

## Introduction

# Christian Pastoral Care in the Twenty-First Century



RIGHT AFTER lunch on a sunny day in 1972, a minister began an afternoon filled with pastoral care appointments. First, he drove to the hospital and sat with a woman from his congregation for half an hour. They chatted about her abdominal surgery the day before, her hospital stay, and what would happen when she got home. He prayed with her.

Next, he drove to the home of a family who had just lost a son in Vietnam. He talked with the family about the grief process, and together they began to plan the funeral service. After that visit, the minister returned to his office, where he had an appointment with a man who had lost his job. They brainstormed options and connections for his job search and made an appointment to talk again the following week.

Several decades ago, these three activities—visiting someone with a medical problem, meeting with a family to talk about grief and plan a funeral, and offering pastoral counseling in the church office—made up the majority of what many Christians considered to be pastoral care. These tasks were viewed as the responsibility of the paid minister.

Much pastoral care centered on pastoral counseling, a psychological approach to human need. Care recipients were usually members of the congregation where the minister was employed. By the time the twenty-first century started, this pattern had already begun to shift.

With each passing year, the practice of pastoral care has changed further.

## What Is Pastoral Care Today?

The word “pastoral” in “pastoral care” comes from the Latin *pastoralis*, which means “related to herdsmen or shepherds.” The historical understanding of pastoral care is rooted in the passages in the Hebrew Scriptures and the New Testament about God as our Shepherd, Jesus as our Good Shepherd, and the call to Christian leaders to act like shepherds to the people under their care.

The care that shepherds provide for sheep includes feeding, guidance, protection, healing, and seeking out the lost. In many congregations today, a significant amount of this kind of shepherding happens in small groups, music teams, and various task groups where the members provide care and support for each other. For people in need who may not be connected to a small group or task group, or who have very significant needs, pastoral care may be provided by paid and unpaid ordained ministers, paid or unpaid lay ministers, as well as other congregational leaders and members.

Care by various church groups, ministers, and members is given both to congregation members and to people outside congregations. Increasingly, pastoral care involves showing love across ethnic and religious boundaries. In comparison with several decades ago, more diverse people care for others in a pastoral way, and the settings for pastoral care have greatly expanded.

Today we have a much greater understanding of the pitfalls of pastoral care. The carer can become too invested in the needs of the care recipient and morph into a rescuer rather than someone who comes alongside. Carers can become so overwhelmed with people’s needs that they forget about self-care and stewardship of energy and gifts.

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Happy are those whose help is the God of Jacob,  
whose hope is in the Lord their God,  
who made heaven and earth,  
the sea, and all that is in them;  
who keeps faith for ever;  
who executes justice for the oppressed;  
who gives food to the hungry.

The Lord sets the prisoners free;  
the Lord opens the eyes of the blind.  
The Lord lifts up those who are bowed down.

—Psalm 146:5–8

others because God cares. Without this perspective, the whole endeavor of pastoral care is rooted solely in human strength and wisdom, and does not differ from the care and counseling provided by psychotherapists, school counselors, and employee assistance providers in the workplace. Pastoral care then becomes an exercise in human caring, which is not at all a bad thing in itself. However, today we are more aware that pastoral care by Christians must be grounded in an understanding of God as the true caregiver and healer, whether stated or unstated.

## Pastoral Care Trends in Action

Leah's ministry illustrates some of these trends. For more than thirty years, Leah has served a midsized urban congregation as director of congregational care, working under seven senior pastors, both men and women. She keeps track of the pastoral care needs in the congregation, staying in conversation with the senior pastor and referring some of the people in need to them. She trains and oversees the lay pastoral care team, which meets many practical needs, like meals and help with moving.

The lay pastoral carers are trained to engage relationally as well as practically, and they feel confident, or grow in confidence, talking

with and praying with people in need. Leah also oversees the welcome of newcomers, hosting newcomer gatherings six times a year and running classes for new members several times a year. These responsibilities have remained relatively constant over three decades, in part because her congregation was on the forefront of forming lay pastoral care teams when she began her work. Leah herself has a master's degree in Christian education and has not been ordained as a minister.

Despite the sense of continuity Leah experiences, sometimes she finds herself bemused at the many aspects of pastoral care that have changed. When she talks with congregation members who struggle with anxiety, she finds herself recommending a book on mindfulness meditation, a spiritual practice she had not heard of when she began her job. When people bemoan the tyranny of the smart-phone world, she often responds by talking about fasting—not fasting from food, but fasting from Facebook or other forms of social media.

