term problems of parishioners. Pastoral counseling and pastoral psychotherapy both require further training in clinical psychology beyond seminary. Pastoral counseling tends to focus on solving problems and self-defeating patterns of thought and behavior that are troubling the client. Pastoral psychotherapy tends to focus on unconscious dynamics in both the patient's past and present. All of these modes of helping are pastoral because they acknowledge spirituality as a central aspect of each person's life, and recognize that God/Christ/the Spirit are involved in the work of healing—and, as well, a central source of support for the pastoral caregiver him/herself.

week—involves events and feelings of the client that have occurred outside the counseling relationship, in the client's experiences with everyday living during the week. The language used to describe the therapeutic dyad in this enterprise is usually (pastoral) “counselor” and “client,” giving emphasis to the respectful, contractual nature of the professional relationship.

In real practice, this distinction between counseling and psychotherapy, and even care, is not so pure at times, and there is some overlap. The chief difference is most often seen in the focus of attention in the counseling/therapy session: counseling will focus almost entirely on the client's situation and problems outside the session, while psychotherapy will increasingly focus over time on the interaction between the therapist and

the patient in the here-and-now of the therapeutic session, in an effort to “catch” unconscious projective processes “in the act,” *in media res* (“in the midst of things”) as a mirror for understanding the unconscious processes that are likely also being enacted in the patient’s everyday life.

In Pastoral Care, Less Is More!

Another very important dimension of listening as primary in pastoral care is the issue of advice. Simply stated, giving advice is not our job! There is a lot of truth in the notion that the advice that worked for me may not work for you. I should not project my situation, my feelings, my solutions onto your problems. This is one of the more negative forms of countertransference, especially if I am doing this unwittingly. The best way I can guard against that is by listening to you, as in the popular Buddhist saying “Don’t just do something—sit there!”

This is sometimes called ministry of presence. People, young and old and in between, know when someone is really there for them. We may be tempted to feel that we should be doing more, or at least giving reassurance, but we all too often underestimate what the gift of just being there, being with, can mean to folks. Reassurance can be received as both false and toxic! Theologian Nicholas Woltersorf, in his memoir of grief after the death of his young adult son, offers the metaphor of the mourning bench:

Please: Don’t say it’s not really so bad. Because it is. Death is awful, demonic. If you think your task as comforter is to tell me that really, all things considered, it’s not so bad, you do not sit with me in my grief but place yourself off in the distance away from me. Over there, you are of no help. What I need to hear from you is that you recognize how painful it is. I need to hear from you that you are with me in my desperation. To comfort me, you have to come close. Come sit beside me on my mourning bench.¹⁰

Woltersorf is describing in very personal terms the difference between sympathy and empathy. Sympathy, or feeling-with, is not all bad! It’s a feeling of kindness toward the other person. But sympathy is also felt at arm’s length: “You over there are suffering, and I’m sorry that you are. But I over here am just fine.” Empathy, in contrast, means feeling-in. While we can never fully know what another person is feeling (and in fact, it is empathic



Sympathy vs. Empathy. Sympathy is feeling-with. It can be an expression of genuine kindness, but it stands at a distance. Empathy is feeling-in, stepping into the other person’s shoes and to the extent possible, trying to understand the other’s feelings from his or her own point of view. Pastoral care strives for empathy, which is healing in itself.¹¹

Another very important dimension of listening as primary in pastoral care to acknowledge that), empathy happens when we begin to feel what the other person is feeling and experience what she or he is experiencing. To the best of our ability, we walk in the other’s shoes. The first and foremost goal of listening is empathy. And empathy is healing in and of itself.¹¹

Context: How We Are Shaped by Where We Live

The second arena in which the discipline of pastoral care has undergone some changes has to do with the increased attention to the importance of social and cultural context. As noted throughout this book, context has become one of the most foundational aspects for consideration in all practices of ministry. In pastoral care in particular, this takes a distinctive form by lifting pastoral assessment beyond merely looking for individual pathology in one who comes for help (although this can be very real and should signal a need for referral to a pastoral counselor or psychotherapist). Contextual sensitivity helps pastoral caregivers recognize that much of what ails a person is not internal to the person alone, but is caused by the economic, racial, and social burdens and pressures surrounding a person’s life. Carroll Watkins Ali, a pastoral counselor in Denver, tells this story from her pastoral counseling practice, with a client named “Lemonine”:

