

# Your Pastoral Care Profile:

## *A Self-Administered Instrument*

By Peter Praamsma

Designed for clergy and lay ministers in pastoral care, “Your Pastoral Care Profile” has a two-fold purpose. It serves as a tool in both the assessment of pastoral care approach and in the clarification of actual pastoral care. Doing the exercise answers not only the question, “What is my pastoral approach like in comparison with today’s major approaches?” but also the question “What is my pastoral role in my actual approach and thinking?”

How does the exercise effectively achieve its two-fold purpose? In two ways. First, the exercise makes for inductive learning. Your choice of real pastoral responses in a questionnaire becomes, with the help of tested guidance, a discovery about where you stand in the spectrum of today’s operational pastoral care models. Second, precisely in identifying your position, you learn conceptual tools that sharpen your understanding and articulation of your pastoral care. Studies of pastoral care case histories clearly show that the caregiver’s vocational understanding and role perceptions profoundly affect pastoral transactions.

When pastors are uncertain or confused about their role, parishioners lose out. When, for example, a shame-filled, isolated parishioner, who is in search of God’s acceptance, is ministered to by a caregiver who acts out

a social worker’s role, that person’s need will not be heard and dealt with. Further, even if the caregiver in the case should be sensitive to spiritual need, but happens to be uncritically locked into a listening stance that pursues psychological rather than spiritual truth, the patient still loses out.

Thus, this exercise--as far as guided self-examination permits--encourages pastoral care workers to search and grow in critical pastoral self-awareness.

### **Instructions**

1. Carefully answer the Questionnaire, **Part I**; complete the statements there by choosing *only one* of the four given responses. When more than one answer appeals to you, be sure to choose the one that best reflects your feeling and thinking. If possible, answer all the questions.
2. Read **Part II** which contains the information needed to interpret your Questionnaire score.
3. Follow the instructions in **Part III** to obtain your Questionnaire score and to determine your pastoral care orientation.

### **Part I: Pastoral Care Questionnaire**

1. More than anything else my pastoral care role is about:
  - a. being a friend to people in need
  - b. sharing the Good News of the Gospel with those in crises
  - c. helping others to deal with their lives constructively
  - d. helping others find spiritual healing and understanding

2. The personal strength that I believe is most helpful in my pastoral work is:

- a. my knowledge of God's Word
- b. my compassion
- c. my Christian understanding of life and human nature
- d. as a good listener, my understanding of people

3. The most rewarding thing for me in doing pastoral care is:

- a. the Christian growth I so experience
- b. my experience of community belonging
- c. my satisfaction in being a real help to others
- d. the knowledge that I am serving God

4. More than anything else, what keeps me confident as a pastoral caregiver is:

- a. my belief that God calls me to this work
- b. my education, training, and experience in pastoral work
- c. the appreciation and encouragement of those for whom I care
- d. the divine help and Christian support that I experience.

5. In general I regard others in my community as:

- a. loved by God and, therefore, worthy of my care
- b. my partners in God's yet unfinished Salvation Story
- c. fellow-sinners who need to hear and respond to God's forgiveness
- d. fellow-citizens whom, when they are in need and when I am able, it is my moral obligation to help

6. My religion is for me mostly:

- a. a personal philosophy that gives life meaning and purpose
- b. obedience to God's call with my life and work
- c. acknowledgment of the blessings by which God equips me to love and serve
- d. the imperative to love God and my neighbor as myself

7. When engaged in a pastoral conversation with someone I assume that:

- a. I have a ministry *to* this person
- b. I have a ministry *with* this person
- c. I have not only a ministry with this person but also that God could minister to us *both* through each other
- d. I am involved in a partnership in which the initiative in being helpful depends heavily on me

8. I believe I am most effective as a pastor when:

- a. in my caring I experience open, supportive, mutually beneficial friendships
- b. I am able to relate God's Word to personal needs
- c. I see evidence that interaction with me helps others in their personal growth or in resolving their problems
- d. there is a level of sharing in which the issues or problems are explored in a spiritual perspective

9. Were I to see a young mother dying of cancer, I would want her to know that I am there:

- a. to help her with her grief
- b. to witness to the consolations that are ours in faith
- c. to offer the supportive relationship of an accepting friend
- d. to engage in a sharing in which, we may trust, God's strength and grace will be experienced