People in their twenties and thirties talk with her about their desire to have less clutter in their homes and to feel less scattered in their daily lives. Leah tells them about the long-held Christian monastic tradition of simplicity and the peace that comes from it. She keeps a list of spiritual directors, because she often gets requests for referrals. Fasting, simplicity, and spiritual direction were seldom on the radar screen for most Protestants several decades ago.

Another change Leah has experienced is the increasing diversity in her congregation. Unlike many congregations where ethnic diversity is growing, Leah's congregation is located in an ethnically homogeneous neighborhood, and the congregation is mostly white. The congregation, however, has grown in socioeconomic diversity, and Leah and the lay pastoral care team have embraced the complex challenges of welcoming people who are dealing with economic hardship.

The members of the congregation are much more diverse in their faith backgrounds as well. The congregation's Alpha program,

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which has run off and on for almost two decades, means that some members come from unchurched backgrounds. A large percentage of newer members come from other denominations, and Leah often finds herself explaining to newcomers how the leadership structures in her congregation work.

Many challenges today are similar to those from decades ago, such as job loss, health issues, death and mourning, and family complexities. However, Leah, like most people, has observed a rapid increase in societal change and challenges. Because the speed of change has increased, many people feel off-balance long before crisis hits and are therefore less resilient when new challenges arise. Effective and loving pastoral care is therefore more necessary now than ever.

Political polarization has created societal distrust, an underlying stressor that also reduces resilience. The rise of smart phones and the ever-present availability of the internet and social media have raised significant questions about what a good life looks like. Consumerism continues to ramp up, contributing to anxiety and economic stress. In this volume, I will discuss these and other stressors, as well as appropriate pastoral care in response to the great impact of stress on the body, mind, emotions, and spiritual well-being.

## Purposes for Pastoral Care

What is the goal of pastoral care? To give aid in specific situations? To help people solve their problems? To lift burdens off the shoulders of individuals who are heavy laden with life's pain and responsibility? In the mid- to late twentieth century, the predominant model for pastoral care was pastoral counseling, based on psychotherapeutic models. Many ministers who were trained several decades ago are still deeply influenced by that model. While pastoral counseling remains significant in some settings today, many additional models for pastoral care have emerged. I have described some of those shifts already, and the chapters in the first half of this book will explore more models.

In the light of current trends, two writers have shaped my understanding of why and how Christians are called to engage in pastoral care today. These writers have provided helpful language to describe the significance of offering pastoral care from a uniquely Christian perspective. Pastoral care may involve physical help, discussion of practical needs, or exploration of emotions—all of which are aspects of shepherding—and the subject of God or faith may not come up at all in some pastoral care settings.

Christian pastoral care, however, is always grounded in the grace of God as shown in Jesus Christ, empowered by the Holy Spirit. Even though the first writer I'll mention, Nancy Tatom Ammerman, conducted research across many different religions, her conclusions have significant implications for Christians who want to engage in pastoral care that draws on God's love in Christ.

Ammerman is a sociologist of religion, and in 2013 I had the privilege of hearing her describe her recent research, which would be published a few months later in her book *Sacred Stories, Spiritual Tribes: Finding Religion in Everyday Life*.<sup>1</sup> She and her team of researchers interviewed dozens of people in two major cities, talking with them at length about their religious and spiritual commitments, in the broadest sense of those words. The interviewees included Protestants, Roman Catholics, Jews, Muslims, Hindus, Buddhists, atheists, and people committed to various forms of new age and pagan practices.

The researchers found that the people who had the deepest commitments to any form of spirituality—whether to a Buddhist meditation practice or the Christian faith—frequently talked with others about the implications of their spiritual practice or commitment in everyday life. Ammerman described the content of these conversations as the overlap of “the ordinary and the non-ordinary” or the intersection of the “sacred and the secular.”<sup>2</sup>

These conversations allow participants to explore divine action in human life, to describe the implications of their faith in everyday life, or to talk about “something that calls us beyond ourselves.”<sup>3</sup>

Christian pastoral care must include a conscious awareness of God's presence, empowerment, and healing. Christian carers provide nurture to others because God cares.