Truly, life was Lemonine’s presenting problem. There are no other diagnoses in the traditional sense. Lemonine was basically suffering from being overcome by her own personal life, while trying to cope with all the external social realities that affected each age group of her family members. In essence, each weekly session during our relationship served mainly to build Lemonine up enough so that she could go back out to face a hostile world for another week. A major issue that came up often in our sessions was the racism Lemonine experienced in her workplace. In fact, she experienced tremendous stress

In pastoral care, Less Is More!

related to the dynamics of both racism and sexism in corporate America. The glass ceiling barred heavily against her advancement before she could even get her foot in the door because she was both Black and female. She worried about being the last hired and the first fired as a result of corporate downsizing. This actually occurred twice during the course of our sessions. In retrospect, it now seems that therapy was Lemonne's last effort to find a way to overcome the many problems of her world.¹²

The Family System

Traditional one-on-one models of pastoral care, based on the medical model of psychiatry as the chief form of mental health care, tended to operate in the arena of the individual psyche. However, many pastoral theologians and professors of pastoral care have been trained in a broader paradigm called family systems theory, which was a liberative approach adopted in the 1950s and '60s to move beyond the individualism widespread in both pastoral care and mental health counseling in general. Family systems looked beyond individual pathology to understand how persons are formed in the

or assigning blame or pathology to a particular member so that other members of the family can feel innocent or whole. Family members may also divide tasks into rigid roles—for example, the perpetual caretaker, clown, star, or mess-up. Helping any individual in the family to recognize these dynamics can help the whole family, because as one member of a system changes, the rest of the system will tilt and have to find a new (and hopefully healthier) homeostasis.

The Cultural Context and Issues of Justice

Neither an individualistic nor a family systems approach, while very helpful, can fully address some of the larger dimensions and challenges of human experience, including the social, political, economic, racial, ethnic, and cultural surroundings in which any individual's life is embedded, which



Pastoral care also attends to **cultural and social context!** Individuals and families do not experience their lives apart from the larger social, political, economic, and cultural contexts in which they live. Carter's and McGoldrick's chart (next page) illustrates the many levels of stress that impact persons and families.

Family systems theory: Family systems theory is often used in pastoral care and counseling as a way of recognizing that individuals' problems are never isolated from the pulls and pressures of their entire family of origin.



interlocking dynamics and largely unconscious rules, roles, and assumptions about how to live, which are passed on from one generation in a family to the next. Utilizing systems theory from economics, engineering, science, and other social sciences, family systems theorists came to understand that families try to maintain "homeostasis"—that is, at their most basic level of functioning, families try to keep individual members from rocking the boat for fear that the family might fall apart.

Families use a variety of strategies to do this, without the members' conscious awareness. One strategy is triangulation, which occurs when two persons in conflict attempt to pull in a third person to take sides, distract, or otherwise reduce the original tension. Another strategy is scapegoating,

bring additional pressures, stresses, and traumas both acute and ongoing to bear on an individual's growth and the living of a life. In a helpful chart (Fig. 4.2), family theorists Betty Carter and Monica McGoldrick show how external stressors affect not only individuals and immediate families, but also extended families, communities, and entire societies in a combination of both "vertical stressors" (challenges that occur at points in time that become life-changing for individuals and groups).¹³

The increasing awareness of these contextual realities has led pastoral theology into an awareness of the connection between pastoral care and the work for justice. In the words of Larry Kent Graham, professor emeritus of Iliff School of Theology in Denver, there has been a shift from "relational humanness" (not bad in itself) to "relational justice.¹⁴ This means that pastoral care can no longer focus on the individual in isolation from the wider context. This takes us into the arena of advocacy as well as individual care, and toward

