



The professionalization of pastoral caregiving: A critical assessment of pastoral identity within the helping professions

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Abstract

Pastoral caregiving within a clinical setting and the parameters of interdisciplinarity and a team approach to healing and helping, cannot escape the public demand for a professional approach to caregiving i.e. safeguarding the well-being of people and patients. In this regard, differentiation in terms of theory, paradigmatic conceptualization, and directives for a base anthropology, are paramount. To detect the identity of the pastoral caregiver within the parameters of the pastoral ministry and the Christian tradition of *cura animarum*, the research focuses on the theological paradigm for comfort and compassion. It is argued that the professional stance of caregivers is shaped by biblical hermeneutics. The theological characteristics of pastoral interventions and engagements are determined by the appropriate God-image of compassionate being-with as pastoral exemplifications of a *theologia crucis*, directed by a *theologia resurrectionis*.

Keywords

Pastoral care; professionalization; professional identity; psychologization; biblical hermeneutics

1. Introduction¹

The article seeks to broadly outline some of the challenges faced by pastoral care identity in lieu of ministry. Within the interdisciplinary discourse and contact with various disciplines within the field of healing and helping, it became evident that the pastoral ministry cannot escape the need for professional based care to promote human wellbeing. In this regard, one of the main themes has become the progression from church-based ministry to a professionalized service. Of particular concern in this progression is how the psychologization as a key element of professionalization has impacted the theological and vocational attributes of pastoral care (De Vos 2012). With reference to the research of De Vos (2012), Juneman Abraham and Any Rufaedah (2014:518) stated that “psychologization” in the modern era is seeping into many aspects of life, be it politics, economics, or even social and culture. Very specifically the area of religion has become infiltrated by conceptualizations borrowed from the human sciences. Without any doubt, this process of psychologization impacts on the paradigms applied by spiritual leaders, chaplains, ministers, and caregivers. In fact, it impacts on the identity of those involved in social outreach, pastoral caregiving, and all forms of community development. The psychologization of healing and helping put the “vocation” of the professional caregiver on the agenda of caregiving and counselling. Thus, the reason why the interplay between psychologization (Sperry 2002), professionalization (Schilderman 2005) and pastoral caregiving (Louw 2016) needs thorough attention within the context of healing and helping ministries.

The professionalization of pastoral care refers to the tendency to reframe the pastoral caregiving and ministerial praxis of comfort and compassion more and more in terms of specialised communication and counselling skills derived from human and social sciences, in order to provide a scientific and theory based helping and healing service to clients on the

1 This article is based on my doctoral thesis (with Prof. D. J. Louw as promotor) which explored problem areas of identity in pastoral care (Dames 2018). In the thesis key themes and concepts which relate to pastoral identity were explored, namely *pastoral care, pastoral theology, practical theology, psychologization and professionalisation*. A hermeneutical research methodology as described by Heitink (1993), Louw (2000a) and Osmer (2008), was employed to this end. The study was undertaken as a critical assessment of the development of pastoral care as a professionalised helping profession – using a qualitative research approach which was both explorative and descriptive.

basis of consultation and scheduled sessions. In this sense, to be professional means to act as an expert within the parameters of a prescribed set of directives formulated over a long period of time, due to clinical experience and empirical based data, within a very specific field of therapeutic engagements and helping interventions. Professionalism² presupposes a kind of workplace, career with academic training and source for income. The actions of caregivers in this context should be ethically based and controlled by a body of peer researchers within a defined disciplinary environment to safeguard the dignity and rights of human beings in need of care and treatment (Louw 2008:137–140).

Without any doubt, the Christian tradition of *cura animarum* (cure and care of human souls) in pastoral caregiving cannot escape the basic guidelines for professional operations in the field of healing and helping when caregiving wants to contribute to human wholeness and well-being. Professionalism entails to act within an interdisciplinary and holistic approach to healing and helping in cooperation with the other experts and professions. However, very specifically in clinical settings, differentiation becomes paramount. But caregiving is not bound to clinical settings. Therefore, the following necessary differentiation: Pastoral care meets people where they are; the space of life is our office, not primarily the counselling room of a clinical profession in an official building. Pastoral care entails being with people where they are and meeting them in their being functions with deep concern and sincere compassion to comfort, nurture, guide, sustain and reconcile (Louw 2008:53–57). In a nutshell, professionalism refers to the integrity of a caregiver operating within the parameters of a very specific field of healing and helping as determined by a discipline and field of demarcated knowledge. The presupposition for this article is that this demarcated field of knowledge and operationalisations

2 A professional is a member of a profession or any person who earns their living from a specified professional activity. The term also describes the standards of education and training that prepare members of the profession with the particular knowledge and skills necessary to perform their specific role within that profession. In addition, most professionals are subject to strict codes of conduct, enshrining rigorous ethical and moral obligations. Professional standards of practice and ethics for a particular field are typically agreed upon and maintained through widely recognized professional associations. Some definitions of “professional” limit this term to those professions that serve some important aspect of public interest and the general good of society. See Sullivan (2005).

is set by the Christian tradition of *cura animarum* and supported by sources like biblical interpretation (religious hermeneutics and exegesis), prayers and other liturgical and sacramental performances as linked to the characteristics of a specific faith community.

