EXPLORING FAITH
Theology for Life

Pastoral Practice

Level 5
Year A Term 3
Module Code: REL503
INTRODUCTION

Module Aims:

- To enable students to explore the church’s pastoral practice by examining the theological and scriptural basis of pastoral practice and exploring the various biblical models that inform it;
- To enable students to utilise social science perspectives to explore the human condition and engage with personality and life span issues;
- To enable students to engage reflectively with their practical experience of pastoral care;
- To enable students to promote the development of appropriate aims and objectives in pastoral practice.

Intended Learning Outcomes

On successful completion of the module, students will be able to:
1. identify and critically evaluate various models of Christian pastoral practice and the theological beliefs and values that support them;
2. describe and demonstrate a critical grasp of the salient features of different human conditions in relation to pastoral practice;
3. develop informed and appropriate aims and objectives for Christian pastoral practice in different situations;
4. reflect systematically on their own pastoral practice.

Content

This module is designed to enable students to explore the pastoral practice of the Church, to reflect on the theological thinking that underpins it and to consider how pastoral care of various kinds may be delivered. The term ‘pastoral practice’, rather than ‘pastoral care’ or ‘pastoral counselling’, is used as a key concept for the course of study in recognition that the Church’s pastoral task is set in the broader context of its mission. This draws attention to the fact that the pastoral practice of the Church is not limited to the care and nurture of the church community and of individuals in crisis. Pastoral practice includes the care of those with whom ministers live and work, of the communities in which each church is set, and the care of society at large.

Each session contains preparatory work. Please study the Introduction to each session carefully and undertake the recommended reading. Candidates will be asked to read a chapter from the course companion book, Pastoral Theology (SCM Study Guide) by Margaret Whipp and the Reading Block contains an additional source for each session supporting theological reflection on its theme.

Assignment questions are provided at the back of this handbook and a bibliography of additional recommended sources is below.

Worship and Prayer

Please surround each session with worship and prayer. Provision is made for worship at the beginning of each session and for prayer at the end. Please be imaginative and creative.
BOOK LIST

Companion Text.


Section 1: For General Application


Section 2: To Further Support the Sessions


Storkey, E. *Created or Constructed? The Great Gender Debate* Carlisle: Paternoster (2000)
Reading Block

Chapter 1: Models of Pastoral Care: Wright, F. Pastoral Care for Lay People, SCM Press (1982)

Chapter 2: Gender: Williams, R. The Body’s Grace


Introduction to the Module

PASTORAL PRACTICE

Before the Seminar Day:

Read Whipp chapters 1 and 7.
Traditional Pastoring
In his book, *The Church of England 1900-1965* (1966:21) the historian Roger Lloyd writes, ‘The Anglican Church is essentially and fundamentally pastoral. It cannot be said too often because nobody will ever understand Anglicanism who ignores this basic fact. It is always the great pastors who remain beloved heroes for one generation after another. It is possible that Archbishop Laud did more for the church than George Herbert, but through the centuries it is Herbert who is loved while Laud is at best admired. Those bishops are loved best who know their sheep and are known by them’.

In his book, *The Country Parson* (1993:175) Anthony Russell agrees that the ‘saints’ of the Church of England such as Herbert, Keble and Edward King have indeed been great pastors and adds, ‘For the Anglican clergyman, pastoral work, in its many dimensions has come to be seen as the central and almost defining aspect of his role’.

Traditionally, pastoring has been largely defined by four specific activities. The first is pastoral visiting and has long been considered a key part of the clergy role. In his book, *A Priest to the Temple or the Country Parson, His Character and Rule of Holy Life* (1656: 247) the poet and pastor George Herbert recommended that the country parson ‘upon the afternoons in the weekdays, takes occasion sometimes to visit in person, now one quarter of his parish now another’. Many of the clergy handbooks of the eighteenth and nineteenth century insisted on this duty and, although always patchily applied in practice, it became part of the routine of parish life.

Pastoral ministry has also involved the visitation of the sick. The 67th Canon of 1604 required that, ‘when any person is dangerously sick in any parish the minister or curate, having knowledge thereof, shall resort unto him or her to instruct and comfort them in their distress’ Anglican clergy have always considered this duty to be a serious obligation.

The Book of Common Prayer 1662 also directed clergy to give ‘private monitions’ or ‘counselling’. Indeed, clergy handbooks of the nineteenth century suggested that three hours on three evenings a week should be given over to the task of seeing parishioners individually so that they could unburden themselves to their priest. Counselling or spiritual direction in times of personal crisis has remained a key element of pastoral care.

Pastoral care also involved clergy in the process of nurture. The 59th Canon of 1604 stated that, ‘every vicar or curate, upon every Sunday or holy day before evening prayer shall for half an hour examine and instruct the youth and ignorant persons of his parish, in the ten commandments, the articles of belief, and in the Lord’s Prayer; and shall diligently hear and instruct and teach them the catechism set forth in the Book of Common Prayer’

Pastoral visiting, the visitation of the sick, spiritual counselling and Christian nurture have characterised the pastoral ministry of the Anglican Church from the very beginning and remain key elements today. Through the centuries pastoral care has been the almost exclusive preserve of the clergy although some lay involvement in pastoral visiting has been part of the church’s experience since the eighteenth century. In
earlier centuries the pastoral care undertaken by the clergy had been characterised by a degree of paternalism that led in turn to attitudes of deference and dependence on the part of parishioners and members of the congregation. However, recent changes in church and society have brought fresh insights to bear upon the way that the church understands its pastoral practice.

**From Paternalism to Partnerships**

The pastoral practice of the Anglican Churches has emerged from a history in which male clergy have assumed primary responsibility for pastoral care and have held this responsibility alongside other roles and tasks. For example, in the Victorian age, as well as pastoral visiting, the visitation of the sick, spiritual counselling and Christian nurture, clergy also organized welfare, built schools for the village children and upheld the law as magistrates. They therefore occupied a key role in the village hierarchy. In this book, *Religion in English Everyday Life*, Timothy Jenkins (2000: 61) can therefore write, ‘Church attendance on the part of labourers and their families was then part of a total and well defined system of patronage, in which, in exchange for labour, jobs and houses were provided by the farmers, and welfare and education by the church’.

In *The Country Parson* Anthony Russell (1993: 164) notes, ‘There developed a pattern of church life in the countryside that was characterized by attitudes of deference and dependence’. This is a key point well illustrated by a letter written by Bishop Blomfield of London in 1834. He notes, ‘Surely it is not possible to estimate at too high a rate the moral influence which is exerted by a well educated and pious man stationed in the midst of the poor, unenlightened population, labouring solely for their good’. Such a man would represent the paternalism that characterized much of nineteenth and early twentieth century rural ministry and is still an element of traditional village hierarchical structures today.

It is worth remembering that this past still influences the way that the church is perceived by many people today even though the reality of rural life is changing rapidly. Particularly in the countryside the past maintains a powerful influence over the present and attitudes and behaviours survive long after the situations that gave them birth. However, cultural changes have stimulated new understandings of pastoral practice and these have challenged the church to move from patriarchy to partnerships.

**Recent Changes**

Pastoral reorganisation has created multi-parish benefices in the countryside in which the parish priest has been unable to fulfil a traditional role. This has been allied to a steady increase in the development of lay ministry, a recognition of the essentially collaborative nature of the church and a growing commitment to the concept of the ‘ministry of all baptised Christians’. The last twenty years has further seen the development of collaborative ministry, and now, Ministry Areas, and so the growth of new forms of lay and ordained ministry.

Although inevitably inheritors of expectations formed in earlier times, today’s clergy are required to work collaboratively with their congregations and parishioners, to nurture the church’s sense of vocation and to enable the ministry of others to flourish. This has led to the development of ministry teams in many benefices and a recognition in parishes that lay ministers have the ability and the authority to be Christ’s workers in the local community. Clergy and lay church workers have also been encouraged to work ‘with’ rather than ‘for’ those in need and to create partnerships with other voluntary and statutory agencies involved in community care.

**Collaborative Ministry**

Understandings of collaborative ministerial practice, founded on the belief that all baptised Christians are called into ministry, have been key to the way in which understandings of pastoral relationships have changed. Collaborative ministry is a way for Christians to relate and work together in the life of the church which expresses the communion which the church is given and to which it is called. It is a way of working in which the quality of relationships developed is as important as the task in which the church is engaged and commits the church to certain values and convictions. It calls the church to recognise that, through baptism, Christians are given a shared but differentiated responsibility for the life and witness of the church community and are called to work together on equal terms.
This conviction develops from our understanding of God as Trinity. The communion of the three persons in the unity of oneness is reflected in a church in which equality and diversity form the basis of community. In the Trinity, the Son is Son because the Father is Father and the Spirit is Spirit. In the same way, priests are priests because lay people are lay. Similarly, in ministry teams, the Reader is the Reader because the Pastor is Pastor and the priest is the priest. We are all what we are because others are different and yet complementary to us. Ministry exists only in relationship. Each ministry is in relationship to each other ministry and all are in relationship to the broader church and the Triune God. The quality of those relationships is therefore characterised by sacrificial love, honesty, integrity and mutual, enabling support.

When the church expresses its pastoral ministry both to the church and to the world it will need to express those qualities and values that support its collaborative life. It will need to treat each pastoral encounter as Holy Ground because each human being is a child of God for whom Christ died. It must also honour the Christ who is present in each situation. The words of Matthew 25: 40 resonate here, ‘Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to me’.

In pastoral encounters, the way in which relationships are developed may be as important as the outcomes. To treat people as equal partners and to respect their unique differences is to value their integrity and dignity as human beings created in the image of God. To enable them to take responsibility for their own actions and futures, where that is possible, and to work in partnership with them and with others is to create appropriate relationships of communal care.

**Pastoral Care or Pastoral Practice?**

Part of the reason that clergy developed skills in counselling and spiritual direction during the nineteenth century was a growing concern among parish priests that they were seen to be a professional group in society. Part of their professional identity was therefore to undertake this specialist work on a one-to-one basis. In his book, ‘A Critique of Pastoral Care’ (1988) Stephen Pattison identified a similar trend among clergy in the United States during the latter part of the twentieth century. The need for clergy to be trained counsellors had become key to their practice in a society that increasingly demanded qualifications and accreditation. Although this trend has not been mirrored among British clergy there is still a significant body of expectation for pastoral care to be delivered as an essentially one-to-one therapeutic activity. Such an activity can only be successfully accomplished by a professional minister who has undergone significant training and has privileged knowledge and professional expertise.

However, this understanding of pastoral ministry has been challenged in recent years and has led to a range of new thinking. One way of identifying this shift in understanding is to note the change in terminology. The Church has tended to use the term ‘pastoral care’ to identify ways in which pastoral ministry has traditionally been undertaken. The tendency now is to use the term ‘pastoral practice’. This phrase places pastoral ministry within the province of the church community rather than limiting it to the realm of the professional individual. Although acknowledging the need for individuals to receive specialist help from trained counsellors when appropriate, it is keen to open up the process of pastoral ministry to the practical wisdom of the faith community and the collaborative practice of its ministry team. The beliefs and intentions of the faith community are therefore seen to make an ongoing contribution to the church’s pastoral practice.

Pastoral practice also recognises that pastoral ministry engages with individuals in society. This means that the political and social context in which individuals live out their lives becomes a factor in pastoral ministry and the need to challenge those structures of society which unjustly affect the individual becomes part of the pastoral process.