According to Ammerman’s research, most people learn to talk about this intersection of the sacred and daily life in communities of faith, and these conversations take place most often in homes, workplaces, and congregations.<sup>4</sup>

Christians believe that God is present in all of life. In all situations, the God who was incarnate in Jesus Christ is already there, through the power of the Holy Spirit. We don’t have to urge God to be present; Jesus promised to be with us always (Matt 28:20). When we talk about the intersection of daily life and Christian faith, or the overlap of the ordinary and the non-ordinary, we are simply acknowledging that while God is present in all of life, often we find it difficult to perceive God’s presence and need help to do so.

Ammerman’s research gave me a new understanding of what happens in many settings within congregations. For example, I had always seen small groups as a place for many good things: friendship, support, encouragement, Bible study, exploration of faith issues, and prayer with others. This research highlighted one more purpose and blessing of small groups: participants have the opportunity to talk about the overlaps of the Christian faith and their everyday life. God is already present, and the language of overlap or intersection helps us look for that presence.

Where is God when my teenager is off the rails? In what ways has God answered my prayers about her? In what ways has God given me peace about the situation and guided me to resources and support? Might I pray in new ways for her? People who will listen and draw me out as I explore these topics are providing pastoral care to me.

Caregivers wonder, “What shall I *say*?” “What can I *do*?” Yet these questions are secondary to our being a *presence*, a reminder of the Presence of God in Jesus Christ, that sufferers are not alone. We are sharers with them of their burdens as we fulfill the law of Christ (Galatians 6:2). Our own self-awareness of this “being with” them prompts us to give thanks that neither they nor we are alone; the Presence of God is with us, bearing the pain, agony and desolation with us.

—Wayne Oates, *Grief, Transition and Loss: A Pastor’s Practical Guide*<sup>5</sup>

In addition to small groups, many other congregational settings make space for conversations where individuals are able to express connections between the sacred and ordinary events of their lives and listen to others help them consider new ways of seeing God at work in everyday life. These conversations happen when washing dishes after church dinners and when chatting in the parking lot after meetings. “I prayed for you last week about your job. What happened at work this week? Did you feel God’s help with that difficult situation?”

Ammerman and her researchers found that the frequency of such conversations in Christian congregations was not correlated with any particular position on the theological spectrum. Instead, more conversations between faith and daily life took place in congregations that had more activities of any kind.<sup>6</sup> Quite simply, people talk about the impact of their faith on their everyday life whenever they gather with others in their congregation.

Therefore, providing opportunities for classes, seminars, musical rehearsals, arts events, working bees, mission projects, committees, and other activities makes space for people to talk about this overlap. Ammerman’s research gave me language to describe this significant aspect of congregational life, one I had noticed all my adult life but had never singled out for attention. Christians get together for many reasons, and one significant reason—almost always unstated—is so we can talk about where we perceive God to be in everyday life.

Pastoral carers open up space to allow people to consider the overlap between their everyday life and what they believe and experience about God. Carers help people talk through the challenging situations of their life in the light of the ways God is already at work or ways they would like to see God at work. Beliefs rooted in the Bible—about God, Jesus, the Holy Spirit, the role of prayer, the significance of community, the meaning of family, and so on—have an impact on the way people view the situations they’re in.

Pastoral carers listen to people talk about these connections, asking follow-up questions and telling occasional stories from their own

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life and the lives of others that provide new ideas about how to notice and understand the overlap.

In some settings, care receivers aren't ready to talk about the intersection of their faith and their daily life. Perhaps they don't have what they consider to be spiritual beliefs. In that instance the carer listens carefully and asks gentle questions about the care recipients' values and priorities in life. Perhaps care receivers are feeling confused about their faith or are struggling to find God anywhere in their life. The pastoral carer may then guide the conversation to a discussion about feelings of the absence of God.

In some settings, such as small groups and conversations in congregations, members participate in a back-and-forth conversational flow. In some moments, individuals are care receivers, talking about the connections between what they believe and how they live, thinking out loud about the issues. In other instances, those same individuals are caregivers, listening to others talk about connections and perhaps telling brief stories from their own life for the purpose of helping others rather than for themselves. This fluidity in roles—the willingness to receive care sometimes and give care other times—is a sign of maturity.

Ammerman's research uses the language of “overlap” and “intersection” to describe something significant that happens in conversations, an exploration of how a person's convictions about God, the Bible, prayer, the holy, the sacred, or other aspects of a faith commitment connect with daily life. Conversations about these topics play a central role in the practice of Christian pastoral care, and play a role in what was historically called “cure of souls.”