2. Background and motivation

Due to the interplay between psychologization and professionalization, the researcher became aware of a growing tension between pastoral care and other professions, notably psychology. In South Africa, this had become evident in various ways, for example, the resistance from the psychology fraternity to affiliating pastoral care to its professional bodies (SAAP 2017). Furthermore, the role of pastoral care has often been questioned by other professionals and seen as unclear or confused (Puchalski & Ferrell 2010), or too closely aligned to psychology (Pattison in Swift 2009).

Some of the key questions are: How has a professionalised pastoral care influenced pastoral identity? Has a professionalised pastoral care impacted the theological and vocational attributes of pastoral caregiving? How did these processes of psychologization and professionalization impact on the unique theological character of pastoral care? Thus, the aim is to clarify how pastoral care could maintain a unique professional identity, regarding its contribution, role, and status in issues of faith and ultimate meanings (Pruyser 1976; Puchalski & Ferrell 2010) as well as the field of ecclesial engagements (Lyll 2001; Ramsay 2004).

From the literature consulted, it is clear that ministry and pastoral care is no longer vested solely on the minister, or within the parameters of the church. The emphasis has shifted to the role of lay persons in ministry (Lyll 1995: 1–2; Ramsay 2004). Pastoral care, particularly pastoral counselling, is no longer practised exclusively within the context of the ordained ministry, but in a variety of clinical settings and extensively in private practice. According to some authors, this trend resulted in the separation and alienation of pastoral care as a ministry, from other ministries of the church (Campbell 1981; Oden & Browning 1984; Pattison 2000). Therefore, the concerns regarding the progressive undermining of the unique theological character of pastoral identity (Stone 1989; Campbell 1981; Oden in Aden & Ellen, 1988) as well as the consequences for the identity

of pastoral caregiving, particularly the loss of its distinctive theological character when viewed in relation to the social sciences (Campbell 1985; Foskett, 2001; Gärtner 2010).

Ambiguity is evident in pastoral care identity – on the one hand the social sciences provide rich resource of skills for addressing existential issues, yet on the other hand how does pastoral care remain true to its own pastoral identity and preserve its unique theological character? These questions relate to both the professional context, as well as to the church context. A critical overview of some of the main challenges are presented here in an attempt to encourage the return to a predominantly theological focus in pastoral care, i.e., the need for differentiation and disciplinary demarcation.

2.1 The decline of theology in Pastoral Care

Petersen's (1987) contribution was applied as critique from an ecclesiastic or theological perspective. He highlights the decline of pastoral tasks such as it manifests in the marginalization of the Word, prayer and the centrality of God in pastoral care. Petersen's critique regarding the neglect of pastoral tasks and the theological attributes of pastoral care are significant in highlighting the demise of theology in pastoral care. We note that neglect and marginalization of pastoral tasks has served as a precursor to the dissipation of key theological functions in pastoral care – such as exploring meaning (hermeneutical task); and a call to the formation of hope in caregiving to suffering human beings (spiritual task). A further loss of the theological dimension of pastoral care as it relates to authority, status and role, has been evident in the church's poor custodianship of and response to the search of spirituality by the secular world (Stairs 2000:2–5; Sperry 2002). The consequence of this response has been that the "care of the souls" has since been subjected to a market driven, secular context, as spiritual direction and pastoral care have become increasingly specialized and professionalized (Stairs 2000:2,6; Schilderman 2005). Furthermore, perceptions of the religious professions as being either too religious or too psychological, points to a lack of clarity regarding the role and status of pastoral care (Puchalski & Ferrell 2010). Another problematic area is the impact of culture and economic forces on pastoral care identity (Petersen 1987:9–12, cf. Schilderman 2005; Puchalski & Ferrell 2010). The influence of postmodernism is closely associated with the loss of authority and

the transition from ordained ministry to a professionalized ministry. The rejection of absolute truths and meta-narratives has very definite implications for paradigmatic issues and conceptualization in theology, the Christian narrative and ministry, notably pastoral care identity. An important view from a Christian perspective is maintaining its identity and relevance in such a landscape of no absolute truths. This remains a difficult challenge due to theological and spiritual pluralism, complexity of truth and the tolerance of ambiguity (Pattison in Swift 2009). The result has been an absence in theological consensus (Campbell 1981:3–9; Aden & Ellens 1988:33). The multitude of diverse and contrasting attempts at developing a theological anthropological model for pastoral care, bears witness to this (cf. Dames 2018; Thesnaar 2010). Pruyser notes that loss of the connection to the *Agapic community*, is a distinctive aspect which sets pastoral care apart from secular care (Pruyser 1976:105; Thesnaar 2010). Thus, the growing tendency to place pastoral care more readily within social, community contexts rather than in the context of the Christian community.