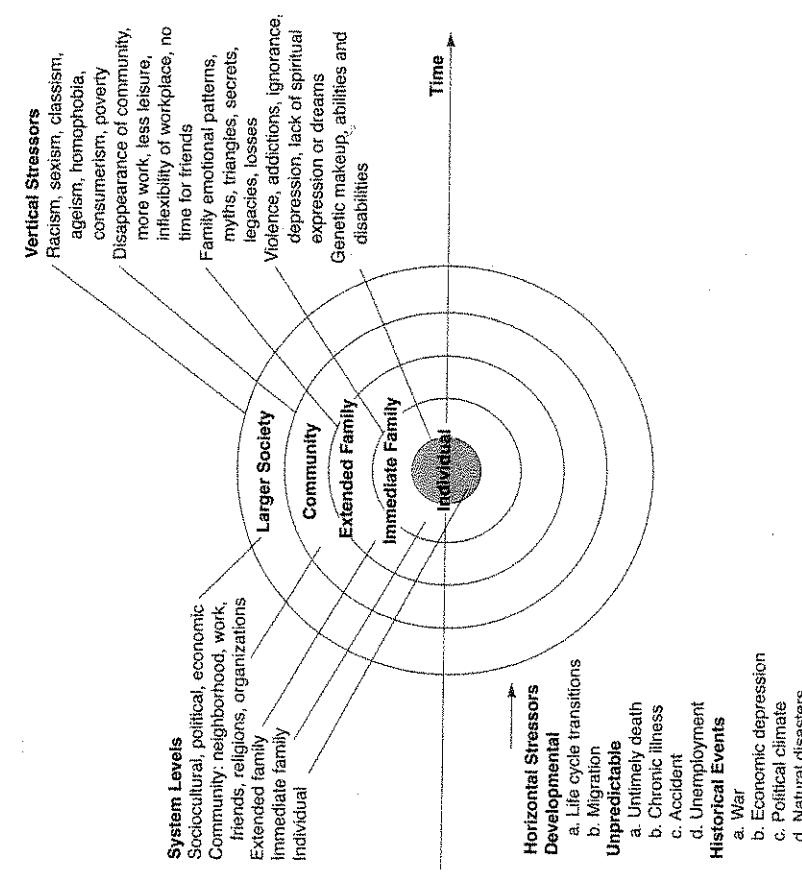


Figure 4.2 Carter's and McGoldrick's Flow of Stress through the Family
 Source: Betty Carter, Monica McGoldrick, and Nydia Garcia-Prieto, *The Expanded Family Life Cycle*, 4th ed. (Needham Heights, MA: Allyn & Bacon, 2010), 6.

an awareness that our own openness to the reality and the wisdom of those for whom we care can model mutuality and replace the kind of top-down, power-over expert role that once held sway. We are no longer just called to be good active listeners (listeners who speak mainly to gain better understanding and mirror back what they hear), although that never is a bad idea, but we are also called to hold in our awareness the wider contextual realities in which individuals struggle to live. Similarly, we seek to refrain from diagnosing as individual psychological or spiritual problems what are, in fact, outcomes of societal rather than individual illness and spiritual malaise.

In concrete terms, this means that the arena of care is broadened. No longer confined only to the pastoral caregiver's study, pastoral care may

include preaching that calls for empowerment and liberation of persons; offering small groups for support, Bible study, and discipleship aimed toward changing realities that stifle and oppress individuals' lives in the community; and getting out in the wider community, doing "public theology," that is, joining together with others who are working for social change that undergirds the possibility for personal change. To use an example from Pamela's specialized ministry with battered women for many years, it would mean the difference between counseling an individual battered woman about how to take responsibility for changing her life versus taking the broader approach of empowering her to identify her own strengths and options while also preaching, teaching, working collaboratively with battered women's shelters and agencies for men who batter, and advocating with others in the community for the eradication of violence against women and the social structures that reinforce it.

The traditional functions of pastoral care reflected a somewhat more individualistic and even perhaps clergy-centered approach. A kind of sub-liminal model of the learned, wise, and kind pastor would sit in his book-lined study with one (or perhaps at most two) parishioners, dispensing the following "basic functions of pastoral care":¹⁵

- ◆ Healing
- ◆ Sustaining
- ◆ Guiding
- ◆ Reconciling

While dimensions of each of these are still relevant, and students of pastoral care today are likely to encounter them as normative aspects of

The basic functions of pastoral care as developed by pastoral theologians are: Healing, sustaining, guiding, reconciling, nurturing, empowering, and liberating. It should be noted that none of these activities are within the pastor's capabilities alone, but depend on God and community.

what makes care "pastoral," Carroll Watkins Ali has further expanded these basic functions. Based on her contextual therapeutic stance, grounded in Womanist theology (with a focus on empowering Black women spiritually,

emotionally, and physically), as seen in her previously quoted description of her client “Lemonine,” she adds these functions:¹⁶

- ◆ Nurturing
- ◆ Empowering
- ◆ Liberating

Content: What Is the Scope of Pastoral Care?