**Changes in Society**

Changes in support undergird this move. Postmodern society is multi-ethnic and multi-cultural and the Church can no longer provide that overarching moral and spiritual framework that underpinned its pastoral care of the parish in previous generations. Living with competing value systems and working in an environment in which there is a deep suspicion of expert knowledge and a breakdown in traditional understandings of authority, the church often finds itself marginalised and increasingly powerless in forums where decisions about the future of society are discussed and decided. Pastoral practice accepts that the
church must reject the paternalism that has characterised earlier generations of pastors and enter the holy ground of pastoral encounters as an equal partner, offering the Christian story as a contribution to the way in which the other may be helped into fullness of life. It must also recognise the importance and role of other partners in the pastoral encounter, allowing that some of these partners may have a negative perception of the church’s past record and current motives.

**Partnerships of Care**

Partnerships of care are likely to have at least four dimensions. There are those partnerships that exist among those engaged in pastoral practice within the church. The creation of Ministry Areas calls together the incumbent of the parish and other accredited and acknowledged ministers and to share in the ongoing pastoral practice of the church. They are called to work with the local congregation and community to enable the pastoral ministry in their locality. This will involve enabling others to engage in pastoral practice and to support them in this process.

The second dimension relates to partnerships created with the ‘client’ or ‘clients’. In order to avoid placing those with whom the pastor engages into a position of dependence, pastors should develop partnerships of care with those to whom they are ministering.

The third dimension recognises the need to involve the ‘client’s’ family, friends and community in any ongoing partnerships of care. This may in fact involve the pastor in caring for the primary carers and supporting other members of the family and community rather than just the ‘client’.

The fourth dimension relates to other agencies that might be involved in any situation. For example many agencies both professional and voluntary may be concerned with any person who is suffering from a major illness or has spent time in hospital or is being cared for in the community. A relationship with these agencies will help to provide integrated support for the person and their family.

**The New Context**

Pastoral visiting, sick visiting, counselling and Christian nurture remain the basic activities of pastoral practice in a Ministry Area today. However, the way in which they are practiced is subject to radical change. Although pastoral ministry will be a key role for any parish priest, the work of tending, guiding, protecting, nurturing and supporting both church and community is likely to be shared with others in the church and ministry team. No longer a skill practised exclusively by the professional minister, pastoral practice is rather seen to be an engagement by the whole Christian community in a broad context of care. Care of the planet; the care of society at large; the care of the community in which each church is set; the care of those with whom ministers live and work; and the care and nurture of the church community are as much the concern of pastoral practice as is the work with individuals in crisis. Environmental issues and issues of social justice therefore take their place alongside issues of Christian nurture and personal encounter.

This is the ministry that a ministry team together is called to practice and enable within the church community under the leadership of the Ministry Area Leader.
SESSION 1

PASTORAL THEOLOGY

For this session

Read Whipp Chapter 2.

Read Source 1 in the Reading Block.

Reflect on the question:
What is effective pastoral practice?
INTRODUCTION

Pastoral Theology
Pastoral theology supports pastoral practice. As it is increasingly understood today, pastoral theology is essentially practical. Traditionally, it was understood to operate from a theory to practice model. Theological theory was first learned at university or theological college and then put into practice when entering a parish and engaging in pastoral care and nurture. Now it is generally recognised that this is an unsatisfactory way of understanding pastoral theology. The practice of ministry cannot be added on to the study of theology as if it were a secondary activity. Indeed, rather than pastoral ministry being a way of putting theory into practice, theological understanding or ‘theory’ is often generated by reflection on a pastoral encounter. Theology is therefore seen to be part of the process of pastoral ministry rather than its precursor.

The process of reflection is therefore at the heart of pastoral theology. This has been modelled in a variety of ways but perhaps the most common way in which the process is described is through the use of the ‘pastoral cycle’. In the pastoral cycle, experience, exploration, reflection and response are arranged in a spiral.

It is arranged as a spiral because each new experience is changed in the light of previous reflection. Variations on this model are common and can be helpful in exploring how the reflective process works. In this course module, candidates will be required to work with a slightly simplified version of this cycle:
An Inter-disciplinary Process

The pastoral cycle is informed by working with the insights from a number of different disciplines. Common to all situations will be the need to think theologically. Therefore, understandings of the sacred texts, doctrines and traditions of the church will need to be brought to bear upon the situation in order to inform appropriate outcomes. However, pastoral situations will further benefit from the insights that psychology can bring and the light that they can shed on the way in which the motives and behaviour of individuals can affect the situation. Generalised understandings of the way in which individuals cope with various situations eg illness, bereavement, the pressures of adolescence, ageing etc may be particularly important.

Sociological understanding may also be helpful and insights about the way in which social behaviour affects situations may lead to a better understanding of a particular pastoral encounter. An identification of particular social constructs and stereotypes relating to gender, age or class etc may also be of value.

Pre-understandings

It is clearly the case that churches, communities and individuals all enter into pastoral encounters with a range of pre-understandings. These pre-understandings will affect all partners in a pastoral encounter and will be enormously important in determining outcomes. It is therefore of particular importance that those involved with pastoral practice be sufficiently self aware to know about their own pre-understandings and the way that these affect their practice. It is important therefore that they are able to address the following questions.

What are the values, attitudes, beliefs and agendas that I bring into each situation and where do they come from?

What previous situation or encounter drives them and how can I best handle them?

What pre-understandings about the pastor or the church might be informing the behaviour of other partners in the encounter and how can these be addressed?

And finally, what are the needs of each partner and what are my needs? Are these needs appropriate and, if they are, how can I meet them?

The Human Life Cycle

Many pastoral encounters can be informed by an understanding of the stages in the human life cycle. These include an understanding of (i) the pre-natal period (ii) infancy (iii) the toddler period (iv) the pre-school period (v) the school-age period (vi) adolescence (vii) young adulthood (viii) middle adulthood (ix) later adulthood. Each stage has an accompanying set of perspectives that arise from physiological, psychological and environmental processes that can inform pastoral encounters. Key transitional moments that often lead to a pastoral crisis include (i) the birth of a baby (ii) adolescence (iii) mid-life transitions (iv) old age. These will be dealt with in detail in sessions 1-4.

Human Development

Those who have worked in the field of human development believe that there are certain predictable stages in the growth of physical and mental characteristics. They argue that all individuals follow a similar developmental pattern, with one stage leading to the next. Although developmental sequence is predictable, the exact timing of the onset of each stage depends upon the individual and their particular cultural context. Development is also a combination of maturation and learning. Maturation refers to the emergence of the genetic potential that each individual possesses and learning to the acquisition of knowledge and skill resulting from experience, training and behavioral changes. Early development is crucial for later development since the foundations laid in the early years often determine the individual’s future adjustments to life.

A number of theories of development can be used in the study of individuals throughout their life cycle. Four widely used theories are (i) Erikson’s theory of personality development (ii) Piaget’s theory of cognitive development (iii) Kohlberg’ theory of moral development (iv) Fowler’s theory of spiritual development. Although these theories are widely used there has been some dispute about the extent to which they represent universal laws of human development or whether they rather reflect the experience of twentieth century western industrialised culture.
The Theology of Pastoral Practice

In 1 John 4: 19 we read that ‘We love because he first loved us’ and our scriptures abound in examples of the ways in which God shows his love for us. It is God’s love, overflowing from the heart of the Trinity, that calls human beings into a loving relationship with him. In doing so he demands that we care for each other. Therefore when Jesus is asked which of the commandments in the law is the greatest he responds by saying, ‘You shall love the Lord your God with all your heart, and with all your soul, and with all your mind’. This is the first and greatest commandment, and a second is like it: ‘You shall love your neighbour as yourself’. (Matthew 22: 36)

There are many important images in the bible, which emerge from the ancient narratives of our faith, that can help us to understand the work of pastoral care. Therefore, from the Old Testament we have the image of Exodus, a moment in the history of the People of God when they are led out from captivity in Egypt to freedom in the Promised Land. Words like ‘captivity’ and ‘freedom’ are used by those in our world today who suffer trauma, mental or physical illness, abuse or bereavement.

From the Old Testament also comes the image of ‘wilderness’, a time of testing when the people find God through hardship and suffering in the desert. The wilderness was a place in which the familiar supports of life were removed and the wanderer was left vulnerable and open to an encounter with God.

And close to this is the image of ‘exile’. When the people were carried off into exile from Jerusalem to Babylon they were forced to live with a sense of being ‘forsaken’ and cut off from their roots and identity as a people. In exile they needed to learn how to discover a new vision of what it might mean to be God’s people. Exile was followed by homecoming. The people returned in joy to rebuild their nation, rebuild their lives and rebuild their temple.

And in the New Testament we have the image of the Kingdom. In Christ, God’s Kingdom is revealed as the poor hear the good news, captives are released, the blind see and the oppressed go free (Luke 4 18-19). Kingdom values challenged the first disciples as they challenge us to live and act with compassion, with justice and with love. All these are rich biblical images that help us to reflect prayerfully on the work we are called to do as disciples of Jesus Christ

The Intentions of Pastoral Practice

The intentions of pastoral practice always need to be carefully defined. One reason for this can be characterised by Anthony Russell’s comment in The Country Parson (1993: 161) that, ‘in Anglican rural ministry, evangelism has always been seen in pastoral terms’. In the traditional rural parish, there was an assumption that all parishioners belonged to the parish church irrespective of whether or not they attended worship. Pastoral care had been seen as a way of expressing God’s love for them and therefore sharing the gospel of Jesus Christ through loving action. In multi-racial, multi-faith, post-modern Britain, the situation is different and the pastor’s intention needs to be clearer. Disinterested love is still a gospel imperative, and caring for people in Jesus’ name is still an effective way of sharing the gospel. However, using pastoral encounters with children, young people, the elderly or the bereaved as a covert way of building up the Christian congregation is not without its moral difficulties. This is particularly true if this covert intention has affected the way in which the pastoral encounter has been managed. Although there are clearly times when Christian loving action spreads the gospel of Jesus Christ in an effective way, it is equally clear that there are times when the intention to use a pastoral encounter to build church membership is inappropriate and dishonest. For pastors to be as clear as possible about their intentions in any situation is therefore a critical element of pastoral practice.
GROUP SESSION 1

Arrive and worship

Reflect on the seminar day

Worship together.

Project 1.

As a group

Reflect on the following pastoral relationships.
For each list the ways in which this model might inform Christian Pastoral Practice in the 21\textsuperscript{st} Century.
List the ways in which this model might be unhelpful.

- The shepherd and his flock
- The counsellor and client
- The nurse and patient
- The social worker and client
- The Greenpeace campaigner and a multi-national corporation.

If your own experience offers you other models of pastoral care, reflect on these also.

Project 2.

Reflect on the biblical passages below.
For each list the ways in which the passage might inform Christian Pastoral Practice in the 21\textsuperscript{st} Century.
List the ways in which applications of this passage might be unhelpful.

- John 8:1-11
- Isaiah 53:4-9

Project 3.

Discuss the question:

In a pastoral relationship, you are their friend but they are not your friend.
Reflection.

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together.

Planning.

Plan your preparation for session 2.
SESSION 2

GENDER AND PASTORAL PRACTICE

For this session

Study the Introduction to the session and undertake supporting reading including Whipp Ch 4 and source 2 in the Reading Block.