An essential element which has been lost with the marginalization of theology in pastoral care is the loss of the unique *transcendental nature* of pastoral care, distinctive from other professions. This is pointed out by authors such as Stone H.W. (1996); Benner (1998); Louw (2000a), amongst others. In addressing this issue, Stone H.W. points to the unique *transcendental nature* of pastoral care and its significance to people in need (1996:2). By avoiding the religious, we exclude the unique transcendental nature and spiritual dimension of pastoral care – and so lose the one vital resource which makes us unique amongst the helping professions. This unique attribute of pastoral care is so essential to its role and identity within the helping professions that other professions are, ironically, calling pastoral care to own its unique identity and to realize their true role in soul care (Oden 1984:35–36; Pruyser 1976; Gärtner 2010).

2.2 The psychologization of pastoral care: Advantage or dilemma for the identity of pastoral caregivers?

The introductory discussion reflects some major themes which have emerged from the study which can be seen as the contributing factors in a changed pastoral care identity. Above we have alluded to post-modernism

briefly. A further theme which emerged from the study is that of the psychologization of pastoral care.

The term psychologization, which was developed to describe the dominance of psychology in spiritual care, was formulated by Sperry (2002). See also De Vos (2012). As summarised from Sperry, “psychologization” refers to the over-emphasis and over-utilisation of psychological constructs and the assumption of psychological values and belief systems in counselling, resulting in a “psychological reductionism “of care and persons (Sperry 2002:3).

Besides the impact of several theories on personality and personhood on anthropology in pastoral care³, the influence of the psychological phenomenon of *transference* and *counter transference* played a pivotal role in analyses regarding the structuring of professional relationships. This has placed a great deal of emphasis on the emotional characteristics of the helping relationship and on self-criticism through supervision and evaluation – as is evidenced by the rise of the *Clinical Pastoral Education Movement*. Application of Pattison’s (2000) critique confirms the critique of other authors regarding the influence of psychology as a contributing factor to the decline of the theological basis of pastoral care. Another aspect of the influence of psychology highlighted has been the *dominance of counselling*, which is attributed to the influence of the *Clinical Pastoral Education Movement*. According to Pattison (2000:19) this was the beginning of the strong influence of psychology and the extensive use of psychological theory and methods of intervention in the pastoral ministry. Instead of the term “soul care,” “therapeutic care” started to dominate the field of caregiving (Benner 1998:39–39; May 1982). Benner (1998) concludes that adapting psychological models has undermined the distinctiveness of pastoral counselling.

3 See for example the huge impact of Carl Rogers’ emphasis on the affective dimension in counselling human beings. C. Rogers’s personality theory contributed to the understanding that congruency between the self and the immediate field of experience is important for any therapeutic approach in counselling. A basic point of departure for effective counselling is the fact that congruency may be increased by means of empathy (Rogers 1951:19-64). “By the psyche I understand the totality of all psychic processes, both conscious as well as unconsciousness; whereas by soul, I understand a definitely demarcated function-complex that is best characterized as a ‘personality’” (Jung 1946:588). See also Ruhbach (1987).

Further underlying causes for the church's compliance and complicity with psychology was its desire to end the marginalisation of the clergy and to remain relevant in relation to other professions (Lyll 2001; Gerkin 1984). Gradually the perception developed that psychology provided the advantage of a more accessible and practical set of skills. This perception strengthened the idea of "therapeutic care" with a narrower focus on personhood and individuality (the emphasis on individual need-satisfaction and self-assertiveness). Less attention was given to the moral dimension of pastoral care. (Benner 1998:46; Sperry 2002; Pattison 2000). A consequence of, for instance, individualism, was that pastoral care, started to treat individuals in isolation, as if they were not interrelated to family and other social systems (Ramsay 2004; Osmer 2008). This tendency has been increasingly criticised by leading theologians (Benner 1998:47; Ramsay 2004; Louw 2000a).

The exclusion of the moral dimension pastoral care has also had extensive consequences. We note Pattison's (2000) extensive contribution on the exclusion of the moral dimension from modern pastoral care. Benner therefore criticises psychology for such claims of neutrality when it is in fact value-laden (Benner 1998:47)

In the current context of health care, the tendency has developed to view pastoral care according to the medical model, on par with psychiatry or psychology (Foskett 2001; Gärtner 2010; Campbell 1985). In the therapeutic relationship the interaction is reduced to viewing the person seeking help to an object. According to Benner (1998:49): "The interaction is less an I-Thou encounter and more about an I-It procedure" (Benner 1998:49).