On the Emmaus road, as we have seen, Jesus asked his fellow travelers, “What are you discussing?” (Luke 24:17a) He was seeking to understand the pressing concerns and issues that weighed upon their hearts. No less important than understanding something about the surrounding stressors that affect individuals and families in our care is the actual content of issues and problems with which people in congregations are frequently struggling. Thinking back to Aristotle’s types of knowledge identified in chapter 1, making referrals encompasses *techné* (technical how-to; knowledge or craft), *epistêmê* (scientific knowledge or knowledge of facts), and *phronesis* (practical wisdom). Every professor of pastoral care will organize an introductory course on pastoral care somewhat uniquely: some will emphasize cultivating the *techné* of how to listen both to the other and to one’s inner impulses (countertransference); some will emphasize the *phronesis* of theological and clinical reflection and assessment; others will emphasize the sociological and psychological *epistêmê* of responding to particular issues. (Of course, this is reductive, as all three emphases involve all three kinds of knowledge!) The following is a comprehensive template for what an introductory class will usually cover, with varying emphases:

1. Students will develop an awareness, analysis, and critique of the larger social, economic, gender, racial, sexual, and political contexts in which individuals’ and families’ pain is addressed in the pastoral-care situation.
2. Students should receive practical grounding in the fundamentals of responding to common pastoral situations (attending illness, death, and dying; home and hospital visitation; premarital preparation/brief marital counseling; spiritual support) as well as common crisis situations (such as addictions, mental illness, and family violence). Carefully chosen books, articles, and films created by experts on specific life challenges and crises will usually serve to amplify classroom discussions.

In addition, most introductory courses offer some practice in specific listening skills, through directed field work, role plays, or in-class listening exercises. Increasingly, “listening” via social media and the Internet will be addressed, as an entire generation of young adults will bring their favored forms of communication with them into pastoral situations—and to seminary!

3. Students will become acquainted with elements of the fields of counseling and psychology as they have been commonly appropriated within the pastoral-care discipline (e.g., understanding basics of couple and family dynamics, psychological health and illness, crisis and addictions, and the normal processes of grief). Some courses will also address new research findings from the growing fields of cognitive science, neurology, and human development.¹⁷ Psychology in a pastoral care course is offered mainly in order to help students learn to make appropriate pastoral assessments of what persons most urgently need, and from whom. The emphasis is on knowing when and how to refer to other professionals, and on building professional networks for more effective and holistic care.
4. Students will develop theological frameworks for understanding their own pastoral identity, the meaning of care of persons, and the pastoral role of Christian community, and for conceptualizing health and wholeness with particular reference to their own theological traditions. Students will learn one or more methods for doing theological reflection on pastoral-care cases.
5. Students will become familiar with concepts of wellness, spiritual health, and keeping good boundaries, with attention to self-care as well as care of others and of the community as an essential aspect of spiritual formation. Related issues of professional ethics will also be addressed. Use of the self in pastoral care and the concept of “countertransference” in the pastoral relationship will be introduced, with opportunities to practice countertransference awareness in both the practicum work and written assignments.

It is beyond the scope of this chapter to cover all the details of these areas of pastoral study, just as it is beyond the scope of an introductory course to cover every one of these dimensions in full depth. It should become apparent, however, that the curriculum for learning practices of pastoral care is far more than a set of skills to be mastered or even a set of psychological

theories to be applied in the pastoral setting. All five of these areas actually overlap continually in the ongoing practice of pastoral care, and theological reflection as well as reflection on the needs of the person coming for help and on our own needs and vulnerabilities are in constant interplay. This takes practice, and the guidance and wisdom of our peers and our mentors is essential for learning the art of pastoral caregiving. There are many very helpful books addressing particular issues and problems, including addiction, abuse, mental illness, and more developmental crises such as the pressures of adolescence and the challenges of aging. Part of one's pastoral wisdom is not to have all the answers but to know of books and articles to look them up! Even so, there is absolutely no textbook that can substitute for the value of supervised learning in this field.

Diversification: Expanding the Circle of Caregivers

Contextualization of pastoral care, with its commitment to relational justice, leads to the fourth aspect of change in pastoral care: diversification. This refers to diversification both of caregivers and of resources in church and community that can be made available to those seeking pastoral help. These matters of resources and making referrals are among the most important practices in pastoral care. Knowing when and to whom to refer is not only common sense—we cannot possibly provide all things to all people even in a small congregation!—but is also a living demonstration of our conviction that we do not have to be the expert in everything, and we trust in the collective wisdom of the community.