Reflect on the following questions:

i) Define ‘sex’, ‘gender’ and ‘sexuality’ and examine how they are constructed and expressed in society today.

ii) What is your experience of being your gender in today’s society?
    (a) at home  (b) at work (if applicable)  (c) in the church

iii) Identify how this experience has changed in recent years in each arena.
Sex, Gender and Sexuality

It is necessary to begin by defining these three terms. A person can usually be defined biologically as either a man or woman and this is their sex. However some people experience a tension between their assigned gender and their own experience of themselves. They may identify as transgender or transsexual. Others, do not conform to a gender norm either by not being either XX or XY in their chromosomes (X, XXY etc are possible combinations) or by having different physical configurations of their reproductive organs. They may identify as being male, female, intersex, dual-sex or genderless.

Definitions of gender are more complex. For a while it was assumed that gender roles were directly related to biology. Men and women fulfilled their role in society because this was ‘natural’ and was as nature intended. It had therefore given ‘instincts’ to males and females that dictated their gender roles. Women’s instincts were related to child birth and homebuilding and men’s instincts were to related to ‘hunting and gathering’, thus providing for the women and children in the ‘home’.

It was also assumed that anatomical differences were intimately related to differences in emotional and intellectual capacities, as well as differences in physical abilities. Masculinity has therefore been traditionally associated with competitive, aggressive behaviour and logical, deductive thinking. The male’s distance from the pragmatics of reproduction has inevitably aligned him to the more ‘public’ domain of work. Femininity has traditionally been associated with relational behaviour that supports nurture and builds community and with lateral, inductive thinking. The female’s monopoly on reproduction has inevitably associated her with the ‘private’ domestic domain of the family. The tasks and roles assigned to men and women within our cultural tradition have therefore been highly correlated with anatomically based assumptions.

It has recently been argued however that gender should be understood as a social construction. Although men and women are subject to significant biological differences, the roles that they play are in fact defined by the culture rather than by essentially anatomical considerations. Therefore the way in which infants and young people experience and express their gender is related to the way in which they are socialized by society into these roles. These gender specific roles are further reinforced by the value society places upon them. The content and expectations placed on gender specific roles are expressed in different ways by different societies at different times. Different social groups within society also express these in different ways. Gender expectations may therefore be different at work, in church or at home.

It is also common to refer to individuals as having a male and a female ‘side’ to their character and personality and to talk about men and women expressing this ‘side’ in various different situations. It is worth noting that these ‘sides’ relate to the traditional definitions of gender identified above and are therefore also socially constructed. Such terminology merely recognises that men and women are able to inhabit a number of different roles and work in a variety of ways that society has labeled as being gender specific.

Sexuality is a word that is difficult to define. It is however most usually associated with that set of sexual preferences, choices or orientations that help to determine our relationship with others. As such, sexuality can be seen as an inevitable ingredient in any relationship and a powerful influence in any pastoral encounter.
The Changing Role of Women

It is clear that the changing role of women during the twentieth century has had a significant impact on the way in which gender roles are understood in society at large. Two world wars helped society to recognise that women could be successful members of the national workforce and undertake jobs that had been traditionally associated with men. Sociologists have argued that the development of technology like the ‘Hoover’ and the washing machine have helped to free women from the burden of housework and the contraceptive pill has enabled women to plan their pregnancies and to make choices about motherhood. A growing access to education throughout the latter part of the last century provided women with an equal opportunity to gain qualifications to undertake careers in all areas of working life. The feminist movement has provided a forum in which women’s issues have been expressed and through which traditional understandings of gender have been critiqued. Although many women feel that they are still not equal partners in the workplace, and that traditional understandings of gender roles are still influential in all areas of society, progress towards the emancipation of women has been made.

There have been significant changes in the role of women in the church. The ordination of women heralded a breakthrough in attitudes to women’s ministry in the 1990s, and women are increasingly being called to undertake leadership roles. The Church in Wales adopted a gender neutral definition of the Episcopate in 2013. Although some church members have as yet been unable to accept this change and some priests remain implacably opposed, there has been a growing acceptance of women’s ordination in particular and women’s ministry in general.

It is of particular interest to recognise that, because of women’s traditional association with nurture within the family domain, there has been a ready acceptance of women in the role of pastor. This is true of society in general with many women traditionally choosing careers in social work, teaching, nursing and community care. Conversely, women have found it harder to find such ready acceptance in leadership roles in the church that are traditionally associated with men such as leading worship, celebrating the sacraments and chairing church committees. Ministers may still however find pockets of resistance to the ministry of women in the church and communities in which they live.

Sexual Orientation

Sexual orientation has become an issue in recent years for both the church and society. This is mainly because of the debate around homosexuality. Until 1967 it was a criminal offence to practice homosexuality in Britain and to admit to homosexual or lesbian orientation was to court social rejection. In recent times attitudes to gay people have changed radically in many Western nations. The LGBTQ (Lesbian, Gay, Bisexual, Transgender/transsexual, Queer) movement in America has campaigned for gay rights for many years and gay communities in all Western countries have encouraged homosexual and lesbian people to express their sexuality in an open way and to ‘come out’.

As with other issues relating to sexuality and gender, there is an ongoing debate about the interrelated ways in which homosexuality is a consequence of genetic factors and learned social behaviour. The church has struggled to come to a view about homosexuality. Christians are often uncertain how to react to people who believe their sexual orientation as gay men and women is from God and wish to express this in open, long term relationships that are blessed by the church. Attitudes to gay relationships will be crucial in many pastoral encounters.

Sexuality in Pastoral Practice

Sexuality is a key factor in the development of every relationship and will play a part in all pastoral encounters. In his book, ‘Psychology: The Science of Mind and Behaviour’ (1990) Gross has observed that people instinctively categorize their fellow human beings as either male or female when they first encounter them. We do this in order to relate to them in appropriate ‘gender specific’ ways.

The biological sex of individuals and the gender roles that they play will therefore be critical to the way that sexuality is expressed. This will be presented to the other through personal appearance, dress, body language and social behaviour. These clues to sexuality will be interpreted by the other and are therefore
powerful indicators of intention. Each partner in the encounter will bring their own experience, values, beliefs and agendas about sexuality into the situation and will make judgments based on their personal experience and system of beliefs.

Both men and women can play a number of different gender roles and express their sexuality in a variety of ways. Each will react to the other so it is the duty of the pastor to make sure that they are expressing their sexuality in an appropriate way and are defining clear boundaries for the ‘client’ in any pastoral encounter.
GROUP SESSION 2

Arrive and worship

Reflect on any issues that have arisen from the last session.

Worship together.

Project 1.

Experiencing Gender

Using the work that you have prepared for this session.
   i) Define ‘sex’, ‘gender’ and ‘sexuality’ and examine how they are constructed and expressed in society today.

   ii) Share your experience of being your gender in today’s society.
       Share particularly your experience
       (a) at home  (b) at work (if applicable)  (c) in the church

   iii) Identify how this experience has changed in recent years in each arena.

Project 2.

Gender and Pastoral Issues

Read the following case study.

CASE STUDY

John is upset. He has come to see you because he has recently been turned down for a job at the local church school. He feels that he was the most qualified person at the interview and that he only failed to get the job because he was a man. John had been interviewed for the job of a nursery nurse in the Foundation Phase Unit. He subsequently learned that the job had been offered to a young woman with less experience and fewer qualifications. He had further heard that some of the mothers had expressed concern about the job being offered to an unmarried man and had hinted that they might withdraw their children if John was appointed. Although not doubting his competence, they had expressed concern about a man being appointed to a job that brought him into so close and intimate a relationship with their young children. John has subsequently been appointed to a similar job at another school but is still angry and upset.

Undertake the following reflective exercise

See – How does this case study make you feel personally and why?
What are your instinctive reactions?
How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of
   a) John
   b) the local school
   c) the parents
Reflect – Identify and examine the broader issues that the case study raises.

What kind of God do you want to witness to in this situation?

Act – Why do you think John might have come to see you?

What actions (if any) might it be appropriate for you or others to undertake.

What would be the intention of your pastoral practice in each case?

Project 3.

Evaluate – What understanding of the role of the pastoral minister are you expressing through your reflection and action?

Reflection.

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together.

Planning.

Plan your preparation for session 3.
SESSION 3
A NEW BABY

For this session

Study the Introduction to the session and undertake supporting reading including Source 3 from the Reading Block.

Reflect on the questions:

i) What are the issues facing a young family when a new baby arrives

ii) What are your experiences (as appropriate) of
    a) not having children
    b) becoming a parent
    c) becoming a grandparent

iii) Identify how these experiences may have changed in recent years in society.
INTRODUCTION

The Period of Transition
This session deals with that period of life when a child is born. Various psychological, sociological and theological factors may inform this situation from the perspective of both the child and the parent(s).

The Infant
After the child has been conceived, nothing can be added or subtracted from that individual’s hereditary endowment. After this moment, the creation of individuals as unique human beings will depend on the environment in which they live and grow, and certainly, in the very early years, on the quality and continuity of parental care. In the very early years parent(s) will therefore need to be aware of ‘age appropriate’ behaviour in order to anticipate, help and facilitate the infant’s developmental landmarks.

The first and most basic task of the infant is survival. This includes the physical tasks of breathing, sucking, eating, digesting, eliminating and sleeping. Infants will further need to establish their sense of ‘self’. This ‘self’ will be both dependent on others yet separate from them. They will also need to engage in rudimentary social interaction and develop a feeling of, and a desire for, affection and response from others. They will need to manage their changing bodies and learn new motor skills and learn to understand and control the physical world through exploration. They will need to learn to establish pre-verbal communication and direct emotional expression to indicate needs and wishes.

In other words the infant will be totally dependent on his or her parent(s) and will place enormously high demands on them.

Young Adults
Most parent(s) will be younger adults as this developmental period is normally reckoned to extend from the period of adolescence to the middle years of life. During this time a person may develop a maturity of thought and behaviour following the years of adolescence. Their thinking may become analytical, creative, astute and insightful and they may hope to enjoy an increased feeling of self-esteem and self-satisfaction as they begin to establish their adult identities through patterns of work and the development of intimate relationships. During this time young adults tend to prepare for the future and enter into firm commitments with some enthusiasm and passion. However, at the same time they may be vulnerable to feelings of being trapped and having their options for life irrevocably closed down.

Parenting
One of the most striking developments in the first year of life is the infant’s attachment to its primary care giver, frequently, but not necessarily, its mother. This attachment occurs almost universally and applies to every culture and pattern of family life for which there is evidence. The best known psychological explanation for this is ‘attachment theory’ and this has been influential in stimulating research and in the formation of guidelines for childcare. Humans are an altricial species (meaning that young are born in an undeveloped state, unable to meet their own needs). We are not capable of self-mobility or self-care in infancy and without this initial two-way bond between infant and caregiver the infant could not survive. There is also evidence to suggest that this initial relationship provides a working model upon which later
relationships are developed. Therefore the child’s future emotional and social development tend to be related to some extent to the quality of this initial care.

Parenting differs greatly across individuals, social class and ethnic groups. Even within individual family units parenting practices may vary from time to time. Both parents may work and rely on childcare from outside the family unit. The father may become the primary carer. Grandparents may fulfil that role. Attachment theory suggests that these different variations and style of care will affect the nature of the child’s future development. However, it is the child’s total environment that is key. It is the relative stability and quality of care from all sources which is important for the child's healthy development.

**The Social Construction of Motherhood**

Despite cultural and demographic changes, it is still the case that most men and women become parents at least once in their lives. The desire to have children is closely related to the way that parenthood is socially constructed. Expectations and ideologies about parenting are widely articulated in the media (magazines, soaps, childcare manuals etc) and in government reports that inform health, social and educational policy.

Motherhood is socially constructed in a number of diverse and overlapping ways. It is traditionally construed as an essential and central component of adult identity for all women. Therefore, those women who are not mothers may still tend to be treated with some suspicion by society at large.