Even the criteria for persons providing pastoral care have changed. From a more spiritual, religious and theological based framework, the shift is towards counselling techniques and communication strategies based on several psycho-social models. This is evident in the advancement of formalised professional bodies and the criteria and standards set in place for a professional pastoral care (cf. Russell 1980; Schilderman 2005; Miller-McLemore 2012b). Formerly the primary qualification for soul care was spiritual maturity and ordained ministry (Lyll 2001; Leech 2001). As Benner states: "In the therapeutic culture those who guide others in the matters of soul are those with advanced education, specialised technical

concepts, models and suitable professional credentials” (1998:49). Thus, the conclusion that pastoral care has become compartmentalised and commoditised into a professional service in a market-driven society (Stairs 2000; Schilderman 2005). To a large extent, it has in effect been stripped of its theological foundation and been replaced by a skilled profession with the emphasis on counselling skills rather on spiritual guidance.

This critical remark must not be interpreted that the article wants to opt for a religious and theological reduction. There must be a sound interaction between the different disciplines, exchange of different life views and mutual paradigmatic enrichment. In this respect a critical dialectics should direct a hermeneutical approach in caregiving. Therefore, many authors have pointed out the merits of psychological tools (Heitink 1979; Browning 1996; Capps 1990). Ultimately an interdisciplinary approach should be promoted (Swinton & Mowat 2006; Osmer 2008). Another key benefit for the use of such an approach is the availability of practical convenient tools, such as the development of conceptual maps to aid in pastoral processes. These have value in aspects of care and healing which are indeed pertinent to soul care, e.g. the healing of wounds; increased capacity for intimacy; inner freedom and the psycho-spiritual dynamics of the soul (Benner 1998:50).

Such inter-disciplinarity has compromised pastoral care identity, as reflected on earlier. We therefore have to lay down clear boundaries regarding an authentically theological pastoral care (Pattison 2000). In the following section we focus on the necessity for such a theological demarcation and differentiation in theory formation for pastoral caregiving. This section is aimed at re-defining a theological perspective of pastoral care by conceptualizing fundamental theological constructs.

2.3 Pastoral Care within the paradigmatic framework of practical theology: Towards a practical theological conceptual framework

The application of Pattison’s conceptualisation of pastoral and practical theology helps to illustrate the predominantly theological character of pastoral care. In his *The Critique of Pastoral Care* Pattison (2000) provided a good theoretical basis for examining the character and feature of a pastoral identity as shaped by other disciplines. The characteristics of practical theology cannot be formulated without taking the complexity

of interdisciplinary interaction into consideration. However, the distinct features unique to pastoral care should be emphasised in a holistic approach.

For example, Miller-McLemore (2012a), distinguishes the following aspects characteristic to *practical theology*, underscoring the practical theological aspect of pastoral care. Some of these aspects include: 1) an activity of believers seeking to sustain a life of reflective faith in everyday life; 2) a method or way of analysing theology in practice, used by religious leaders, teachers and students across the theological curriculum; 3) a curricular area in theological education focused on ministerial practice and sub-specialities, and 4) an academic discipline pursued by a smaller subset of scholars to support and sustain these first three enterprises (Miller-McLemore 2012a).

Swinton and Mowat (2006:6) define practical theology as follows: “Practical Theology is critical, theological reflection on the practices of the Church as they interact with the practices of the world, with a view to ensuring and enabling faithful participation in God’s redemptive practices in, to and for the world” (Swinton & Mowatt 2006:6). They succeeded in encapsulating valuable attributes of Practical Theology in their definition, placing emphasis on the fact that Practical Theology is complex, inclusive, and inter-related, as opposed to being one-dimensional. The attributes described by the authors are particularly relevant to this study. Firstly, practical theology is seen as a critical reflection of practices in the Christian community. Secondly, it is a theological reflection. Thirdly its reflection is located not only in the church but is inclusive of the “practices of the world;” fourthly, its primary task being enabling faithful Christian practices.

Their conceptualization only endorses Osmer’s conceptualization of Practical Theology and both reach consensus on the importance of using theological tasks of inquiry – for interpretation and hermeneutical application (2008:15). Osmer points out the following: 1) Developing a theological perspective for praxis engagement is very relevant and applicable to all sub-disciplines of Practical Theology – in this instance, it shows the relatedness between Practical Theology and Pastoral Care. 2) The basis which informs academic theological interpretation informs interpretive tasks in both academy and ministry. Osmer’s (2008) stance qualifies exactly the view held here that interconnectedness between

different sub-disciplines of theology holds some clues to the distinctions of an authentic theological identity of pastoral care.