However, we do not “refer and dump.” Since at times a parishioner can feel a referral to be a brush-off, it’s important to convey that we are creating networks of collaboration in the community and widening the circle of care to include people with greater expertise in a particular issue than we ourselves have. Furthermore, it is not our role to be therapist, coach, vocational counselor, school guidance professional, evaluator for learning disabilities, or medical diagnostician. At the same time, it is our distinctive role to provide ongoing spiritual support after a referral to a community resource has been made. Hence, we do not refer and dump, but we refer and support the referral. It is important to follow up and ask how the referral worked out, and to go back to the drawing board as necessary if the first referral did not go well. It is also within the distinctive purview of our own

role as spiritual caregivers to continue to reflect together with persons about their larger questions of meaning, purpose, sin, salvation (sometimes called *soteriology*—literally the study of salvation or well-being), and perhaps the most difficult pastoral question of all: why God even allows suffering and



The reality of **suffering, sin, and evil** poses the most difficult question in pastoral theology. Why do suffering and evil exist if God is both good and all-powerful? Theologians have adopted many varying answers to this central problem, but to grapple with this question of *theodicy* (see text) is a central theme in pastoral care and counseling, and one which confronts both beginning and seasoned pastoral caregivers as life in this world entails grief and sorrow as well as joy.

evil to exist (sometimes called *theodicy*, from *theos* + *dike*, literally to justify God in light of the reality of evil). But even this we need not do alone! Spiritual conversations can take place not only one-on-one in the pastor’s study, but also in small groups, house meetings, and other gatherings where church members and friends ponder these mysteries, just as the disciples pondered the mystery of Jesus’ death and resurrection in the midst of their grief on the road to Emmaus.

Even the most casual survey of how people care for one another in cultures worldwide and across various ethnic and cultural groups within North America shows that not all pastoral care has ever been dispensed in the one-on-one setting of a professional office with a fixed appointment, nor has all pastoral care ever been dispensed solely by the clergy. The one-on-one model has all too often perpetuated a one-up/one-down expert role that tends subtly to “fix” rather than empower the one coming for help. Even access to such elite helpers has been limited to those with certain social and economic means. However, there is now a growing respect for the wide variety of resources available for pastoral care and for the clergyperson as one resource—albeit an important one with particular gifts—among many. Bonnie Miller-McLemore at Vanderbilt University states that “*pastoral care curriculum has focused increasingly on how congregations provide care and on clergy as facilitators of networks of care*” (emphasis added),¹⁸ rather than sole caregivers. Similarly, pastoral counselor Margaret Kornfeld has written about pastoral care through the gardening metaphor of “cultivating

wholeness,”¹⁹ in which a variety of gardeners with a variety of expertise collaborate in the facilitation of spiritual growth and healing of individuals and communities.

Miller-McLemore has revised another paradigm that was widely circulated from the mid-twentieth century, Anton Boisen’s idea of the “living human document.”²⁰ In his time, Boisen was concerned that pastoral caregivers turn from an overreliance on theory and texts to a more existential respect for the life of individuals in all their uniqueness. He called for “the study of human documents as well as books,”²¹ and his phrase, *living human documents*, struck a resonant chord in pastoral caregivers who sought, legitimately, to get closer to the lived inner experience of their helpees. However, this paradigm, too, was limited by its individualistic bent. Miller-McLemore has proposed replacing the living human document with the “*living human hand*” with advocacy for healing and justice in communities as well.

We are all inter-connected! The recent metaphor of the “*living human web*” is a good image for the pastoral caregiver’s view of care as both individual and communal. Resources for care, therefore, include both the pastor and, as appropriate, other persons and agencies—both within the congregation and in the wider community. Care for individuals and families goes hand in hand with advocacy for healing and justice in communities as well.

spiritual directors, therapists, social workers, school officials and educators, medical professionals, lawyers, financial advisers, public agencies, and community organizers. It means sharing the responsibility and the authority for pastoral care with trained and empowered lay caregivers, such as lay Eucharistic ministers, small-group leaders, Stephen Ministers, parish nurses, and pastoral-care teams. It means hiring the pavement to identify and join with others who are working in the community to change the conditions that perpetuate suffering, and inviting those individuals into our congregations as witnesses to the wider needs of the community.

There is an added benefit to this emphasis on knowing when and how to refer, because although it sounds like a lot, in one way it is actually less taxing than the old paradigm. As we share the responsibility for providing care, we are also much less prone to burn out and therefore are more available to respond to the wide variety of requests that may come to us day by day. In this new more communal paradigm, the pastoral caregiver no longer needs to be seen as having sole responsibility for the welfare of the “flock.” This becomes a shared responsibility and a collaboration of the whole body of Christ by virtue of our baptismal covenant, in partnership with the wider community.