## Cure of Souls

Eugene Peterson, author of many books about pastoral leadership and translator of *The Message*, provides additional perspective on the purpose of pastoral care that has interesting connections with Ammerman's work. For several decades, Peterson has advocated a

shift in pastors' understanding about what they do and what their priorities should be, away from pastoring as management toward pastoring as "cure of souls."

Peterson notes that the primary sense of *cura* in Latin is "care," with undertones of "cure." He writes, "The soul is the essence of the human personality. The cure of souls, then, is the Scripture-directed, prayer-shaped care that is devoted to persons singly or in groups, in settings sacred and profane."<sup>7</sup> He argues that cure of souls

is not a narrowing of pastoral work to its devotional aspects, but it is a way of life that uses weekday tasks, encounters, and situations as the raw material for teaching prayer, developing faith, and preparing for a good death. . . . It is also a term that identifies us with our ancestors and colleagues in ministry, lay and clerical, who are convinced that a life of prayer is the connective tissue between holy day proclamation and weekday discipleship.<sup>8</sup>

According to Peterson, "weekday tasks, encounters, and situations" are the fuel for teaching faith and discipleship, and prayer is the "connective tissue" between Sunday worship and weekday life. He is talking about the intersection of everyday life and our life in God, just as Ammerman does, but using different language to express it.

My earliest experiences offering pastoral care came in the first years after I graduated from college, when I served with a ministry to college students. In those years, praying with a student after a pastoral care conversation always meant intercessory prayer. The student might not feel comfortable praying out loud, but I prayed extemporaneously for the student and then gave the student the opportunity to pray if they felt comfortable.

Later, as a minister, I often used that same pattern of extemporaneous intercessory prayer. In addition, I experimented with leading people into other forms of prayer. One of my favorites is breath prayer, perhaps breathing out concerns into God's presence with each breath, and then imagining breathing in God's love and peace.

If prayer is the “connective tissue” between our daily life and Sunday worship, then a variety of forms of prayer are worth exploring in pastoral care settings. Peterson’s metaphor of connective tissue evokes the body, and engaging the body in forms of prayer can be helpful in pastoral care settings. Breath prayer, of course, connects praying people with their body through their breath.

Sometimes I ask people to place their hands palm-up on their knees and imagine offering their concerns to God. Other times I ask people who are experiencing guilt or shame to write some notes about what they are experiencing, and then we burn the paper in a bowl, asking God to take away those feelings.

In addition to describing prayer as connective tissue, Peterson suggests adopting both an attitude and a series of questions that he believes should guide pastoral work. Cure of souls, he writes,

is a cultivated awareness that God has already seized the initiative. . . . Cure-of-souls questions are: What has God been doing here? What traces of grace can I discern in this life? What history of love can I read in this group? What has God set in motion that I can get in on?<sup>9</sup>

If God is already at work in every setting and situation, then helping people see the overlap between their daily life and God’s presence is an exciting, hopeful task.

Pastoral care is sometimes viewed as helping people solve their problems, whether practical, emotional, or spiritual. Pastoral care might then focus on delivering a meal, sitting in an office at church offering care based in psychotherapeutic models, or steering someone to an appropriate Bible passage. All of those are good things in themselves.

Peterson adds an additional perspective when he encourages us to stop and look for God’s grace and action already present in the situation. Paying attention to what God has already set in motion

Because of Eugene Peterson's influence, I developed a series of questions I often ask in pastoral care settings:

- In what ways do you pray about the situation you've just described?
- Are there other ways you could pray about it?
- Could we brainstorm some of those new ways?

Then I suggest that we pray at some length about the situation, using old and new ideas for prayer.

shifts the perspective of the carer from a problem-centered approach to curious, attentive, and mindful expectation that because of the miracle of God's incarnation in Jesus Christ, God is with us here and now.

## Hope and Pastoral Care

I've told you about two authors who shaped my perspective on pastoral care. Nancy Ammerman helped me understand the significance of conversations that give people the opportunity to perceive and explore the overlaps or intersections of God and daily life. Eugene Peterson stresses a life of prayer as the connective tissue between Sunday worship and daily discipleship, and he advocates an understanding of pastoral care as cure of souls.

These themes, and many others discussed in this volume, are building blocks of hope. I want to tell you about my sixteen-year battle with depression and the ways I experienced hope through many different forms of pastoral care. This story illustrates the way pastoral care brings hope, sometimes without solving the presenting problem. My story also gives you the chance to get to know me a little. I will be your guide through the presentation of many issues related to pastoral care today, and knowing some of my background will help you to see the way my words come from my own life.