Motherhood is traditionally constructed as being compulsory, expected and mandatory and this is reflected in some women’s own accounts of motherhood. It is linked to the idea that motherhood is ‘natural’ and that there is an ‘instinct’ among women for childbearing and child nurture. Because it is ‘natural’ there is an expectation that women will experience motherhood as overwhelming love. They will be ‘good’ mothers by being constantly available to their children, by giving them love, time and attention and being calm and in control at all times.

In fact, the experience of motherhood, and especially the initial transition to motherhood, brings substantial changes to women’s lives. Although often bringing great pleasure, many women find the relentless and repetitive process of looking after small children tedious and depressing. Mothers often experience substantial changes to their economic and employment status with the resultant loss of personal freedom and individual identity. For women bringing up children with a partner, becoming a mother can involve changes in this relationship resulting in the need to negotiate new roles and responsibilities. Therefore, the meanings and satisfaction of motherhood can very considerably depending upon the woman’s motives, experience and situation.

**The Social Construction of Fatherhood**

In contrast to the compulsory nature of motherhood, fatherhood is traditionally construed as optional. While men are seen as gaining emotional satisfaction from fatherhood as well as identity and status, they are able to retain a positive identity of themselves as men without becoming fathers. Terms such as ‘childless’ or ‘barren’ do not denigrate men as they have traditionally denigrated women.

Although fatherhood is seen as desirable, men who do not become fathers are not seen as resisting their biology and their instincts (however men who do not have sex may be seen to be so). Men’s responsibility for children is often linked to financial provision, but their involvement in fathering is often viewed positively also. They are expected to be present at the child’s birth and to ‘help’ with childcare. However, fathers are typically less involved than mothers in the more arduous and continuous tasks of parenting.

Ideas about fatherhood are rooted in constructions of masculinity. Fathers need to balance being ‘unemotional’ and ‘in control’ with their emotional and practical commitment to childcare. This reinforces their role as ‘helper’ and their engagement in only certain aspects of childcare such as play and storytelling.

A number of different styles of fatherhood are present in current society. Two are particularly significant. The first style is labeled ‘traditional’ or ‘breadwinner’. These fathers spend time at home with children but take only minimum responsibility for their day-to-day care. The second style is the ‘participant’ father often
known in the media as the ‘new man’. He shares childcare with the mother and is highly involved with the children, even though mothers usually retain overall responsibility. Underlying this construction is the assumption that parenting is not gendered and that fathers can parent as sensitively and effectively as mothers.

**Changing Ideas**

The social construction of motherhood and fatherhood has changed somewhat in line with demographic changes. These include changes in family size, in the older age at which women have their first child and in the reduction number of two parent families in which fathers are employed outside the home and mothers are engaged full time in childcare. There is an increase in family units that are mother-centred or headed by mothers.

Expectations of the father’s involvement in childcare have changed in the last few years but there is little evidence that this has been reflected in actual parenting practice. With their increasing involvement in paid work outside the home, women’s roles have changed more than men’s. Indeed there is growing evidence to suggest that young women value the independence that this brings because they feel that they cannot count on the long-term commitment of men to the family unit.

**The Christian Tradition**

The scriptures were conceived at a time when the roles of men and women in society were strongly regulated by social and religious tradition. Although there were considerable changes in the way that married life was conceived throughout the period of the Old and New Testaments, the roles of men and women changed little over time. Men were seen to inhabit the public domain of business, trade and religious life, women were seen to inhabit the private realm of the household. Society throughout that time was both hierarchical and paternalistic. Men had authority over women and entered into marriage relationships in which the woman became part of the man’s assets.

There is some evidence that Jesus tended to subvert the roles of women and men in society and the early Pauline epistles suggest that women were allowed leadership roles in the early church. However, by the time that the Pastoral Epistles were written at the end of the first century, the leadership role of women in the church was being questioned. For the sake of the church’s mission it was deemed sensible to conform to the culture of first century Graeco-Roman society with the result that women’s work in the church was severely restricted and their role in the household re-affirmed. Throughout the period of the scriptures women were valued and deemed to be blessed in the production of male children and deemed to be cursed by God if childless or barren.

Throughout Christian history, these basic understandings of the role of men and women have held sway. However, as society has changed and the roles of men and women have undergone significant re-definition there has been a need to reassess the situation. Debates in the Churches through the last few decades have tended to focus on issues of marriage and divorce, the role of women in society and in the family of the church and more recently on the issue of homosexuality. The church has often championed the cause of traditional family life, the need for marriage and the desirability of two parent families. However, confronted with the wide variety of ways in which families are currently constituted, the church is faced with a dilemma for its pastoral practice. How should it react to the many different ways in which family units are constituted and where might it find God’s presence and blessing within them?
GROUP SESSION 3

Arrive and worship

Reflect on any issues that have arisen from the last session.

Worship together.

Project 1.

Experiencing Parenthood and Childlessness

Share the work that you have prepared for this session.

i) List the issues facing a young family when a new baby arrives

ii) Share any experiences you wish to (as appropriate) of
   a) not having children
   b) becoming a parent
   c) becoming a grandparent

iii) Identify how these experiences may have changed in recent years in each arena.

Project 2.

Parenthood and Pastoral Issues.

Read the following case study.

CASE STUDY

Bryn and Anne are a married couple in their thirties who moved into the village of Llanelford about nine months ago. Llanelford is a settlement with a population of 800. There is a village Primary School and a pub, but there are no shops. The nearest small town is five miles away and there is a bus service that runs twice a day. Bryn and Anne have two children, Alice aged three and Katie aged six months. Bryn and Anne both grew up in towns and met through their work with a large insurance company. Anne gave up work when Alice was born. The family moved because Bryn was promoted and they chose to settle in the country because they thought it would be a ‘better place to bring up the children’. As a result, both sets of grandparents live some miles away and visit when they can. Bryn uses the family car to get to work and Anne sometimes uses the bus to get to work. Anne made friends with an elderly neighbour who used the look after the children a couple of mornings a week. However, the elderly neighbour has broken her hip and is in hospital. She may not return home.

There is a ‘toddler group’ in the village but as there are only a few children of the right age this meets irregularly and may fold. Bryn works all day and travels up to an hour to reach his office. He occasionally stays late after work to go out ‘with the boys’.

You have called round to see Anne to discuss Katie’s baptism which is due to be held next Sunday in your church, but Anne breaks down and cries. She tells you she is struggling and wants to talk about her relationship with Bryn. She confides in you that she has even been thinking of leaving him but she does not think she can cope on her own and worries about the children being brought up without their father.
Undertake the following reflective exercise

**See** – How does this case study make you feel personally and why?  
What are your instinctive reactions?  
How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of  
a) Bryn  
b) Anne  
c) Alice

**Reflect** – Identify and examine the broader issues that the case study raises.

What kind of God do you want to witness to in this situation?

**Act** – Why do you think Anne might have opened up to you?  
What actions (if any) might it be appropriate for you or others to undertake.  
What would be the intention of your pastoral practice in each case?

**Project 3.**

**Evaluate** – What understanding of the role of the pastoral minister are you expressing through your reflection and action?

**Reflection.**

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together.

**Planning.**

Plan your preparation for session 4.
SESSION 4

ADOLESCENCE

For this session

1. Study the Introduction to the session and undertake supporting reading including Whipp Chapter 5 and Source 4 from the Reading Block

2. Reflect on the following questions.
   i) What are the issues facing adolescents today
   ii) What is your experience of
      a) being an adolescent
      b) adolescents you know
   iii) Identify how these experiences may have changed in recent years.
The Period of Transition
This session deals with that period of life that is usually referred to as adolescence. Various psychological, sociological and theological factors may inform this situation from the perspective of both the adolescent and other family members.

Adolescence
Adolescence is an intense period of growth that represents the transition from childhood to adulthood. Children reach adolescence at slightly different times but it is usually deemed to start at the onset of puberty and to end with the achievement of a certain level of maturity. During this period the adolescent experiences markedly accelerated growth. This can lead to sudden and dramatic alterations in the adolescent’s body size and proportions and is often associated with some hormonal imbalance and reduced coordination ie they can become gawky and moody.

Body image is of key importance. Some adolescents can appear overwhelmed by the rapid changes in their body and self conscious about their body being differently from their peers in any way. Body image is strongly influenced by perceived cultural norms and reinforced by peer pressure. The right clothes, the right label on the trainers, and appropriate allegiances to popular culture are of key importance. This is because self esteem and self image are closely tied to body image.

Some psychologists like Piaget argue that there is a qualitative change in thinking styles in adolescence from a concern with the concrete to the abstract. As their thought processes gradually develop, adolescents can become extremely idealistic and are prone to challenge the status quo at every opportunity. They can embrace a variety of causes or religious ideals with some intensity and then equally suddenly change them. Their moral choices are often based on emotional criteria rather than universal ethical principles and they are likely to express a degree of vehemence and certainty in expressing their viewpoints. The pursuit of something to be devoted to and the search for a meaningful ideology often create a puzzling combination of shifting allegiances and extremes in action

Identity Formation
Many psychologists argue that identity formation is the central task of adolescence. Erikson identified three main components in this complex process, the development of a realistic self-image, appropriate planning for the future, and a feeling that life is worthwhile. These components relate in turn to three areas of life; vocational choice, an emerging sense of sexuality and the pattern of beliefs and values by which the individual may live.

Erikson has been criticised for postulating a male-dominated model in which women were seen to have an inferior, passive role. This has been corrected in current thinking. Now it is recognised that women may even enjoy more choice than men as they could choose, at least in theory, to develop a traditional role as mother/housewife, pursue a career or combine the two.
However, much of Erikson’s thinking is still relevant for today and contemporary research suggests that his concepts remain helpful. It is true that boys and girls tend to follow different paths with different sequences and priorities during adolescence but the overall outcomes are ultimately similar. The development of sexual identity is key to both. Adolescent girls are working towards a feminine identity and adolescent boys are working towards a masculine identity. Although many will be working towards a heterosexual version of these roles, society has now allowed for the further possibility that gay and lesbian identities can also be explored. During this time adolescents tend to try out, adapt or reject aspects of these imagined roles.

Before adolescence the child is defined by others, particularly parents. To become adult the child needs to develop a personal sense of identity. This is the mix of self-image, realistic plans for the future, and a sense of personal worth that Erikson identified. The adolescent also needs to make decisions about their careers, beliefs, lifestyle, relationships and their sexuality and to establish a way of living that allows expression of these aspects of self.

**Stress**

Each physical and psychological change during adolescence produces a degree of stress. This can be compounded by the demands increasingly made on adolescents to pass school exams and gain entry to Institutes of Higher Education or make career choices. Although parents may be involved in this decision making and may support them through these difficulties, adolescents also feel the need to separate from parents and make decisions about their own future. In this process, many adolescents have to deal with the heavy pressures laid on them by parents who are not shy at expressing their own expectations about their children’s future.

Relationships between parents and adolescents can become very strained during this period. The adolescent’s need for developing their own identity may be expressed as rebellion against parental beliefs and ideas. In the same way the parent’s need to maintain some level of control over the behaviour, beliefs and aspirations of adolescents can lead to conflict and even breakdown in relationships.

Adolescents who find these pressures difficult to cope with are prone to suffer from depression. For many it is a temporary state but for others it can become debilitating. Some attempt to deal with the problem by running away from home and in a small but alarming number of cases, depression can lead to teenage suicide.