10. Were I called on to console parents who had just lost a child, I would:

- a. with the help of my own faith, resolve to be graciously present and *with* these parents with their *grief*
- b. in response to their state of shock, say little and help by attending to practical needs
- c. listen to their grief and, when appropriate, offer relevant Scripture and prayers to console them
- d. more than anything else, convey clear permission to express their grief-reaction, however strong or intense it may be

11. In my pastoral role I see myself mostly as:

- a. a competent *Helper* in others' searches for healing
- b. an imperfect yet effective *Herald* of God's Word and Grace
- c. a vulnerable yet healing *Channel* of God's Word and Grace
- d. a burden sharing *Companion* who lessens others' loads

12. In making a pastoral assessment of those with whom I am pastorally involved, what is most significant to me is:

- a. people's religious beliefs and convictions
- b. people's attitudes, self-esteem, how they relate to others, how they're handling their feelings
- c. whatever in their sharing with me surfaces as a problem or concern that is important to them
- d. all of the above and what this suggests about the reality of "sin and salvation" in their human experience

13. The most decisive factor in offering myself for pastoral care work was:

- a. my participation in the church as a divinely called and illuminated community of faith
- b. confidence in my God-given capacity to care for others
- c. my commitment to the church's commission to witness
- d. my talents in helping others in their quest for healing and well-being

14. I take the word "pastoral" to mean:

- a. that my caring has its root in a long history of Christian ministry
- b. an indication that my work is that of someone who is set apart for this special ministry by ordination or commissioning
- c. the belief that our caring should be like that of a "Good Shepherd"
- d. the faith that in Christian caring Christ is the Chief Shepherd and that all ministers, lay or ordained, are his "under-shepherds"

15. The parts of New Testament which I find most inspiring for my pastoral caring are:

----- a. the stories and parables that stress that faith and love of God must involve us in caring for others

----- b. the teaching that through the Holy Spirit Jesus himself empowers us to be caregivers who can reveal his sin-and-death conquering love

----- c. those stories where Jesus shows himself to be an astute observer of human nature and character

----- d. those stories where faith in Jesus' Word means a forgiveness and restoration that often includes a physical healing

16. I believe that the greatest challenge to grieving persons is:

----- a. to find someone sufficiently trustworthy, patient, and forbearing for them to share the pain with

----- b. to learn to put their trust in God's goodness

----- c. to acknowledge the wound for what it really is in a faith that, with time, will experience God's healing

----- d. to be emotionally and intellectually honest with themselves about what has happened to them

17. As far as I am concerned the greatest cause of human unhappiness is:

----- a. a spiritually sick self-centeredness that makes us disloyal to God, others, and our "true" selves

----- b. relationships that get spoiled by narrow, selfish interests and concerns

----- c. rebellion against God's Word

----- d. people's lack of dedication to the common good

18. When people have happiness to share, my *pastoral* role with them is:

----- a. to invite them to offer thanks to God

----- b. to rejoice in their happiness with them

----- c. to celebrate with them as people who know God's blessings (whether this is verbalized or not)

----- d. to take pleasure in their good fortune

19. With a recently widowed man who resists invitations to talk about his wife's death, I would:

----- a. meet him on his terms and hope to gain his trust for later, deeper sharing

----- b. firmly press his need to grieve to avoid depressive illness

----- c. indirectly affirm the pain that must be his and relate the comfort of the Gospel

----- d. try to explore with him the reasons for his resistance in the hope of enabling some grief learning in a Christian perspective

20. To become a better pastoral caregiver, I believe I need:

----- a. supervised training so as to learn and grow through clinical experience

----- b. more "in-depth" knowledge of Holy Scripture

----- c. more seminars to improve my communication skills

----- d. better spiritual and theological understanding of pastoral ministry

21. I find authority for my pastoral role in:

- a. a special personal calling recognized by my church
- b. my conviction that we are all called to be caring people
- c. my reasonable assessment that I am talented for this work
- d. my sense of partnership with God and my fellow believers

22. Most helpful to me at a time of personal crises is:

- a. someone whose faith and understanding would help me to find spiritual strength
- b. a skilled counselor to help me find ways to cope
- c. a good and trusted friend with whom to “unload”
- d. someone to bring me the comfort and direction that is there in Holy Scripture and in the church’s faith