The conceptualization of key concepts is conducive to establishing a basic theoretical framework for the conceptualisation of pastoral care. Drawing from the vast and in-depth analysis provided by Woodward and Pattison (2000), we can deduce some key features and indicators for a praxis (methodology): (i) pastoral care is intrinsically related to practical theology, which informs it from a theological and theoretical framework; (ii) it is therefore a theological action within the paradigmatic framework of practical theology; (iii) its theological content is firmly based on the gospel, the Word of God; (iv) its context is therefore Christian; (v) it is based within the Christian community but its reach is beyond the Christian community; (vi) practical theology, and therefore pastoral theology and pastoral care, “is about the faithful performances of the gospel in human encounter with God” (Swinton & Mowat 2006); (vii) human experience is taken seriously, but does not have primacy over the gospel as a source of revelation of God; (viii) the work of the holy Spirit is essential in human experience; Hence, the importance of a pneumatological approach; (ix) in practical theology, a pastoral hermeneutics (suspicion) plays a vital role in the task of theological reflection and interpretation with regard to human existential issues such as sin, loss, meaning.

Our attempt to expand on the undergirding theological pillars for a Christian and spiritual approach to the pastoral ministry and the professional service of caregiving can be characterized as follows: Pastoral caregiving is manifest of the comfort of the gospel (*parakalein*) and the hope emanating from God’s faithful promises, being fundamentally a pneumatological endeavour (work of the Holy Spirit, the *Parakleitos*). When caregivers act on behalf of suffocating human beings, the comfort and compassion they offer becomes an “advocating on behalf of” the sufferer, in order to inflict justice and instil sustainable hope (Louw 2016:50–90); it wants to promote meaning in life and human dignity. Thus, the spiritual dimension of caregiving – shaping the identity of the pastor, caregiver into the professional, ministerial role of a kind of Spiritual guide.

3. The spiritual dimension in “the profession of caregiving”

The notion of “profession” in pastoral counselling and caregiving points to the notion of “calling” and “vocation.” With profession is not meant a career, a job, a paid performance, a clerical performance, or an official ordained position within an ecclesial or denominational institution (cf. Schilderman 2005). Profession is not a legal official position, but a way of life; being called to the ministry of compassion as summarised by the following summoning: “Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God” (2 Cor. 1:3–4). The ecclesial and official context of any caregiving engagement and performance is “professional” in the sense of a compassionate endeavour: Comfort as the function and operation of the Spirit (παρακλήσεως, *paraklēseōs*). The paracletic comfort emanates from God’s faithful and pitiful being with us (οἰκτιρῶν, *oiktirmōn*). This pity and compassion are demonstrated in the vicarious suffering and sacrificial love of Christ (Louw 2016, Chapter IV). Pastoral care is about spiritual care and spiritual healing (Swift 2009:142–144; Orchard 2001).

Topper speaks of a spirituality which is intrinsically a “religious spirituality” (2003:4). This spirituality focuses on a religious context of belief in God within a community of believers (the structure of *koinonia* and *diakonia*) (Topper 2003:4). Religious spirituality is distinctive from other types of spirituality as it is God-centred. It is not only a “religious” spirituality, but a Christian spirituality. According to Topper spirituality from a Christian perspective is about a response to God’s action or grace (2003). This is the distinction which can be drawn between generic or secular spirituality, which is seen as being “part of human nature,” and a true Christian spirituality (Topper 2003:4). Whereas Christian spirituality entails a belief (faith) in God and relationship with the Triune God (Father, Son and Holy Spirit). This type of spirituality juxtaposes the post-modern paradigms where there is no specific reference to ultimate truths and many life views are embraced. Christian spirituality operates with specific attributes such as ultimate truths linked to the gospel of grace and a vivid relationship with a living God (cf. Sperry 2002:59).

To this end several theologians who refer to the relevance of a biblically based spiritual care are referenced (Louw 2016; Ramsay 2004; Johnson 2007; Stone H.W. 1996). Apart from a biblically based spirituality, the key attribute for a Christian spirituality relates to the works and person of the Holy Spirit. Pattison (2000) expands on the role of Christian Spirituality and Christian pastoral care, by placing the emphasis on the fact that it has its basis in biblical insights and the workings of the Holy Spirit (biblical pneumatology) (Pattison in Orchard 2001:136). Pastoral care has therefore to define its own role, identity, and belief system to ensure that its narrative and status remains relevant (Swift 2009:144; Lyall 2001; Guthrie 1976; Leech 1986; Louw 2000a; 2000b).

The pastoral caregiver, in his/her professional stance and differentiated identity, is unapologetically clear about the goals for care, which are established within a Christian paradigm (Guthrie 1976). These goals for care pertain inter alia to a mature faith or spiritual maturity. Similarly, Leech confirms that the goals of spirituality are “spiritual maturity” (Leech 1986). These goals are geared towards transformation into the likeness of Christ (new being in Christ) (Louw 2000a; Tillich in Heitink 1993:50). This focus differs from the goals of psychology, namely, psychological maturity and a balanced personality (Leech 1986:6) and should be assessed as supplementary to healing and helping engagements from the other therapeutic professions.