**Youth Culture**

A phenomenon that developed in Western society in the latter half of the twentieth century has been identified that may be labelled ‘Youth Culture’. Youth culture is now a global phenomenon. Initially relating to young people in their early twenties, it currently involves children as young as seven or eight. It is notoriously difficult to define and is becoming increasingly complex. Since its inception it has provided an opportunity for young people to engage with their peers in a common culture defined largely, in the early stages, by musical taste and fashion choices. This culture has, by definition, excluded the older generation and has therefore supported the process of identity formation and helped in gaining a degree of independence from parent’s beliefs, values and lifestyles.

However, as young people have increased their spending power through part time jobs and increased pocket money, youth culture has developed into a multi-million pound consumer industry which is largely market led. Because of the globalization of society and the development of new forms of mass communication such as mobile phones, the internet and social media, youth culture has fragmented into an incredibly diverse series of niche markets and lifestyle choices, many of which are consumer driven. The easy availability of recreational drugs and the tendency to engage in sexual activity at a much earlier age are now part of this cultural ‘heritage’.
Faced with this growing phenomenon, parents are increasingly anxious. Partly this is because they feel that they have little control over the pressures and influences that young people encounter at a critical time in their lives.

Adolescence as a Social Construct

Many sociologists argue that adolescence is a social construction created by twentieth century western society. In the 1970s Gunn had argued that adolescence is an artificially created state which has occurred because of the ever increasing demands of complex modern society. Young people therefore require more knowledge of more things in order to be able to cope with modern life. Rutter also argued that it is society that determines the nature, roles and expectations of adolescence and that adolescence is therefore a socially created category. It is not however a universally accepted category. Each society will determine its own expectations of its youth. Adolescence as we currently know it is the product of prevailing Western culture.

It is certainly true that in some developing countries adolescence as a transitional stage between childhood and adult life is non-existent. In some parts of the world there is no clear distinction between the child’s world and the adult world and people as young as 6 years old are in full time employment. Indeed, 1/3rd of Latin America’s 5-15 year olds are economically active and the transition from childhood to adult life is extremely sudden. On this view, adolescence is a Western luxury.

It must also be remembered that in Western society, our current understanding of adolescence as a transitional period is relatively new. In Victorian Britain, children as young as 7 were often expected to work a 12 hour day and in as much as adolescence existed at all, it was restricted to a period of about a year. Young people married early and could take on adult responsibilities when they were only 14 or 15 years old.

This sociological analysis therefore recognises that adolescence, unlike puberty, is a socially constructed concept rather than a purely natural cross cultural phenomenon.

Christian Tradition

The Christian Church has traditionally marked the transition between childhood and adult life through the service of Confirmation. In the Catholic Church, children were deemed to be responsible for their actions from the age of 7 and confirmation with first communion tended to happen at that time. In the Church in Wales, children have not normally been confirmed below the age of 9 or 10. It has therefore taken place when the church has deemed that children are old enough to speak for themselves, make a lifelong commitment of faith and understand what they are doing when they receive communion.

The number of children presenting themselves for confirmation has dropped substantially in recent years and the Church has reviewed its practice of Christian initiation to avoid associating the sacrament of confirmation with the rite of passage between childhood and adult life.

Those who work with young people have recognised that adolescence may be a time when children move away from the church to re-examine the faith that has been taught to them by parents and church leaders. Conversely adolescence may be a time when groups of teenagers come to faith and accept the teachings of the church with enthusiasm and dedication. This phenomenon is totally consistent with our knowledge of adolescence and goes some way towards explaining why many churches tend to lose children when they become teenagers while other churches develop large congregations of young people who are enthusiastic in their fellowship and life together. The work of Fowler also alerts us to the fact that the faith of adolescents tends to be peer orientated and to understand the complex issues of church life in rather black and white terms.

The church has a rich opportunity to support adolescents through the transition to adult life while recognising the contribution that they can bring to the community of faith. Churches therefore need to affirm the value of young people to the whole life of the church. The church is an all-age community, where each stage of faith has its own authority.
ARRIVE AND WORSHIP

Reflect on any issues that have arisen from the last session.

Worship together.

PROJECT 1.

EXPERIENCING ADOLESCENCE.

Share the work that you have prepared for this session.

i) List the issues facing adolescents today

ii) Share any experiences you wish to of

a) being an adolescent
b) adolescents you know

iii) Identify how these experiences may have changed in recent years.

PROJECT 2.

adolescence and pastoral issues.

Read the following case study.

CASE STUDY

You have been asked to lead a wedding preparation session with a couple, Trystan and Mary, whose wedding is next month in the church.

Trystan and Mary have been living together for the past eighteen months. Mary has one daughter from her previous marriage, Helen, who is thirteen. Trystan has a son and daughter from his previous marriage. His son David is eighteen years old and has just started his first full time job. His daughter Lucy is sixteen years old and is beginning ‘A’ levels at a local college.

Trystan’s wife left him when the children were quite small and eventually moved abroad where she remarried. She has very little contact with David and Lucy.

Mary and her husband Paul divorced two years ago after Mary discovered that Paul was having an affair with a neighbour. Paul deeply regrets the fact that his actions caused the breakdown of their marriage and he now lives alone. Paul lives nearby and sees Helen regularly.

Trystan, Mary, and the three children, live together in a three bedroom house. Lucy and Helen share a bedroom. In the last few days Mary discovered that she is pregnant. Both she and Trystan are delighted. They have told the children.
David seems happy enough about the situation. Lucy is pleased for her father and is very supportive. However, Helen is angry about the whole situation. She didn’t want her mother to move in with Trystan and secretly hopes that her parents will eventually get back together. She has made life quite difficult for the household especially for her mother and Trystan, and, with some encouragement from David, she now wants to move in with her father.

During the wedding preparation meeting, Mary tells you that they really wanted Helen to be a bridesmaid but she has refused and is threatening not to come to the wedding at all. Mary is upset and embarrassed and asks for your advice.

Undertake the following reflective exercise

See – How does this case study make you feel personally and why?
What are your instinctive reactions?
How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of
a) Mary
b) Helen
c) David

Reflect – Identify and examine the broader issues that the case study raises.

What kind of God do you want to witness to in this situation?

Act – Why do you think Mary might have opened up to you?

What actions (if any) might it be appropriate for you or others to undertake.

What would be the intention of your pastoral practice in each case?

Project 3.

Evaluate – Where are the boundaries of appropriate pastoral practice in this case?

Reflection.

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together.

Planning.

Plan your preparation for session 4.
SESSION 5

MID-LIFE ISSUES

For this session

Study the Introduction to the session and undertake supporting reading including Whipp Chapter 10 and Source 5 from the Reading Block

2. Reflect on the questions
   i) What are the issues facing adults in mid-life today?
   ii) What are your experiences of mid-life and/or the experiences of those you know?
SESSION 5

MID-LIFE ISSUES

INTRODUCTION

The Period of Transition

This session deals with that period of life that is usually referred to the mid-life years, albeit though this may be a period that is difficult to define, especially as health and life expectancy has increased for later years of life, at least for some groups in society. Various psychological, sociological and theological factors may inform our understanding of this period of life.

Middle Adulthood

Biological changes come to the forefront during the middle years of life and affect most body systems. The hair begins to thin and turn grey, wrinkling occurs, fat deposits increase and the body contours change. A less active lifestyle during this time is compromised further by a decrease in energy. Functional aerobic capacity is decreased with a resulting decrease in cardiac output. Bone density and mass progressively decrease and a height loss of between 1 and 4 inches can occur. The functional capacity of all organs decrease and blood vessels thicken. Women will experience the biological and psychological changes associated with menopause, the permanent cessation of the menstrual cycle and a reduction in oestrogen production. Symptoms can include moodswings, trouble sleeping, a loss of concentration and a changed sex drive. Men also experience a hormonal change with lowered levels of testosterone production which can result in increased anxiety, depression, loss of sex drive, problems with memory and concentration or the inability to maintain an erection.

Although ‘learning intelligence’ accumulates through education and life experience and continues to increase throughout life, decreases may be experienced in reaction time and cognitive flexibility. Mature adults also tend to have increased social awareness and are likely to assume more civic responsibility.

Mid-life Transition

Mid life can be a time of critical self-review. Men and women tend to question their value to society, their success in relationships and the probability of them achieving unfulfilled life goals. Self-esteem can be affected by the physical effects of aging and by changes in body shape. These middle years can therefore be a time of reassessment, turmoil and change. This is sometimes referred to as a mid-life transition or a mid-life crisis or even a middle-age slump.

Adults recognise that their physical agility is decreasing and for some the inevitability of death is faced for the first time. Others recognise that their lifestyle choices are less flexible than they were. Often mid-life is the time that adults change from being a nuclear family to being a marital couple. Much time may be spent in early mid-life helping adolescents towards independent living, but when the children leave home, marital relationships need to be renegotiated. During this time many couples have frail or ill parents to look after.

When adults in mid-life make decisions affecting their futures they do so by engaging with their personally constructed patterns of values and beliefs. However, if decisions are precipitated by a crisis of some kind, these personally constructed value systems may themselves be challenged and reviewed. This can make the adult both vulnerable as well as open to fresh possibilities and new ways forward.
Changing Work Patterns

When Piaget, Erikson and Kohlberg were developing their theories of human development, most working people expected to have jobs for life and the middle years often involved the man reaching a peak in their chosen career, or dealing with the disappointment of failure to achieve his ambitions.

In today’s society it is likely that individuals will experience more than one career, and indeed more than one career change in their lives. The changing nature of the work place ensures that jobs are rarely for life and individuals are encouraged to see themselves as a marketable resource, able to sell their expertise to the highest bidder. A decline in traditional industry and an increase in the service sector has also led to the increase in part-time, low paid work. Technology has allowed some individuals to work from home or to visit the work place less frequently and others are able to work flexi-time. However, people in the UK still work the longest hours in Europe and many find that their jobs demand this commitment. Because of regular downsizing and the growing propensity for short term contracts, many look to early retirement as a way of creating freedom in their lives to undertake activities, both paid and voluntary that give them pleasure and a measure of fulfillment. Those in mid-life therefore often find themselves contemplating a career change or looking to early retirement from their present occupation.

The Self as Project

Allied to these significant changes in the world of work is the growing understanding in society that the self is a project that is open to reinvention. In the past identity tended to be associated with family and career choice. This was particularly true of the middle classes but was also a key factor in the self worth of working class men and women. Increasingly society encourages individuals to create identities for themselves and to reinvent themselves at different stages of their life. Popular culture is full of icons who reinvent themselves. Pop stars reinvent their images, soap stars reinvent themselves as singers and sportsmen reinvent themselves as television presenters. The popular media is full of examples of ways in which men and women have become tired with their lives and have ditched partners, changed jobs, moved house, changed their name and reinvented themselves as new people.

This culture provides a background atmosphere in which people in mid-life may look for radical change in their lives and attempt a measure of reinvention. An increasing number of people change jobs and move house during mid-life and statistics prove that a growing number divorce and remarry during this time. For many, mid-life is therefore no longer a time for quiet maturity. It is no longer a time, as the psychologist Havighurst suggested in the 1950s, for peaking in one’s career and achieving mature social and civic responsibility. With an expectation of thirty more active years, it can rather be a time for a growing number of people to look for a new beginning, new challenges and even new relationships.

The Christian Tradition

Within the Christian tradition, people in what we now call the mid-life age range would be expected to make a full contribution to the life of the church. In recent times, many have discovered a vocation to priest hood in the early part of their mid-life period and have been ordained into stipendiary ministry. Those who undertake lay or ordained ministry are almost always drawn from people in mid-life who have more time for training and more time to undertake the demands of ministry.