23. In my pastoral role I feel that I am accountable to:

- a. myself and, within reasons, to those I try to help
- b. God and to those with spiritual oversight over me
- c. the community whose well-being I seek to serve
- d. God and the whole fellowship of faith

24. Apart from my own personal ethics, I find my guidance in being a responsible pastoral caregiver mostly in:

- a. the standards of conduct generally honored by all helping professionals
- b. the time-tested norms in the practice of ministry that are a part of the church’s tradition

----- c. those social or political movements that fight for peoples’ rights and dignity

----- d. the direction and enlightenment that I experience in our dialogue with God and with one another in the church’s worship and fellowship

25. If someone seriously ill were to experience me in a pastoral sense, I would above all hope that:

----- a. I helped the patient to feel less isolated

----- b. I helped the patient to discern God’s presence and strength in the midst of terrible vulnerability

----- c. I helped the patient to feel less anxious by encouraging the expression of his or her real fears

----- d. I helped the patient find comfort by inviting trust in the Good News about God’s faithfulness and goodness

## **Part II: Information to Interpret Your Score**

Part I, the Questionnaire which you completed, solicited your responses to questions about your pastoral identity, role, vision, and authority. In this section the information needed to interpret your responses is provided.

With each questions in Part I you were given a choice of four responses. This was quite deliberate. The assumption here is that there are four distinct approaches in pastoral care. Hence by ensuring that in every case the four given responses represent the four different approaches, your choices will indicate where, on the whole, you stand in relation to the four basic positions.

Here is a brief summary of the four approaches.

**Approach (P)** = *Proclamation-centered Pastoral Care*. The emphasis in caring is on an effective witness of faith and the utilization of Word and/or Sacrament in guiding and comforting.

**Approach (R)** = *Relationship-centered Pastoral Care*. The emphasis in caring is on personal relationship with those with whom one is pastorally involved; that is, human relationship itself is seen as the most crucial element in comforting and healing. Relationship is seen in both psychological and theological terms.

**Approach (H)** = *Health-centered Pastoral Care*. The caregiver intends to act as a therapeutic agent in pastoral relationships. This effort, though not necessarily divorced from theological insights and concerns, usually stresses psychological insight and therapeutic skills in helping others. (it is not implied here that such insight and skills may not be considered as helpful and important in the other approaches).

**Approach (T)** = *Theologically-centered Pastoral Care*. The caregiver's approach here may well embrace all the emphasis characteristic of the others. However, here there is strong evidence of a theological vision or outlook in which pastoral concerns, role, and identity are understood holistically and suggest the result of theological reflection on Scripture, tradition, and human experience and knowledge.

Of course, given the above definitions, it is clear that the differences between the basic approaches are not absolute. The concern which each approach stresses does not necessarily mean that the concerns of the other approaches are not present. For example, in answering questions # 9 you might have chosen response "d" if you deem the experience of divine grace is the dying person's most crucial need. Yet, if you so responded, this does not exclude a concern about grief issues (response "a"). Undoubtedly, the finding of "grace" would facilitate the capacity to "let go." Similarly, your choice of "d" would not rule out concern for saving belief "in the consolations that are our faith" (response "b" ) and it would not be inconsistent with your offer to be "an accepting friend" (response "c"). In fact both personal belief and accepting friendship are implied by what most of us mean by the "experience of grace." Still your choice reflects that is uppermost in your thinking and feeling.

*Final note:* The exercise does *not* evaluate which pastoral approach is best. It is simply a means to discern whether one's tendency in pastoral approach is predominantly (P), (R), (H), (T), or a mixture. Still, beyond its discernment/clarification value, it is also suggested that the exercise may (1) serve as a "compass" in charting changes in pastoral orientation, and (2) facilitate better dialogue among pastoral care workers by revealing the different concerns underlying different emphases.