Balance: From Shepherd to Samaritan

This leads to the fifth and last aspect of change: balance. A collaborative approach to pastoral care replaces the old self-sacrificing model of the shepherd with a paradigm of balance, exemplified in care for self as well as others and in a respect for boundaries as a positive good. The image of the oxygen mask on an airplane is a trite but true analogy. The safety announcement on every airliner instructs passengers in case of an emergency to put on one’s own oxygen mask first, before assisting another person. If we exhaust our own oxygen mask first, if we burn out, we soon selves in giving without taking time to replenish, if we burn out, we soon are no use to anyone. We also are not much use to ourselves; our relationships with others and ultimately even with God suffer. We may lose sight of our countertransference, as described earlier in this chapter. When we overextend ourselves on behalf of others, we are prone to falling into the trap of the martyr’s self-aggrandizement: “I’m indispensable, I’m so important, everyone needs me!” We don’t have time to refuel as we should in prayer and rest and personal self-nurturing activities, and pretty soon we derive

“web” as the “appropriate subject for investigation, interpretation, and transformation.”²² She advocates for “a shift toward context, collaboration, and diversity,”²³ in which the work of caregiving includes both individual and communal care, respecting the complexity and multiple contextual realities of people’s lives. If we consider for a moment the view of our beautiful blue planet as seen from outer space, “this fragile earth, our island home,”²⁴ it is apparent that we are all connected!

In concrete terms, this means that the notion of care expands from that lone pastoral caregiver in the study with a lone parishioner or couple or even family to a web of resources gathered collaboratively to address the complex, multilayered needs and struggles of the helpee. It means having a list of contacts (whether in an old-fashioned well-thumbed card file or on the latest smartphone). These contacts should be personally known and trusted helpers in the community with varieties of expertise, including

our sense of satisfaction and self-worth from those we are helping, rather than from the resources of our own personal lives—and most importantly, rather than from our own nourishing relationship with God.

Pastoral theologian Jeanne Stevenson Moessner has held up the biblical image of the Good Samaritan (Luke 10:25–37) as an alternative to the shepherd paradigm.²⁵ The Good Samaritan helped the man whom he found on the side of the road, half-dead, stripped, and beaten. But he also went on with his own journey. He did not give up his life for the stranger, but rather shared life with him. And further, he made a referral! He solicited the assistance of another helper—the innkeeper—pledging resources and support, and pledging to return, but also keeping the other commitments of his life. He kept all his commitments in balance! This story, in fact, is a useful example of the power of a good, timely referral to a trusted resource. Nor did the Samaritan refer and dump, but rather, he promised ongoing

 **Boundaries and self-care:** The Good Samaritan serves as a helpful metaphor to place alongside the Good Shepherd.

Keeping good boundaries, not losing sight of our own purpose, and caring for oneself are crucial to good pastoral care for others. We are called to nourish our own relationship with God, and to love our neighbor as ourselves, but not instead of ourselves. Keeping good balance is a crucial practice of ministry.

this way, attention to keeping good boundaries is not withholding appropriate love and care, but rather, safeguarding that love and care within a container of trust, respect, and safety. When we begin to overvalue our own importance in tending the needs of others, and over-identify and confuse ourselves with our role—or, worse, with the Savior—very bad things can happen.

Finally, it is Christ who is the great shepherd of the sheep, not we ourselves. When we cling too hard to the shepherd paradigm, we may run the risk of confusing ourselves with the savior—a temporarily gratifying but ultimately soul-killing proposition for us and for all whom we serve. In the words of the famous doxology, it is ultimately God/Christ/Spirit “from whom all blessings flow”: healing, sustaining, guiding, reconciling, nurturing, empowering, and liberating. Trying to provide all these things ourselves not only is a prescription for burnout, but also may simply be another form of countertransference—puffing ourselves up as “special carers”²⁷/indispensable to others, as a way of bolstering our own faltering self-esteem. This is not a healthy way to practice ministry, nor is it a healthy way to live! And leaning on God to provide for us as helpers is, finally, deeply reassuring and empowering as we try to offer care.

Dorothy McRae-McMahon calls for self-awareness, a certain lightness of being, and a daily vocation based in gratitude toward God and profound respect toward every other person. She writes, “Underpinning all that I do pastorally is the absolute conviction that God is at the bottom of every abyss, is the oasis in the desert, the light in the darkness that is never extinguished, and the waiting meaning in the nothingness.”²⁸

We are not meant to practice our ministries alone. Jesus sent the disciples out two by two. He did not send individuals, but partners. And when those partners went forth, he foretold that they would be empowered to do great healing works in his name. This is another image that for us serves as a corrective to the paradigm of the shepherd: the image of the disciples going out as partners, without lots of extra provisions, but with the confidence of the gospel and the reliance on the hospitality of strangers that would make their mission possible. In this paradigm, we become companions to one another on the journey, and as we go, we may find ourselves, as did the disciples on the Emmaus road, walking side by side with Christ himself.

support for the referral. All this he accomplished without sacrificing his own plans and without becoming entangled in an enmeshed, dependency relationship inappropriate to the task of care. The message of the Samaritan is simple but poses a healthy alternative to some traditional models of care: share the caring task with other helpers, stay connected but not overwhelmed, and stay whole yourself.