People in mid-life are ideal candidates for local leadership roles because of their ability to express a mature faith; to live with contradiction and acknowledge doubt; to differentiate between personal wants and needs, those duties demanded by society and the principles by which to live. As the ability to study and accrue new knowledge and experience is not diminished during this time, training is usually completed successfully.

People in mid-life are also most likely to be primary carers of elderly parents or relatives or for adult children or grandchildren. The church needs to acknowledge a responsibility to care for those who are primary carers, to support them and to enable them to function as effectively as possible. This may mean that the church allows them space to fulfil this role adequately and does not attempt to make unrealistic demands on their time. The church also has the opportunity to support people in this phase of life and to help them work through the changes and pressures particular to this time.
GROUP SESSION 5

Arrive and worship

Reflect on any issues that have arisen from the last session.

Worship together.

Project 1.

Experiencing Mid-life.

1. Share the work that you have prepared for this session.
   i) List the issues facing adults in mid-life today
   ii) Share your experience of mid-life and/or the experiences of those you know.

Project 2.

Mid-life and Pastoral Issues.

Read the following case study.

CASE STUDY

Eric and Margaret are in their fifties. They have been married for thirty years and have lived in the village all that time. Margaret is the church warden and you have gone to see her to pick up the keys to the church when she invites you in for a coffee.

You know that they have two daughters both of whom have married and are living in the area. There are no grandchildren at present but one daughter is expecting her first child.

Eric runs a small agricultural engineering business and Margaret manages a small book shop. They see their daughters on a regular basis.

Margaret confides in you that Eric has felt for some time that he would like to sell his business. In fact, his ambition is to sell up and move to a Scottish Island and ‘live the simple life’ while he’s young enough and fit enough.

Coincidentally, a croft has come up for sale on the Isle of Skye and he has been made an unexpected offer on his business.

Eric sees this as a sign that it is time to move. Margaret is very unsure. She’s happy with their life as it is. She likes her job and enjoys seeing their children on a regular basis.

She is very fearful about the future and the fact that being so far away from their daughters and future grandchildren. She would also have to give up being church warden a role that she has valued and been valued in for the last 15 years.

You leave concerned for her.
Undertake the following reflective exercise

**See** – How does this case study make you feel personally and why?  
What are your instinctive reactions?  
How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of  
a) Eric  
b) Margaret  
c) Yourself

**Reflect** – Identify and examine the broader issues that the case study raises.  
What kind of God do you want to witness to in this situation?

**Act** – Why do you think Margaret might have confided in you?  
What actions (if any) might it be appropriate for you or others to undertake.  
What would be the intention of your pastoral practice in each case?

**Project 3.**

**Evaluate** – What issues of integrity does this case raise for the pastoral practitioner?

**Reflection.**

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together.

**Planning.**

Plan your preparation for session 6.
SESSION 6

LATER ADULT LIFE

For this session

1. Study the Introduction to the session and undertake supporting reading including Whipp Chapter 11 and Source 6 from the Reading Block.

2. Reflect on the questions
   i) What are the issues facing adults in later life today?
   ii) What are your experiences of later life and/or the experiences of those you know?
SESSION 6

LATER ADULT LIFE

INTRODUCTION

The Period of Transition

This session deals with that period of life that is usually referred to the later adult years. Various psychological, sociological and theological factors may inform this situation.

The Later Adult Years

Ageing is a process that is universal, progressive and incremental. Although generalizations are dangerous, most biological processes peak at the age of 30 and then decline until death. Later adulthood will therefore be characterised physiologically by a gradual, terminal decline.

However, life expectancy has recently extended significantly. According to statistics from the United Nations, a baby born in 1900 had a life expectancy of 46.3 years (male) and 48.3 years (female). By 1983 this had risen to 70.8 years (male) and 77 years (female). Current standards of living, nutrition and medical care suggests that the survival rate will continue to increase significantly in the industrialised world over the next few decades. In 2010 10 million people in Britain were of pensionable age and this has continued to rise significantly and is projected to reach 19 million by 2050 (according to the Office of National Statistics). There are currently 3 million people over 80 in the UK, projected to rise to 9 million by 2050. The fastest growing age group is currently those who are 85+. This means that the most significant rise in the population is currently among those who are very elderly. Within this there is also a gender bias. In the 75 to 84 age group women outnumber men by almost 2-1 and in the 85+ age group by 5 to 2. The age structure of the present elderly population reflects the impact of two world wars and the loss of men in action. However, during the twentieth century, female life expectancy has improved more than male life expectancy.

With ageing, brain weight decreases although there is no evidence to suggest that elderly people are less intelligent overall, although the particular abilities measured by IQ decrease slowly and elderly people are no less able to learn. Access to education in retirement will therefore be as beneficial to individuals as at other times in their life. However, a significant number of diseases and disorders can impact on cognition in old age. These include Alzheimer’s disease, benign senescent forgetfulness, dementia, delirium and depression.

The elderly experience age-related decline in their sight, hearing, taste, touch and smell, although individuals vary in the extent to which any of these become problematic. Allied to a general decline in all the biological functions and to an increased vulnerability to disease, these can affect social intercourse and personal mobility in the later years.

Self-perception is a key influence in the way that people deal with their later years. Because, as a general rule, personality traits tend to remain common throughout individuals’ lives, those who have a positive attitude to life in their younger years tend to keep this as they age. Conversely, those who tend towards a negative attitude usually bring this into old age. Hence those elderly people who suffer from disabilities can remain cheerful and positive while those with good health and sound finances can be excessively negative.
Retirement

During the later years, family roles and social relationships can change a great deal. One of the key factors is often retirement. It can be argued that retirement, like adolescence is a social construct of the developed Western world and a product of an industrialised and technically sophisticated society. Many countries in the world do not have a fixed retirement age and offer no benefits for the retired. Certainly the economic potential of the retired (the so-called grey pound) has been recognised over the past years in the West and is increasingly exploited, especially in the leisure and travel industry.

Many look forward to retirement as a time when they can experience rest and leisure, travel and sport. This inevitably relies on good health and sufficient financial resources and evidence suggests that pension funds are struggling to produce the kind of regular incomes that were initially promised. The experience of many pensioners is rather different. Poor health, inadequate housing and a low income make survival difficult from week to week.

During retirement couples often have to re-adjust to each other and re-negotiate their relationship. In a traditional household a man might have worked for all his married life and might find time at home difficult to fill. The woman in that relationship might find it difficult for him to be at home all the time and together they might find it difficult to adjust.

For many, work has been a significant source of identity and relationships. Old roles and relationships may therefore need to be left behind and new roles embraced. Perhaps there may be time to develop new friendships and spend more time with grandchildren. Also, opportunities for part-time or voluntary work might bring new roles and responsibilities.

Many people decide to move on retirement. Some sell up and move to another part of the country and even abroad. In doing so, many leave friends and family and move into a place where they are not known and where they have no roots. This can be particularly problematic if the move is followed by chronic illness or bereavement.

Bereavement

Statistics suggest that widowhood may be a significant experience in retirement and that the first person to die is likely to be the man. Bereavement and subsequent re-adjustment are therefore a common experience in later adult life. In traditional family units men may have paid the bills and women may have cooked. Bereaved partners may therefore need to learn new skills as they adjust to life alone. Not surprisingly, loneliness is one of the greatest fears of later adult life.

Failing Health

Failing health is an inevitable consequence of ageing. With life expectancy growing all the time, many adults can look forward to 25 active years in retirement. However, failing health and decisions about health care will inevitably become an issue as time goes by. For many this is an issue of dependency. Many adults in their later years are fiercely independent and want to look after themselves and their dependents for as long as possible. This is a major issue for people whose health is beginning to fail and decisions about moving into sheltered accommodation or into a nursing home can be traumatic both for the individual and their family. Many adults in mid-life are primary carers for their elderly parents. If their parents are forced to move into specialist accommodation they can be made to feel inadequate and guilty.

Myths of Ageing

Society in general still tends to be rather dismissive of the elderly. Ageism is an issue in society and 8.6% of the elderly are likely to suffer from elder mistreatment including 4% who reported having suffered this in their own homes (The Prevalence Study, Dept of Health/Comic Relief 2007). Ageism is partly fed by some common myths.
The first of these is that the elderly are unproductive and therefore are a burden on their families and the state. In fact the grey economy is thriving in Britain and the elderly make an enormous contribution to society through a significant engagement in part-time and voluntary work.

Another is that the elderly disengage from society. It was once believed that disengagement may be a general human trait and that the elderly were naturally inclined to disengage from society and from family relationships. In fact an increasing number of people in their later adult life begin new relationships, and engage creatively in new pursuits.

It is often believed that the elderly are mentally inflexible and resistant to change. This again cannot be borne out by the evidence. Inflexibility is a trait common to people of all ages and no more likely to be true of the elderly than any other age group.

Many believe that elderly people suffer inevitably from senility. Although some elderly people are subject to certain conditions that can affect cognitive processes, people in later life maintain general levels of intelligence and cognitive ability until the end of their lives.

Equally there is a myth that elderly people are serene. The expectation that age will bring acceptance, serenity and a desire to ‘grow old gracefully’. There is evidence to suggest that elderly people do have an increased interest in issues of spirituality, but there is no evidence to suggest that serenity is a characteristic of later adult life.

The Christian Tradition

Throughout the scriptures the elderly are revered for their wisdom, insight and leadership skills. Although there is ample evidence in the Old Testament that old age does not necessarily always bring wisdom and respect, there is a strong belief that to come into old age with wisdom and a leadership respected and accepted by the community is the way that God intended things to be. This is picked up in the New Testament where it is assumed that the older generation will be respected by the younger and will provide appropriate wisdom and leadership to the church community. And yet there is also a growing understanding that the experience of ageing is at the same time the experience of new life. As Christians experience the present travail, they will come to maturity and to perfection.

The church has a rich opportunity to support elderly people through the transitions of later adult life while recognising the contribution that elderly people can bring to the community of faith. Churches therefore need to affirm the value of older people to the whole life of the church. The church is an all-age community, where each stage of faith has its own authority.
Arrive and worship

Reflect on any issues that have arisen from the last session.

Worship together.

Project 1.

Experiencing Later Life.

Share the work that you have prepared for this session.

i) List the issues facing adults in later life today

ii) Share your experience of later life and/or the experiences of those you know.

Project 2.

Later life and Pastoral Issues.

Read the following case study.

CASE STUDY

Connie is in her late seventies. She lives in a house on a large housing estate in an area where a lot of people her own age live. They moved there when George retired.

Connie and her husband were faithful members of their local church. However, when George became ill they found it difficult to get to church. Connie couldn’t drive and George wasn’t fit enough.

George died less than six months ago and Connie herself has always suffered from poor health and is waiting for a hip replacement. Connie is finding it difficult to cope without George. They were married for more than fifty years.

They have two children, a daughter Carys living in America, and a son Tomos who lives in the West Country.

Connie’s son is very worried about his mother and is putting her under pressure to sell up and to move in with him and his family. However his wife is very unsure about having her mother-in-law move in with them especially as there are household tensions with their adolescent children.

You have known Connie through the church for many years and you visit her regularly with home communion. Tomos phones you up and asks you to help him convince Connie to move in with him.
Undertake the following reflective exercise

**See** – How does this case study make you feel personally and why? What are your instinctive reactions? How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of:
- a) Tomos
- b) Connie
- c) Yourself

**Reflect** – Identify and examine the broader issues that the case study raises. What kind of God do you want to witness to in this situation?