In dealing with human beings, it has been noted that all aspects of human living pertain to the spiritual. Spirituality impacts on the totality of life in all levels of being (Kourie & Kretzschmar 2000:13; Louw 2000a:168). There is an interconnectedness between the human spirit and God’s spirit (Rom 8:23; 2 Cor.1:22; 5:55 quoted in Louw 2000a:166). As Thurneysen has noted, the Spirit of God transcends all of human being (1963). This transcendental dimension which is relevant to pastoral care is referred to as *the pneumatological dimension*. It can also be referred to as Christian spirituality (cf. Leech 1986). Christian spirituality is vested in discipleship – a union with God in love and knowledge, born anew of the Spirit (Sheldrake 2013:25–29). It is about developing spiritual wholeness in Christ through the empowering of the Holy Spirit (Louw 2000a:168; Clinebell 1985; Kourie & Kretzschmar 2000:13; cf. Louw 2016).

Based on Scripture, the Holy Spirit illuminates who we are in Christ through the revelation of the Word; it convicts regarding sin and reveals the truth of who we are in a resurrected Christ. Leech also confirms the centrality of the Word in a Christian spirituality (1986). This has significant implications for the development of a Christian anthropology for pastoral care (Leech 1986:8; Guthrie 1976:16; Benner 1998; Stone B.P. 1996) as well as on the professional identity of pastoral caregivers within a Christian context.

The pneumatological dimension is in fact in Christian spirituality the transcendental factor which is characteristic to the Christian belief system in a Christian anthropological application; it sets the pastoral care contribution apart from the secular forms of care. We will expand on this when pastoral care is reflected on within a more professional context.

4. Professionalization within the parameters of the pastoral ministry – an ecclesial / theological paradigm

Schilderman's empirical study on professionalization (2005) noted the influence of professionalization on pastoral care. His research highlights several indicators which points to a changed pastoral identity, such as *economic* and *sociological* attributes which have been assumed to adjust to societal and economic demands. Other contributions consulted, albeit earlier contributions, already pointed to economic, sociological and societal factors influencing the evolution of pastoral care identity (cf. Campbell 1985; Russell 1990). The motives for professionalization pertain largely to protecting vested economic and professional interests and gaining influence in the labour market, as well as remaining relevant in relation to other professional services (Schilderman 2005:69–75).

Even though the influence of society and economy were inevitable, and professionalization did provide structure and additional resources of knowledge, the question at stake is: But what about the notion of a theological identity?

4.1 Professionalism within the context of social and economic detectors: The commodification of care or the biblical wording of care?

Roberts in his handbook for clergy and chaplains (2013) as well as in Roberts and Donovan (2011) clearly illuminated the condition of a professionalized pastoral care within the health care context (See also Swift 2009). In the health care context pastoral care tended to become a commodity (Orchard 2001). Because of these influences, pastoral care is practised in a social and more secularised context which is quite separate from its ministerial and faith context (Pattison 2001:33). In this professional setting pastoral care is placed within a management context and has to comply with the goals and standards of business organisations, with the emphasis on achievement and production (Swift 2009:63). Managerial and communications skills set the tone for professionalism. The spiritual realm of life should then serve the interests of a generic health system and become measured in terms of effectivity (quantification) rather than in terms of compassionate caring and sacrificial outreach running the danger of what can be called the “inflation of caregiving.” As Pattison notes: “This generic, religiously neutral spiritual care could easily be administered by other health care professionals, such is its neutrality” (in Orchard 2001:34).

Contrary to the above-mentioned economic values and the influence of professionalization, are the theological values of a pastoral care as embedded in its ecclesial paradigm for comfort (*parakalein*). In this regard, a biblical based hermeneutic should help to broaden the Christian foundation of the pastoral ministry and to detect what professionalism entails within a theological and ecclesial paradigm.

Johnson (2007) insisted that God and the bible be viewed as a credible source of knowledge of what it means to be human and how human behaviour should be interpreted (2007). In her book *Theology and Pastoral Counselling: A New Interdisciplinary Approach*, van Deusen Hunsinger draws our attention to the fine contribution of systematic theologian, Shirley, C. Guthrie (1995:18) in exploring a theological paradigm for pastoral caregiving. Guthrie uses a Barthian perspective which undergirds his anthropology. Guthrie’s model acknowledges the relationship between sin (human guilt) and human freedom as an important dimension in

pastoral care which sets it apart from other types of care. Thus, the emphasis on God's grace as a basis for establishing identity for those in need of care (Van Deusen Hunsinger 1995:23). As "ministers of the gospel" caregivers stand for something distinctive and should exercise pastoral engagement on the basis of a Christian confession (Pattison 2000).