Moessner uses the Samaritan story also to illustrate Christ’s summary of the law—“love your neighbor as yourself,”—as a paradigm of interconnection among God, self and neighbor.²⁶ The failure to care for self as well as for others can lead to a further peril beyond burnout; it is a very small step from deriving our self-worth from those we are helping, to beginning to use them to gratify other needs of ours as well—emotional, even sexual. In

Questions for Personal Exploration

1. What obstacles or distractions might get in the way of your being a helpful listener?
2. Can you cite an example of where another person has projected “their own stuff” onto you? How did you feel, and how do you imagine your self handling such projections as a pastoral leader?
3. Thinking back on a time when you were hurting or grieving, what did you need from others? What did others do that was helpful, and not so helpful?
4. Recognizing that pastoral care must be appropriate to culture and context, in what ways is this chapter relevant for your own cultural context? What changes or adaptations to your own practices might you make in order to provide culturally appropriate care?
5. Name some of the horizontal and vertical stressors in your personal life and cultural context. What forms of pastoral care would best address them?
6. As a caregiver, do you see yourself as more like the Good Shepherd or the Good Samaritan? Depending on your answer, what might you need to change to keep your life in healthy balance?

Resources for Deeper Exploration

- Cooper-White, Pamela. *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*. Minneapolis: Fortress Press, 2004.
- Doebring, Carrie. *The Practice of Pastoral Care: A Postmodern Approach*, revised expanded edition. Louisville: Westminster John Knox, 2015.
- Hunter, Rodney, and Nancy Ramsay, eds. *The Dictionary of Pastoral Care and Counseling*. Expanded ed. Nashville: Abingdon, 2005.
- Moessner, Jeanne Stevenson. *A Primer in Pastoral Care: Creative Pastoral Care and Counseling Series*. Minneapolis: Fortress Press, 2005.
- Wimberly, Edward P. *Counseling African American Marriages and Families*. Louisville: Westminster John Knox, 1997.

Notes

1. A term that recognizes that the so-called “Third World” actually represents the majority of global citizens.
2. Adapted from Vincent D’Andrea and Peter Salovey, *Peer Counseling: Skills and Processes* (Palo Alto, CA: Science and Behavior Books, 1983), 63, citing Joseph Luft, *Group Processes: An Introduction to Group Dynamics*, 3rd ed. (New York: McGraw-Hill, 1984).
3. On gentle confrontation as proclamation in pastoral care, see Charles Taylor, *The Skilled Pastor: Counseling as the Practice of Theology* (Minneapolis: Fortress Press, 1991).
4. For more on congregational dynamics and the projections that occur from a family systems perspective, see Edwin Friedman, *Generation to Generation: Family Processes in Church and Synagogue* (New York: Guilford, 1985).
5. For a detailed discussion of both helpful and unhelpful forms of countertransference in pastoral situations, including a related method for theological reflection, see Pamela Cooper-White, *Shared Wisdom: Use of the Self in Pastoral Care and Counseling* (Minneapolis: Fortress Press, 2004).
6. Pamela Cooper-White, *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective* (Minneapolis: Fortress Press, 2007), 5–7.
7. Margaret Kornfeld, “Change Supported by the Solution-Focused Method,” ch. 6 in *Cultivating Wholeness: A Guide to Care and Counseling in Faith Communities* (New York: Continuum, 1998), 114–46.
8. Charles Taylor, *The Skilled Pastor: Counseling as the Practice of Theology* (Minneapolis: Fortress Press, 1991), esp. 65–80.
9. For example, Andrew D. Lester, *Hope in Pastoral Care and Counseling* (Louisville: Westminster John Knox, 1995); Christie Cozad Neiger, *Counseling Women: A Narrative Pastoral Approach* (Minneapolis: Fortress Press, 2001); and Edward P. Wimberly, *African American Pastoral Care*, 2nd ed. (Nashville: Abingdon, 2009).
10. Nicholas Wolterstorff, *Lament for a Son* (Grand Rapids: Eerdmans, 1987), 34.
11. An important twentieth-century psychoanalyst, Heinz Kohut, developed an entire mode of therapy based on the centrality of empathic listening, called Self Psychology. For an application of this specifically to pastoral care, see Chris R. Schlauch, *Faithful Companioning: How Pastoral Counseling Heals* (Minneapolis: Fortress Press, 1995).
12. Carroll Watkins Ali, *Survival and Liberation: Pastoral Theology in African American Context* (St. Louis: Chalice, 1999), 5.
13. Betty Carter, Monica McGoldrick, and Nydia Garcia-Preto, *The Expanded Family Life Cycle*, 4th ed. (Needham Heights, MA: Allyn & Bacon, 2010), 6. (Chart reproduced in this edition from earlier editions by Carter and McGoldrick.)
14. Larry Kent Graham, “From Relational Humanness to Relational Justice: Reconciling Pastoral Care and Counseling,” in *Pastoral Care and Social Conflict*, ed. P. Couture and R. Hunter (Nashville: Abingdon, 1995), pp. 220–34.