**Act** – Why do you think Tomos might have called you? What actions (if any) might it be appropriate for you or others to undertake. What would be the intention of your pastoral practice in each case?

**Project 3.**

Evaluate – In what ways can you be prepared for unexpected moments like this case?

**Reflection.**

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together.

**Planning.**

Plan your preparation for session 7.
SESSION 7

ILLNESS AND PASTORAL PRACTICE

For this session

1. Study the Introduction to the session and undertake supporting reading including Whipp Ch 8 and Source 7 from the Reading Block.

2. Reflect on the questions
   i) What are the issues facing people who have long term or chronic illnesses today?
   ii) What are your experiences of illness or the experiences of those you know?
SESSION 7

ILLNESS AND PASTORAL PRACTICE

INTRODUCTION

Illness and Disease
In western industrial society understandings of health and illness have been dominated by a medical paradigm that has understood illness in terms of the organic pathology of ‘disease’. Diseases are identified in relation to certain pieces of biochemical evidence which are assumed to be identical wherever they occur. On this model, diabetes is the same entity whether encountered in Birmingham or Papua New Guinea. On the other hand illness is a word that most usually refers to the subjective experience of disease. Simply put, people fall ill, organs have diseases.

The same issues affect the concept of health. Within the scientific medical paradigm, health is defined as the absence of disease. However it is clear that health has other dimensions. It is perfectly possible for example for a person to have a disease yet feel healthy. In the same way it is possible for a person to feel ill but have no disease. The scriptures also teach us that, although there is often a connection between physical, psychological and spiritual health, wholeness is a concept that is not entirely governed by physical wellbeing. Therefore, in the Christian tradition physical suffering has often been acknowledged as a key element in the journey to fullness of life.

This means that concepts of illness and health have psychological, sociological and theological perspectives. The seriously ill person will be subject to a range of feelings about their circumstances. They will be placed in a series of social contexts that relate specifically to that illness. Further, the illness may inaugurate a search for ultimate meaning. If they are practising or nominal Christians, they may pray or ask others to pray for healing.

Psychological Perspectives
Serious illness can have a considerable impact on both the individual and those around them. Altered body image, immobility, lack of freedom, changes in status and a crisis of faith can all be consequences. People often feel that they lose control of their lives in sickness and become subject to the control of doctors and health institutions as ‘patients’. Therefore those who experience serious illness are keen to seek answers to five questions in order to reassert some measure of control. What is wrong with me (the identity of the disease)? What will happen to me (the consequences)? How long will I be ill (the time line)? Why has this happened to me (causes)? What can be done about it (cure)?

Because individuals often feel that they have lost control over their lives it is often most difficult for people to cope with the tension of not knowing the identity of a disease, especially when awaiting the results of diagnostic tests. Paradoxically, those who are informed that they have cancer often feel some measure of relief that the disease has been named. Now at least it can be confronted and fought. It is also difficult for patients when medical staff are unable to tell them what will happen to them. Some diseases such as Multiple Sclerosis are difficult to diagnose and some, such as Parkinson’s Disease, have unpredictable outcomes.

Engaging with these questions produces significant levels of anxiety and stress for both the ill individuals and relatives. In western societies a high level of expectation is placed on the medical profession.
Therefore, although patients are aware that some conditions are, or can be terminal, there is still a belief that doctors will be able to provide full and unequivocal answers to their questions and deliver appropriate cures and care. These high expectations can often lead to unrealistic expectations being placed on medical staff and health institutions by both patients and relatives and, in an increasingly litigious age can lead to blame and recrimination.

Those faced with terminal illness may go through a number of psychological stages. In her book, *On Death and Dying* (1969) Kubler-Ross identified five stages that were encountered by those who were facing death although it was recognised that these were not necessarily sequential. They are: denial, anger, bargaining, depression and acceptance. Those who care for the terminally ill will therefore need to recognise the elements in this process in order to be effective in their care and support.

**Social Perspectives**

When a person becomes ill there are social consequences. Those who are working may need to take long term sick leave. This may have serious implications for their financial situation and their future career prospects. Those who are sick may also suffer a degree of social isolation and long-term sickness may be particularly debilitating in narrowing social horizons. Individuals may also suffer from a change in social status. Some may move from being breadwinners to dependents, others may move from being mothers to patients etc.

Perhaps the most significant change may come with hospitalization. People in hospital become ‘patients’ and encounter a situation that is both unusual and unfamiliar. At a time when they may be vulnerable because of illness and uncertainty about the future, patients are faced with a range of conditions that may challenge or disturb them. They may experience a loss of personal space and a lack of privacy. Some may be embarrassed if placed on a mixed ward and many find it unsettling to be in a closed environment with other sick people, often with disturbing symptoms. They will be required to conform to an institutional routine and culture that may at first seem very threatening.

Alongside this patients may have to cope with examinations, tests and procedures that are invasive and provoke a sense of a loss of their personal dignity. This may be compounded by a lack of quality information about hospital procedures and treatment. For the patient, these circumstances can combine to create a sense that they have lost their personal autonomy. This can lead to behaviour that is marked by aggression, or, and this is more likely, it can result in dependence on medical staff and compliance with the hospital’s institutional life. Indeed long-term stays in hospital can lead to a debilitating institutionalisation for many patients.

**A Healing Ministry**

Throughout the scriptures there is recognition that true peace, happiness and wholeness reside in a right relationship with God. By natural contrast there is also an association between sickness and sin and those who were sick in body or mind were often excluded from the ongoing life and worship of the people of God. In the gospels, Jesus came to seek out those who were lost, to enlighten those who would listen, and defeat the powers of darkness that challenged God’s authority and power. His work of reconciliation therefore included a ministry of healing. Through healing those who were sick in body or in mind, Jesus proclaimed forgiveness from sin and victory over the powers of darkness. He gave back to people their sense of worth and allowed them to take their full place again as members of the worshipping community.

As well as undertaking a ministry of healing, Jesus taught that reconciliation with God could only ultimately be achieved through his own death and resurrection. He therefore called his disciples to follow him along this road that led to death. On the journey to his passion, Christ taught his followers that it was through suffering and death that fullness of life was to be revealed.
The church lives between the times. It lives with the salvation brought by Christ while proclaiming that life in its fullness is still a future hope. The people of God continue to experience times when individuals are healed from their infirmities so that God’s glory may be revealed and the faith of the church can be strengthened. They also continue to experience times when an individual’s suffering unto death completes the suffering of Christ and brings wholeness and newness of life to that person and to the whole community. In that sense those who are sick have a ministry to others.

Healing, reconciliation and restoration are therefore integral to the good news of Jesus Christ. For this reason prayer for individuals, focussed through laying on of hands or anointing with oil has a proper place within the public prayer and liturgy of the church. God’s gracious activity of healing can be seen as part of the proclamation of the good news of Jesus Christ and as an outworking of the presence of the Spirit in the life of the church.

While Church in Wales Publications provides some resources (such as Healing Services 2008 – not currently available online), a particularly good resource is provided by the Church of England in the form of Common Worship: Pastoral Services (http://www.churchofengland.org/prayer-worship/worship/texts/pastoral.aspx) to support the church’s healing ministry. This is in five parts. There is the provision for Holy Communion at home and in hospital; prayers for protection and deliverance; pastoral guidelines on ‘prayers for individuals in public worship’; a ‘Celebration of Wholeness and Healing’; and ‘The Laying on of Hands with Prayer and Anointing at Holy Communion’. The ministry of healing therefore has its proper place within the public liturgy of the Church. Where services of healing and reconciliation happen in hospital or at home, that is an extension of a ministry that is corporate and public. The symbols used in the ministry of healing are reminders of the corporate nature of our faith and our belonging to the body of Christ. Olive oil is suggestive of the wholeness of new life in Christ. The laying on of hands, an ancient sign of blessing, commissioning and empowering evokes and acknowledges the work of the Holy Spirit.

Pastoral practitioners engage in the church’s healing ministry in appropriate ways and can enhance their ministry through the use of appropriate liturgical forms.
GROUP SESSION 7

Arrive and worship

Reflect on any issues that have arisen from the last session.

Worship together.

Project 1.

Experiencing Illness

Share the work that you have prepared for this session.
Reflect on the questions:
i) List the issues facing people who have long term or chronic illnesses today.
ii) Share, to the extent that you wish, your experiences of illness or the experiences of those you know.

Project 2

Later life and Pastoral Issues.

Read the following case study.

CASE STUDY

Philip has had to stop work. He has been ill for the past seven years. The illness is not life threatening though his condition is likely to get worse, with increasing physical incapacity. About three years after he was diagnosed, his employer transferred him to an office-based post because he could not cope with the travelling involved in his previous job. Recently, Philip has begun to find stairs very difficult and this has made it impossible for him to continue at the office. At home Philip has to sleep downstairs until a stair lift can be installed.

Philip’s wife Janet has tried to encourage him to contribute to the domestic life of the home but this has not made up for the loss of his job and he is suffering from depression. Janet has a well-paid position with a local company that is sympathetic to her circumstances. She wants to keep working, partly to continue the mortgage on the substantial house that she and Philip bought when they were both earning. She is struggling to cope with the uncertainty created by the knowledge that Philip’s need for care will increase and that eventually he will need someone with him at all times. She is also concerned to try to maintain as normal a way of life as possible for their children, Stephen, who is 13 and Sarah, who is 11. They have not found it easy to deal with their father’s changes of mood and there have been a lot of arguments. Philip regularly spends periods of three days in the hospital receiving treatment and although she is reluctant to admit it, Janet looks forward to these periods as brief interludes of normality.

The family has little connection with the local church but Janet joined the flower rota some time ago and twice a year provides and arranges the altar flowers. You are responsible for the flower rota and Janet has contacted you to ask to be removed from the rota because she does not feel she has time to do it. When you call to see her she asks if the church could pray for her and Phillip as she does not know where else to turn.
Undertake the following reflective exercise

**See** – How does this case study make you feel personally and why?
What are your instinctive reactions?
How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of
a) Phillip
b) Janet
c) Your local church

**Reflect** – Identify and examine the broader issues that the case study raises.
What kind of God do you want to witness to in this situation?

**Act** – Why do you think Janet might have contacted you?
What actions (if any) might it be appropriate for you or others to undertake.
What would be the intention of your pastoral practice in each case?

**Project 3.**
Evaluate – What is the nature and value of effective listening in a case like this?

**Reflection.**
Each share briefly what you have learned from this session.
Say how this session has made you feel.

Worship together.

**Planning.**
Plan your preparation for session 8.
SESSION 8

BEREAVEMENT
AND PASTORAL PRACTICE

For this session

1. Study the Introduction to the session and undertake supporting Reading including Whipp chapters 5 and 6 and Source 8 from the Reading Block.

2. Reflect on the questions:
   i) What are the issues facing people who are experiencing bereavement today?
   ii) What are your experiences of bereavement or the experiences of those you know?
SESSION 8
BEREAVEMENT
AND PASTORAL PRACTICE

INTRODUCTION

Bereavement
Those who suffer the death of a loved one normally suffer grief. Grief is commonly associated with feelings of pain, confusion and distress. It is an emotion that draws the individual towards something that is lost, an awareness of the discrepancy between the world ‘as it is’ and the world ‘as it should be’. All human beings inevitably experience grief and it is almost impossible to travel through life without losing a loved one. In his book, ‘A Grief Observed’ (1961:5) CS Lewis wrote, ‘No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep swallowing. At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me’.

The term ‘bereavement’ is particularly associated with the loss of a loved one but can be used to characterise any major loss such as disability, unemployment, retirement and divorce. However, unlike grief, bereavement may not necessarily be associated with unhappiness. It may therefore be possible to experience bereavement without grief.