## An Outline of Pastoral Care Models

Model	Constitutive Elements	Approach	Pastoral Role Perception	Authority & Style
Proclamation-centered	<ul style="list-style-type: none"> <li>- Scripture</li> <li>- Theological tradition</li> <li>- Church experience</li> </ul>	<u>Deductive:</u> To render a faithful hearing of the Gospel	<u>Professionalism:</u> The pastor or commissioned lay person as defined by internal life of the Church (in various degrees of competence)	Authority related to office. Tends to give dialogue a pedagogical orientation.
Health-centered	<ul style="list-style-type: none"> <li>- Experience</li> <li>- Social Sciences</li> <li>- Clinical Observation</li> </ul>	<u>Inductive:</u> Use of clinical & scientific approaches in therapeutic help	<u>Professionalism:</u> The pastor or lay person in terms of medica-psychological role image (in various degrees of competence)	Authority related to office. Dialogue characterized by its context of a professional therapeutic relationship.
Relationship-centered	<ul style="list-style-type: none"> <li>- Experience</li> <li>- Social Sciences</li> <li>- Theology (no discipline an exclusive norm)</li> </ul>	<u>Lateral:</u> Relates scientific and/or theological insight to issues in helping relationships	<u>Discipline flexibility</u> in so far as it ties in with helpful listening in pastoral dialogue	Authority related to authentic self-understanding and being. Major emphasis on hearing/meeting persons “where they are.”
Theologically-centered	<ul style="list-style-type: none"> <li>- Scripture &amp; tradition</li> <li>- Church experience</li> <li>- Openness to the world and science</li> </ul>	<u>Holistic:</u> Enacts a theologically guided visions of mutually shared ministry	<u>Disciplined collegiality</u> in a stance that affirms the “pastorhood” of all believers.	Authority related to a theological vision of ministry. Sees pastoral relationship triologically, i.e., as a conversation with others, self, and God.

### Part III: Your Score and Position

Step 1: Circle the letter of the answer you gave in completing the statements in the Questionnaire in the columns below. Remember that you should select only one answer to each question (the one that best expresses your views).

Step 2: At the bottom of the four columns below write down the number of responses you circles in each column.

Question No.	(P)	(R)	(H)	(T)
1.	b	a	c	d
2.	a	b	d	c
3.	d	b	c	a
4.	a	c	b	d
5.	c	a	d	b
6.	b	d	a	c
7.	a	b	d	c
8.	b	a	c	d
9.	b	c	a	d
10.	c	b	d	a
11.	b	d	a	c
12.	a	c	b	d
13.	c	b	d	a

Question No.	(P)	(R)	(H)	(T)
14.	b	c	a	d
15.	d	a	c	b
16.	b	a	d	c
17.	c	b	d	a
18.	a	b	d	c
19.	c	a	b	d
20.	b	c	a	d
21.	a	b	c	d
22.	d	c	b	a
23.	b	c	a	d
24.	b	c	a	d
25.	c	a	d	b
Totals:	(P) __	(R) __	(H) __	(T) __

det determined by the amount (R) outweighs (T) or *vice versa*; similarly, your vertical score is determined by the amount (P) outweighs (H) or *vice versa*. Therefore

To obtain your horizontal score:	To obtain your vertical score:
If (R) is greater than (T):	If (P) is greater than (H):
(R) score:	(P) score:
Less (T) score:	Less (H) score:
Count towards	Count towards
(R) pole: _____	(P) pole: _____
If (T) is greater than (R):	If (H) is greater than (P):
(T) score:	(H) score:
Less (R) score:	Less (P) score:
Count towards	Count towards
(T) Pole: _____	(H) pole: _____

**Step 3:** (1) *Chart at right:* the four basic positions in pastoral care are here represented as polarities on an intersecting vertical and horizontal axis. From zero point, where the axes intersect, (P) and (H) represent the opposite poles on the vertical axis and (R) and (T) represent the opposite poles on the horizontal axis. Given this arrangement, the vertical poles (P) and (H) are both equidistant from the horizontal poles (R) and (T) and *vice versa*. And the square between the four poles represents the field in which all positions reflect both tendency “toward” and “from” all four poles.