I was twenty-seven when I became pregnant with my first son. At about the four-month mark in the pregnancy, I started crying for long periods of time, particularly in the middle of the night. I had

no idea what I was experiencing. I thought perhaps this was normal during pregnancy.

After our son's birth, I felt better for some months, then became discouraged and despondent again, which continued through my second pregnancy. After my second son was born, I again felt better for some months, but the dark feelings came back as he entered toddlerhood. For many years, I didn't know what to call this black cloud that came and went. I now know it was depression.

After sixteen years, my depression ended when I figured out that I have a B-vitamin deficiency, an unusual cause of depression. Evidently in my first pregnancy, my body gave my fragile B-vitamin stores to the baby—which I'm grateful for—leaving me deficient. For the past two decades I have taken B vitamins every day, and in those years I have experienced depression only a handful of times, for short periods, always triggered by extreme stress.

One characteristic of depression is lack of hope, and when I think back on my years of depression, I can attest to the profound absence of hope and the presence of feelings of despair and loss. One of the rays of hope, about five years into my depression, came from an inner-healing ministry I participated in.

Two women at a church I had formerly attended led a weekly group focused on inner-healing prayer, and I learned a great deal about God as healer. I had significant moments in that group when I felt God healing me from past hurts. I didn't recover from the depression, but I had a new sense of God's companionship, encouragement, and desire for good things in my life.

A life of prayer is the connective tissue between holy day proclamation and weekday discipleship.

—Eugene Peterson, “Curing Souls: The Forgotten Art”<sup>10</sup>

Another ray of hope came from an eating-disorders group I participated in for eighteen months about a decade into my depression. I learned about the group at a conference on spiritual growth held at Seattle Pacific University. At the conference, I attended a seminar on Christians and eating disorders. The seminar helped me understand that the overeating I engaged in as a way to cope with feeling bad about life was actually a form of eating disorder. The speaker told us about a group she led, and I joined it.

In the group we supported each other, and I learned a great deal about how eating disorders work. Again, my depression didn't go away, but I had hope that there were solutions for my cycle of feeling bad, eating too much to cope with the negative feelings, and then feeling bad again because I had overeaten.

The brightest rays of hope during my depression came from the small groups I participated in. For most of those years, I was in a support group for young moms in my congregation, and for about half of those years, my husband and I were also in a couple's small group.

The people in those groups deserve a big gold star for the countless times they listened to me talk about struggles in my life, for the many times they prayed for me, and for the words of encouragement and support they gave me. They gave me space, over and over, to talk honestly about my confusion about what God was doing in my life. They prayed for me in ways that felt deeply moving. I don't know how I could have survived those dark years without the support, week in and week out, from those wonderful people.

In my dark years, bits of hope came from other places as well, especially from a minister who entrusted me with leadership roles and trust, and a director of pastoral care who often encouraged me by describing things about me that she appreciated.

Gaining confidence in God's desire to heal, which I experienced in the inner-healing group, brought me hope and helped me learn new prayer patterns and new ways to see God's presence in the painful parts of my daily life. Hope also came from gaining

May the God of hope fill you with all joy and peace in believing, so that you may abound in hope by the power of the Holy Spirit.

—Romans 15:13

information about the things that I was struggling with, which I experienced in the eating-disorders group. In addition, having prayer support, encouragement, and a listening ear in my small groups and elsewhere brought me hope.

My story illustrates many of the components of pastoral care that bring hope in the midst of pain. The forms of support I experienced from a wide variety of people include prayer, information, listening, trust, and encouragement. All of these helped me see new and hopeful things about the overlap between my daily life and God's presence with me. The care I received helped me continue to pray, even in the darkness, and helped me to see God's presence in my life and to continue to expect God to work in my life.

My depression didn't go away until I figured out the physiological key, my B-vitamin deficiency, so someone with an agenda to heal me would have been frustrated. However, someone with an agenda of bringing hope through pastoral care would have had ample opportunities to help me. I am deeply grateful for all the people who provided care to me in those years, and those people are in my mind as I write this book.

## Looking Ahead

*Nurturing Hope: Christian Pastoral Care in the Twenty-First Century* is the first in a series of helpful and timely books, each of which addresses specific pastoral care needs in our complex and rapidly changing world. The series is called Living with Hope, and all of the books in the series are grounded in an understanding of pastoral care as a hopeful and encouraging endeavor, both for the carers and the care recipients.