The death of a loved one will however almost inevitably lead to feelings of grief. The reaction of the dying person approaching death was conceptualized by Kubler-Ross (1969) in her book, ‘On Death and Dying’. As noted in the introduction to Session 7, she identified five stages that a dying person might encounter before death. She further argued that the psychological responses of the dying often mirror those of the bereaved person during the post-death period. Therefore the bereavement process is also characterised by the same stages of denial, anger, bargaining, depression and acceptance.

The relationship between the carer and those who are dying is of significance for the bereavement period. There is some evidence to suggest that those who care for the dying may either begin a process of disengagement with the person before death and begin to ‘let-go’ of their relationship. However it is more common for people to intensify their relationship with the dying person by providing constant and focussed care. Both processes are not without difficulties. The first response may leave the dying person with feelings of abandonment and the second tends to leave the carer socially isolated. This can add to the difficulty when the person finally dies.

The Bereavement Cycle
The bereavement cycle is a description of the phenomenon commonly experienced by people who are grieving a loss. The cycle is valuable as a generalised description of what is common to human grief because it provides carers with a means of what is happening to the bereaved person at a time when questions might be insensitive or inappropriate, or when the person’s account may be confused. It is also valuable as a basis for reassuring the bereaved that the experience they are having is not unusual and is not evidence of imminent psychiatric breakdown.

It is important to recognise that the cycle is not a prescriptive programme for grieving and it is unlikely that any individual’s bereavement would exactly correspond to the cycle. It is also important to note that while the cycle is divided into stages or phases that can be related to the lapse of time after the loss, the cycle is
not sequential. Evidence suggests that at any one time individuals may experience phenomena that are typical of more than one stage. It is also evident that a renewal of grief accompanied by a return to an earlier stage of the cycle can be stimulated by encountering circumstances that have a strong link with the person who has died. This can be triggered by visiting a favourite place, the arrival of their birthday or looking at photographs or one of their treasured possessions. A subsequent bereavement may also trigger a recurrence of the bereavement cycle.

In his book, ‘Bereavement as a Psychological Transition: processes of adaptation to change in nursing older people’ Parkes (1993) provides an example of the bereavement cycle. He identifies four phases of bereavement. These are

1. Numbness – feelings of shock
2. Yearning - pining for the lost one, able to deny the permanency of the loss, often displaying feelings of anger
3. Feelings of despair - an inability of the bereaved to function in their normal environment
4. Acceptance - behaviour is reorganized and life ‘pulled back together’

However, the problem with this cycle is that it suggests that bereavement is an essentially passive process, something that the bereaved person has to pass through before their grief can be resolved. Therefore, in his book, ‘Grief Counselling and Grief Therapy’ (1991) Worden offers a more pro-active example of the cycle which he entitles the ‘tasks of mourning’. This may also provide the carer with a more useful approach. Four specific goals can be formulated that correspond to the four tasks of grieving that he identifies.

1. To increase the reality of loss – helping bereaved people to talk about their loss and all the circumstances around it. It is important for the bereaved person to be completely aware that their loved one is dead and will not return. In accepting this reality they will be able to deal with the emotional impact of their loss more easily.
2. To help the bereaved person deal with both the expressed and latent effect of bereavement – helping them to work through feelings of anger, guilt, anxiety and helplessness.
3. To help bereaved people overcome various impediments to readjustment after the loss – helping them to live without the person they have lost and to make decisions independently.
4. To encourage bereaved people to say an appropriate ‘goodbye’ and to feel comfortable re-investing back into life (helping them to find a place for the person they have lost so that they can move forward and form new relationships).

Pastoral practitioners will encounter bereavement and grief in a variety of ways and will be involved in supporting people through this process. An understanding of the bereavement cycle may allow a carer to recognise instances where grief work is hindered or has become stuck at a particular stage in the cycle.

**Death in Post-modernity**

Death has been described as modernity’s final failure. In the brave new world of scientific progress, it had always been assumed that modern medicine would eradicate disease and that people would be able to live long and fulfilled lives. Even though this brave new world has not materialised across the globe, the span of human life has increased significantly in Western industrialised society and many forms of disease are under control. In such an environment, death has increasingly come to represent a failure of the scientific enterprise.

In the same period death has become increasingly medicalized and more and more subject to clinical practice. Whereas in previous generations death was mostly managed in the home by relatives and friends, now it is managed by hospitals and undertakers. In the past, carers would feel it a duty of love to lay out their dead relatives and to have the body in the house to be viewed by family and friends. Now bodies are removed to a clinical environment as soon as possible and viewed by relatives, if at all, in the undertaker’s chapel. For this reason people do not have the same opportunity to view death, to own its consequences and to recognise the natural part that death may play in the life of human families.
In post-modernity there is also evidence that there is no longer a common narrative about death. There have always been a variety of beliefs about death that form part of an essentially Christian folk tradition that have included some generalised beliefs about the status of the dead body. However, it seems that there is a great deal more sensitivity being shown to how the dead body is treated. Relatives are increasingly likely to include a number of personal items with the body in the coffin. The chief executive of a hospital recently resigned because it was deemed disrespectful and inappropriate that dead bodies had been stacked in the chapel of his hospital when the mortuary became full. The church has undergone some difficulties in recent times by maintaining that graves should not be personalised by the addition of photographs and other items. A public outcry has greeted disclosures that hospitals have removed and retained organs from dead people without the relative’s permission. In post-modernity there are no agreed narratives about death but it does seem as if the dead body may be gaining in importance as a representation of the departed person and a focus of the grief of the relatives. Perhaps this may in part reflect the growing significance of the human body as the locus of the self in postmodern society or it may be seen as a reaction to the medicalisation of death in modernity.

The Christian Story

Faced with bereavement and grief it is the responsibility of pastors to tell the Christian story of life triumphing over death through faith in Jesus Christ by personal witness and an engagement with the church’s liturgy. Supporting people through the funeral service by helping to make the liturgy as helpful as possible in supporting the process of grieving may be a key part of this process. In his book, ‘New Handbook of Pastoral Liturgy’ (2000:195) Michael Perham lists the purposes of a funeral service as seeking to bring a community together

· to honour life
· to commend the dead to God
· to give space for grief and yet to move people on
· to express the love and compassion of God to the bereaved
· to proclaim the gospel message of Christ’s death and resurrection
· to warn of the inevitability of death and to encourage them to walk in this life with an eye to eternity
· to take leave of the body and to say farewell
· to dispose of the body reverently

The funeral service itself is therefore a key way of telling the Christian story and enabling the bereavement process along its path. Witnessing to the Christian truth through ongoing care and support will also proclaim the Christian hope.

Not all situations of bereavement will involve the death of a loved one. Sometimes bereavement may follow the loss of a job, a marriage breakdown, retirement or a physical disability. Evidence suggests that the process will be similar to that experienced with the death of a family member and that the support required will also be similar. Again it is possible for Christian care to be distinctive. The use of the church’s liturgy and the pastor’s personal witness to the love of Christ in any situation of loss will a significant way in which the Christian story can be told.
GROUP SESSION 8

Arrive and worship

  Reflect on any issues that have arisen from the last session.
  Worship together.

Project 1.

Experiencing Bereavement

Share the work that you have prepared for this session.
  Reflect on the questions:
  i) List the issues facing people who are experiencing bereavement today.
  ii) Share, to the extent that you wish, your experiences of bereavement or the experiences of those you know.

Project 2.

Bereavement and Pastoral Practice

Read the following case study.

CASE STUDY

Shaun was 16 when, working on the family farm, he rolled the tractor over and was killed.
Shaun’s family, parents Megan and Gethin, and his younger brothers, Harri (13) and Dylan (8), have been members of the farming community on the edge of your market town for several generations and are much respected and well known in the local community. Shaun and his girlfriend Chloe (15) attended the local High School together with Harri and Dylan is a pupil at the local church primary school. Shaun was a Scout, a member of the group that meet in your church hall.
Although the family, who are not regular church attenders, feel more of a connection with a nearby village chapel, they have asked for the funeral service to be held in the Parish church that you attend because so many people are expected to come to the service. There has been extensive coverage of the tragedy in the local press and an outpouring of grief and shock locally. While the family have appreciated the level of concern expressed for them they are beginning to feel overwhelmed, and somewhat resentful over the level of public interest which is starting to feel intrusive.
The Vicar of the church is relatively new to her role, her first incumbency. She is somewhat nervous about the situation but is keen to ensure that the church responds to the needs of the different people and groups concerned and the wider community in an effective pastoral way.
She has called you together, as members of the pastoral team of the church, so that you can plan how the church will respond and asks for your input.
Undertake the following reflective exercise

**See** – How does this case study make you feel personally and why?  
What are your instinctive reactions?  
How do these feelings and reactions help and hinder your understanding of the situation?

Describe the situation from the perspective of the various people and groups involved.

**Reflect** – Identify and examine the broader issues that the case study raises.

What kind of God do you want to witness to in this situation?

**Act** – Why do you think the Vicar might have called the meeting?  
What actions (if any) might it be appropriate for you or others to undertake.  
What would be the intention of your pastoral practice in each case?

**Project 3.**

Evaluate – What are the tensions between providing care for individuals and for a community in a case like this?

**Reflection.**

Each share briefly what you have learned from this session.

Say how this session has made you feel.

Worship together, offering the term's work to God.
ASSIGNMENTS

Candidates should complete ALL of the tasks below.

1. In 1500 words address the question:
What does it mean to be an effective Christian pastoral practitioner?

Candidates should show knowledge of
i) Different models of pastoral care
ii) The contribution made by theological and biblical perspectives
iii) The practical skills necessary for effective practice.

2. In 1500 words, address the question:
How might the church effectively accompany people as they face the issues raised by ONE of the following:
   Gender and/or sexuality
   The birth of a child
   Adolescence
   Mid-life
   Later Adult Life
   Illness

Candidates should show knowledge of:
   i) The issues experienced by people in relation to this aspect of life
   ii) Sociological and psychological perspectives on this aspect of life
   iii) Theological reflection on this aspect of life
   iv) Ways in which the church can engage in effective pastoral practice in relation to this aspect of life.

3. Consider the following case study:

Brian and Sheila live along the road. Four months ago their only son, Bob, died of cancer following an illness that lasted about six months. Bob and his wife Christine lived in the next village from the time of their marriage. Brian and Sheila were closely involved in caring for him, and for Christine and their two young children during his illness, but when arrangements were being made for the funeral a rift developed, though the family gave no sign of this at the service. During his illness Bob told Sheila that he wanted to "come home" and to be buried in the family grave in the local churchyard and she put this forward as his special wish. Christine was adamant that Bob had always wanted to be cremated and his ashes scattered. In the
conversation Christine accused Sheila of ‘trying to get her boy back’. Christine’s wishes prevailed and Bob was cremated. Soon after the funeral, Christine and the children went to stay with her parents who live about 150 miles away. During their stay Christine saw a house she liked and decided she would be better off in her home town because, as she said ‘there is nothing left for her’ in the village where she and Bob lived. Sheila has interpreted Christine’s decision as a deliberate attempt to take the grandchildren away from her and Brian. She is in an emotionally volatile state. Brian was very caring to begin with, but is growing tired of her attitude and wants her ‘to pull herself together’. The neighbours are also finding her difficult to cope with. The priest has learned of the situation through follow-up visits and has asked a pastoral assistant to visit the family.

In 1500 words, analyse and reflect on the situation described and suggest appropriate courses of action for the pastoral assistant.