(2) From *Step 2* copy the number of responses in each column in the grid below:

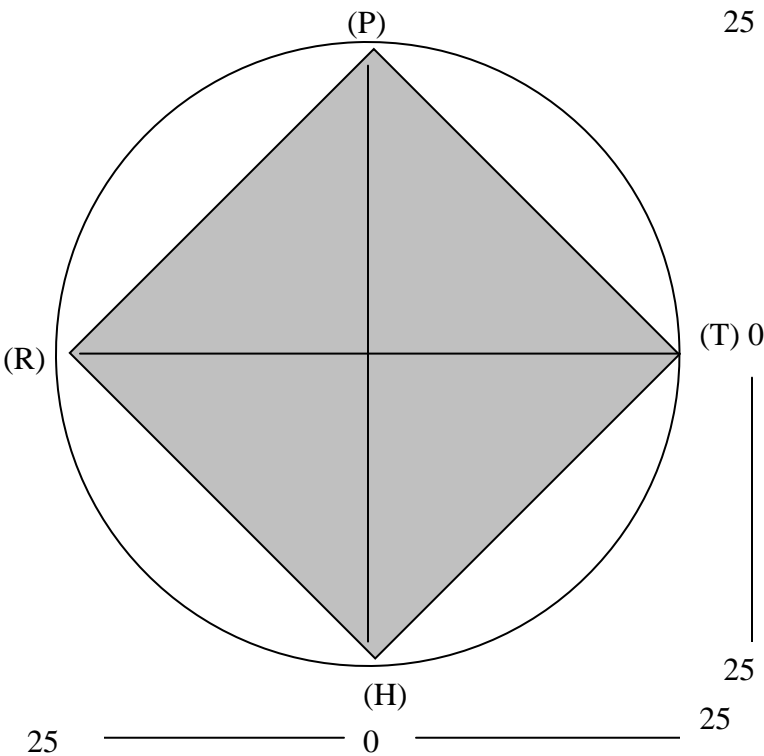
(P)	(R)	(H)	(T)

(3) *Obtaining your horizontal and vertical scores:* (R) and (T) being opposite (polarities) on the horizontal axis, your horizontal score is

(4) The point on the chart where the lines from your counts on the horizontal and vertical axis meet indicates your orientation in pastoral care.



### Pastoral Care Orientation Chart



### Conclusion

Once you have identified your approach in relation to the major pastoral options, the profile exercise can assist you in a number of ways.

First, your profile can help you determine your pastoral care growth needs.

Each of the four major pastoral tracks carries with it its own inherent potential for a derailment. Hence the reading of your own result on the barometer of pastoral care tendencies can help you to identify the knowledge or skill in which you may need to grow.

1. If your approach is predominantly *Proclamation-centered*, a concern for genuine listening prompts the

question, “Do you truly hear others in your efforts to relate saving truth?” If your emphasis leaves little room for hearing others out, you will need to grow in your competence in active, reflective listening.

2. If your approach is predominantly *Relationship-centered*, or if your scores suggests considerable eclectic tendencies, a concern for role boundaries and your ability to cope raises the question, “Who, precisely in your pastoral role, are you for others?” A nebulous, other-centered helpfulness and the pressures of undefined expectations may make it necessary for you to develop a more defined pastoral identity and role.

3. If your approach is predominantly *Health-centered*, the concern for pastoral integrity asks the questions, “What happens to be so pastoral about your therapeutic role?” And, of course, you may already have a sound answer. But you might well profit from studies in which, through psychology remains a partner, pastoral theology provides the norms.

4. If your approach is predominantly *Theologically-centered*, the concern for genuine response to people and life poses the question, “Is your grand vision perhaps in danger of becoming an abstraction? Instead of seeing reality for what it is, do you pack it too tightly in a comfortable mold?” And, indeed, your answer to this question may well suggest your need for a theological sifting in which your openness to experience leads you to know the primacy and vitality of God and persons in the joy as well as in the pain of life.

Secondly, the profile exercise may be profitable used in collegial study and growth groups. The bearing of theological assumptions on pastoral role understanding and, as such, on clinical outcome in pastoral care is not a subject that is frequently explored—not even in Supervised Pastoral Education circles. Hence, a group study in which the insight gained from the profile exercise is applied to a presented verbatim for the purposes of analysis could facilitate lively discussion and learning about pastoral role issues.

Third, the profile exercise can be useful in both general surveys and in teaching. Hospital chaplains who want to know the pastoral approaches of community clergy and lay ministers can use the profile exercise as a survey tool. Similarly, teachers in pastoral care who wish to know something about the pastoral orientation of those they are about to teach can use the profile exercise as their survey tool to obtain the information they need.

Information provided by Alban Institute -  
Volume XVI, No. 1, dated,  
January/February 1990