4.2 The ecclesial paradigm

A key element to an ecclesial paradigm, is the importance of restoring the centrality of the Word in pastoral care (Dames 2018:183). Restoring the centrality of the Word is considered significant to restoring the theological character of pastoral care in addressing issues of ultimate meaning, theodicy and matters related to faith (H.W. Stone 1996:2). Within a pastoral paradigm the emphasis on the Word is the challenges of *wording God* and finding language that articulates God's compassionate being-with human beings (Hall 1993:155). The Word of God gives revelation regarding the identity which Christians have in the risen Christ. Humans live in response to the Word (responsibility, the spiritual professionalism of vocation; being called by the Word of God), which serves as self-affirmation regarding our identity in Christ and our gratuitous calling (amazing grace) (Anderson in Louw 2000b:153). Anderson's view is that a theology based on the salvific work of Christ implies that the incarnation of Jesus as fully human, serves as a basis for Christian spiritual healing. This knowledge can serve as a hermeneutical tool for the understanding of an authentic identity and "professional calling."

From the Christian anthropology outlined above, we have gleaned significant spiritual criteria for application in an authentic pastoral care within the professional (multi-disciplinary) context (cf. Stairs 2000; Benner 1998; P.B. Stone 1996; May 1982).

Firstly, it would be a pastoral care, based on the Word. The study highlights the contributions of Moltmann, Barth and Luther (in Louw 2000a, Louw 2000b) regarding the link between Christian compassion and a *theologia crucis* (theology of the cross) for founding pastoral care theologically. The theology of the cross and the theology of hope are fundamentally scripturally based, according to the Gospel and the Acts of the Apostles. The Word points to the salvific work of Christ and his resurrection. The significance of the resurrection of Christ for instilling a vivid and sustainable

hope, resides in the fact that it founds and originates Christian spirituality (Kourie & Kretzschmar 2000:14). According to Sheldrake, Pauline thought focuses on the resurrection of Jesus, the raising of the crucified Jesus “as the beginning of a new creation and as hope for a transformed humanity” (Sheldrake 2013:30). This central message of Christian spirituality is revealed in Scripture (Rom. 8:29; 1 Cor. 15:20; 2 Cor. 5:17). Christian spirituality is therefore intrinsically linked to Scriptures which reveals the Trinitarian doctrine of incarnation as God’s revelation of a new human reality (Sheldrake 2013:24).

From the aforementioned it is clear that the Word is the foundation of a Christian spirituality and would therefore be the focal point for a Christian anthropology in pastoral caregiving (P.B. Stone 1996; Oden in Pattison 2000; Campbell 1981; Benner 1998).

4.3 The role of appropriate God-images in the human quest for meaning

The quest for meaning is the core issue in a spiritual approach to care. This consensus is even underlined by a group of researchers within the field of medical care. “Research in palliative care has demonstrated the impact of religious and spiritual beliefs on people’s moral decision making, way of life, interaction with others, life choices and ability to transcend suffering and to deal with life’s challenges” (Puchalski & Ferrell 2010:4;14). Besides the dimension of significance and purpose, “spirituality can be understood as one’s relationship to a transcendence that for some people might be God and for others might be different concepts of how they see themselves” (Puchalski & Ferrell 2010:1–21). Often the term “spirituality” is used synonymously with “religion” and has a binding and stabilising impact on people’s attitude towards illness and suffering. “The word “religion” comes from the Latin term *religare* from re–again and *ligare* – to bind. Thus, religions talk of spiritual experiences as the rebinding to God” (Puchalski & Ferrell 2010:22). This kind of God-talk and religious verbalization is closely connected to the theodicy question – i.e. how to link the justice and love of God to evil and the inexpressible suffering of human beings. Therefore, another theological indicator which influences pastoral interpretation and reflection is the matter of theodicy and the appropriateness of God-images, which relates, in part, to the use of Christian symbols in the therapeutic

process (Louw 2000a). This aspect is significant as it determines the process of pastoral diagnosis (Ramsay 2004; Pruyser 1976). Furthermore, it impacts on the process of theological interpretation (hermeneutics) and the process of meaning making in pastoral caregiving (Louw 2000a:329). God-images refer to a person's conceptualisation or subjective experience of how God is perceived in that person's life and how the individual interprets the world with a faithful awareness of the presence of God (*coram Deo*).