This volume is divided into two parts. Part I presents seven changes in pastoral care patterns in recent years and their impact on pastoral care today, using many stories of individuals and groups who are doing pastoral care well. I have touched on those changes in this introductory chapter.

The seven changes in pastoral care patterns include shifts in who delivers pastoral care, the attitudes and commitments that undergird pastoral care, and some societal trends that are shaping pastoral care today. The practice of pastoral care has changed a great deal in recent years, and those changes need to be front and center for pastoral carers today. Understanding the changes helps alleviate some of the frustrations of pastoral care and also illuminates the significance of the pastoral care skills necessary for healthy and effective pastoral care in our time.

Part 2 presents four central pastoral care skills that are accessible for all. The work of Nancy Ammerman and Eugene Peterson provides an excellent platform for the four major pastoral care skills that make up the second half of this book with their focus on the connections between everyday life and Christian faith. The skills in part 2 help carers create and nurture those connections.

Understanding common stressors is the first key skill discussed in part 2. When people experience stress, God often feels distant, and the faith-based coping skills they are used to using seem to stop working. God and daily life seem disconnected. Prayer can feel difficult. One aspect of pastoral care is to help people find their way back to God in the midst of the stress. Therefore, the carer needs to understand sources of stress today and the emotional, spiritual, and physical effects of that stress.

A second major skill for pastoral carers is listening. How do we draw people out appropriately, so they can talk about God's presence in daily life? What does effective listening in pastoral care settings look like? Listening in pastoral care includes specific skills, such as reflecting back what we're hearing and asking gently probing questions. Another central listening skill for pastoral care involves learning to set aside the inner noise that crowds our minds when we hear other people's stories. We also need to use listening skills wisely so we, the carers, don't take ownership of other people's problems.

A third major skill explored in this book relates to spiritual practices. Carers need to feel comfortable praying with others in a variety



of ways. Carers also need to be able to discuss the role of spiritual practices in daily life and help people find practices that work for them. After all, for many people, their spiritual practices are the times and places when they most consistently experience God's presence in daily life. If prayer is the connective tissue between Sunday worship and daily life, or between God and daily life, then we need to nourish that connection.

The carer's own spiritual practices also matter a great deal in pastoral care. If pastoral care involves paying attention to where God is already present, we need to nurture the habits and practices that make it more likely we will perceive God's presence. If our care is going to be grounded in the grace of the Triune God, then we need to be continually growing in our own patterns of drawing near to our loving God.

A final significant skill for pastoral caregivers relates to habits and rhythms that nurture resilience. Pastoral carers need support structures and patterns of rest and re-creation, so they can continue to care and give. They also need to know when the situation they are hearing about is too complex for their knowledge and skills, so referral is necessary.

I pray that this exploration of trends and skills presented will give you enthusiasm for the opportunities and gifts of being both a pastoral caregiver and pastoral care recipient in our time. I pray that

### Training Tips

If you lead training sessions for pastoral carers, be sure to

- 1 Give them time to explore and discuss various purposes of pastoral care.
- 2 Give them a chance to brainstorm settings in your congregation where conversations about the overlap of daily life and the holy take place, and the kinds of questions that help to make those conversations happen.
- 3 Help them explore ways to become more comfortable praying with care recipients.

this exploration of pastoral care will bring you hope for your caring role and for your own spiritual journey.

## For Reflection and Discussion

- 1 What have you observed about shifts in pastoral care in recent years? How do those shifts impact your ministry, your involvement in small groups, or your caring relationships in other settings?
- 2 How would you answer the question, “What is the purpose of pastoral care?”
- 3 With whom have you talked about the intersection between your daily life and your sense of the holy or sacred? In what settings did those conversations happen? What circumstances, questions, and forms of listening fostered the conversations?
- 4 What do you love about pastoral care? What do you find most difficult? Write out a prayer for yourself as a pastoral carer.

## Resources

Dykstra, Robert C., ed. *Images of Pastoral Care*. St. Louis, MO: Chalice, 2005.

Each of the nineteen contributors focuses on a metaphor for carers, including the solicitous shepherd, the wounded healer, the intimate stranger, and the midwife.

Cooper-White, Pamela. *Shared Wisdom: Use of the Self in Pastoral Care and Counseling*. Minneapolis: Fortress Press, 2004.

Uses insights from new areas of study, including intersubjectivity and multicultural dynamics, to explore the ways a carer’s personal issues and emotional reactions impact pastoral care.