Chapter 5

Companions in Telling the Story: Practices of Christian Education

15. William A. Clebsch and Charles R. Jackle, *Pastoral Care in Historical Perspective* (Englewood Cliffs, NJ: Prentice-Hall, 1964), expanding upon Seward Hiltner's *Preface to Pastoral Theology* (Nashville: Abingdon, 1958), 89–174. “Healing” as a basic “function” of pastoral care especially has been critiqued as too individualistic, too focused on a medical model of physical cure, and too disconnected from other dimensions of well-being such as reconciliation with both God and community. See Sharon Thornton, *Broken yet Beloved: A Pastoral Theology of the Cross* (St. Louis: Chalice, 2002), 166–67.
16. Watkins Ali, *Survival and Liberation*, 9.
17. For example, see Felicity Kelcourse, ed., *Human Development and Faith: Life-Cycle Stages of Body, Mind, and Soul*, 2nd ed. (St. Louis: Chalice, 2015); David A. Hogue, *Remembering the Future, Imagining the Past: Story, Ritual, and the Human Brain* (Eugene, OR: Wipf & Stock, 2009).
18. Bonnie Miller-McLemore, “The Living Human Web: Pastoral Theology at the Turn of the Century,” in *Through the Eyes of Women: Insights for Pastoral Care*, ed. Jeanne Stevenson Moessner (Minneapolis: Fortress Press, 1996), 14.
19. Kornfeld, *Cultivating Wholeness*.
20. Anton Boisen, *The Exploration of the Inner World* (New York: Harper & Brothers, 1952/1936), 247, also explored in Charles Gedin, *The Living Human Document: Revisioning Pastoral Counseling in a Hermeneutical Mode* (Nashville: Abingdon, 1973/1984).
21. Boisen, *Exploration of the Inner World*, 10.
22. Miller-McLemore, “The Living Human Web,” 16.
23. Ibid., 13.
24. *The Book of Common Prayer* (New York: Church Publishing, 1979), Eucharistic Prayer C, p. 370.
25. Jeanne Stevenson Moessner, “A New Pastoral Paradigm and Practice,” in *Women in Trauma and Transition: A New Pastoral Care*, ed. Maxine Glaz and Jeanne Stevenson Moessner (Minneapolis: Fortress Press, 1991), 198–225.
26. Ibid., 200. See also Moessner, “From Samaritan to Samaritan: Journey Mercies,” in *Through the Eyes of Women: Insights for Pastoral Care*, ed. Jeanne Stevenson Moessner (Minneapolis: Fortress Press, 1996), 322–33.
27. Cooper-White, *Shared Wisdom*, 108, 144, 172–73.
28. Dorothy McRae-McMahon, *Being Clergy, Saying Human: Taking Our Stand in the River* (Washington, DC: Alban Institute), 46.

—LUKE 24:27

Then beginning with Moses and all the prophets, he interpreted to them the things about himself in all the scriptures.

If you were raised in a Christian tradition, you are likely to have had experiences that fall into the realm of Christian education. Pamela members going to a local church's “Sunday school,” where a burned-out volunteer persisted for several years (third grade, fourth grade, fifth grade, in having the children color maps of Paul's journeys. After having duti gone through several boxes of crayons and colored pencils, Pamela came out of this exercise having no idea who Paul really was nor why his journal were important, but having received training to be a “good girl,” able follow instructions and color inside the lines. Another learning venue I was junior choir, which was more fun but also left no discernible theolo traces. Later, in her teen years, Pamela decided to return to the Episcopal Church, her family's denomination, and remembers little from confirmation classes except that, as a girl from the neighboring town with the football team, she experienced little fun and a fair amount of shunning the social activities, and the priest (with somewhat grudging admiration) branded her as “the one who asks questions all the time.” The experience of confirmation itself, however, with the laying on of hands by the bishop has stayed with her to this day as a sacramental experience of grace strengthened and renewed her relationship with God and the church.