God-images and their connection to theodicy, for example the link between the power of God Almighty and the suffering of vulnerable human beings due to undeserved loss and unpredictable disasters, are therefore important concepts in the pastoral process as far as pastoral diagnosis, interpretation and meaning-making are concerned. God-images and theodicy can be also be utilised as hermeneutical tools in the process of reflection and interpretation in pastoral care. For instance, Louw developed a hermeneutical tool to depict God-images and illustrates the range of God-images and metaphors of how God is viewed, perceived, and experienced (2000a:345). In fact, these God-images shaped by human experience are most of times merely human attributes which are ascribed to God (omnipotence – my God is strong enough and can do anything). Inbody (in Louw 2000b:62) calls for a re-interpretation of God's omnipotence (omnipotent power) – the power attributed to Him in the face of suffering. Inbody suggests that instead of viewing God's power from the perspective of imposition, it should be viewed from the perspective of identification (with suffering) and transformation through the work of the Holy Spirit. God's power is the power to create, to cure and to rebuild, rather than to impose or control (Inbody in Louw 2000b:63).

Our discussion thus far reflects some key attributes which a theological paradigm will bring to pastoral care praxis. It also provides a theological vocabulary to shape professionalism in pastoral caregiving. It formulates the Christian paradigm for spirituality, the theological theory for a praxis approach to practical theology (Wolfeich 2009:121), as well as the transcendent contours determining a unique theological identity with a distinctively different role in the multi-professional context (Heitink 1979; Benner 1998; Orton 2008; Pruyser 1976:60; cf. Ramsay 2004:38–44; Louw 2000a:330–333). The sources of knowledge for pastoral care regarding human beings and human behaviour will fundamentally differ from the

other sciences. It does not preclude the use of other techniques and sources of knowledge as irrelevant, rather, its reliance on its own (theological) sources of knowledge will be primary, with other sources being complimentary.

4.4 The diaconal attribute of the pastoral ministry

Pastoral care entails more than the task of pastoral counselling, and communication skills which results in forfeiting the other aspects of ministry and its rootedness in the community of faith. Comfort (the paracletic dimension) should become realigned with acts of reaching out to social and community needs: The diaconal dimension of caregiving (*diakonia*). As noted by Campbell (in Pattison 2000:16), the aim of ministry: "... to help people to know love, both as something to be received and something to give." For Pattison, the value herein lies with the linking of pastoral care with ministry as a whole, since, it is his view that pastoral care is an integral part of all ministries of the church – i.e., the reaching out to the needs of others (2000:8). Leech (1986) reminds us that spirituality, and, per implication the practice of pastoral care, has a social dimension. According to him, "true spirituality" makes us aware of the realities of the world and ready to respond to them (Leech 1986:33–35). Systemic causal factors of suffering will have to be considered in our service to others (Miller-McLemore 2012a; Osmer 2008; Louw 2000a; Ramsay 2004). The social consequences of salvation have to become manifest through social transformation, and so illuminate the Kingdom of God on earth (Willis in Leech 1986:37).

Conclusion: Implications for the praxis of caregiving

From the above several attributes for a theologically informed pastoral care are apparent and the following implications for a pastoral practice / reflection can be considered:

Firstly: Effective caregiving should be directed by sound theory formation in pastoral theology. Theory formation provides language for conceptualization which is paramount in shaping the paradigmatic discourse on professionalism in pastoral care.

Secondly, through highlighting the contrast between a psychologized, professionalized pastoral care and alternatively, a care based on theological values and constructs, the spiritual dimension of caregiving could be formulated. Differentiation is important in that it combats the commodification of the pastoral praxis (H.W. Stone 1996; Stairs 2000; Sperry 2002; May 1982).

Thirdly: In the spiritual quest for meaning, practical theologians call for addressing both spiritual, existential and social need (Swinton & Mowat 2006; Ramsay 2004; Osmer 2008; Miller-McLemore 2012a; Pattison 2000).

Fourthly: The call for inter-disciplinarity does not mean forfeiting theological belief systems, but rather that other sources of knowledge are complimentary to theological knowledge and practice (Osmer 2008; van Deusen Hunsinger 1995; Swinton & Mowat 2006).

Finally, a pastoral care which is unique within a multi-disciplinary context is about the praxis of caregiving as determined by pneumatology: The indwelling presence of the Spirit in human bodies (the *inhabitational perspective in a pastoral anthropology*) (Louw 2016).

Professionality in the pastoral ministry is about the enfleshment of God's sacrificial love and compassionate being-with. The paradigmatic framework for comfort within the Christian context (*paraklesis*), is the ecclesial and spiritual directives of *koinonia* and *diakonia*. Pastoral theologians and those in practice are called to a *status confessionis* concerning who they are and what or who their premise for practice is founded upon (Oden, 1984). In addition to which, there has been a call to return to the *ministry of care* as a diaconal ministry – by heeding the call of service to others and so fulfil social transformation and address societal challenges. Professionality in caregiving is in the first place about a calling and exceeds the parameters of a professional business and career. It is about a call to make manifest the Kingdom of God on earth (Leech 1986:37).

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