

## 2. Theological Assessment

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Imagine the scene. Two pastors are animatedly discussing a parishioner with whom one has been counseling. We get in on that part of the conversation where Pastor Phyllis concludes that Pastor Fred's parishioner is "obviously struggling with an endogenous depression exacerbated by low self-esteem . . . he is definitely moving out of an 'I'm not okay, you're okay' position, and if only he can strengthen his adult, he will reach greater wholeness."

Fred nods his assent: "I agree with your analysis of the man's script. . . . His weak ego state is related to the fact that he had a father who was an alcoholic, and he never experienced a relationship of basic trust with either parent."

Overhearing their assessment of a counselee receiving pastoral care, we begin to wonder if we are perhaps at a convention of the American Psychological Association or the Academy for the Advancement of Psychotherapy instead of at a gathering of ministers. How do pastors assess the parishioners in their care? Do we construe and interpret their problems in the categories of contemporary psychology, or is our pastoral assessment rather in terms of the church's theological tradition?

### The Theological Template

The human mind seems to have within it indispensable structures that organize and interpret data received by the

senses. Psychologists using a Rorschach test, for example, know that the brain organizes the ink-blot design and interprets it in the light of a client's emotional and intellectual status; for one person the multi-shaped form brings to mind a beautiful mountain scene, while for another the same shape reveals genitalia. These organizing structures of the mind, which I shall call templates, are essential for organizing information into a manageable whole.

Through years of education, training, and reflection upon experience the physician acquires a "medical template," without which a diagnosis would be impossible. A patient comes into the office and uses common, ordinary words to describe certain symptoms: "I have been feeling light-headed lately, mostly when I am standing." The physician recalls having previously prescribed medication for high blood pressure, and so responds by asking a few questions in equally simple and easily understood language, questions about body positions and movements, fatigue, stress, hearing.

When it comes to actually assessing the patient's symptoms, however, the physician moves away from ordinary language and resorts to a "medical template" learned long ago in medical school. Technical terms and highly professional categories spring readily to mind, without any need for conscious recall. There are "indications and contraindications" relative to alternative anti-hypertensive drugs, revised dosage levels to be considered, "orthostatic hypotension" and so forth. The whole bag of analytical terms and descriptive categories constitutes a "medical template" that the physician then places on both the patient's own words and the doctor's clinical observations. The purpose is to determine if the prescribed drug is working properly or if too high a dosage is producing unwelcome side effects. The medical template functions to organize the physician's observations and thinking, thus ensuring a more accurate diagnosis and appropriate treatment.

Other professionals too use templates forged from the body of terms and knowledge that is unique to their particular discipline. Each such template represents a

distinctive way of looking at things, a distinct perspective on reality. None of these diverse perspectives, however, is to be regarded as final and definitive in the sense of having summarized and exhausted all possible interpretations and meanings. Even the collectivity of templates—the whole range of possible perspectives for organizing data in the mind—could not do that.

To suggest that each profession does and should use its own distinctive template is not to suggest that only one template should ever be used. The physician may use several—psychological, sociological, legal, religious—other than the strictly medical template in coming to an understanding of the patient's condition. But good physicians are not likely to reject or ignore the template they were specifically, and uniquely, trained to use.

In our "post-Christian" era, unfortunately, it seems that the pastor's template has become even more confused than those of the physician and psychologist. Religious conceptuality seems to have lost much of its intellectual credibility. Specifically religious language is rarely used any more except by conservative and fundamentalist Christians. Mainline Protestant and Catholic ministers often avoid it for fear of appearing less credible or of being associated with the religious "right wing." Because of this credibility issue many pastors are tempted to discard the theological template altogether in favor of a more contemporary secular template, such as that of psychology. Regrettable in that development is not the pastoral use of such other templates, but the exclusion of a theological template from pastoral care.

Phyllis and Fred (if in fact they did not go on to assess Fred's parishioner theologically) had in a sense sold their theological birthright for a psychological template. In this respect they do not stand alone. At times we have all done the same thing, and we continue to struggle with just such a temptation. It often seems easier to speak in Freudian terms, or in the words of Transactional Analysis, for example, than to use a theological template in our pastoral assessment.

Clearly there is a need today for the pastor in a self-conscious way, to regain a theological template that will

be unique to pastoral care. Without such a template, spiritual assessment of a troubled parishioner will surely remain confused, frequently resulting in an inadequate *pastoral* response.

A theological template does not mean a rigid formula, a conceptual framework that is fixed and inflexible. It means simply a way of organizing the pastor's reflection about what has happened and is happening to the parishioner. Such a framework can help the pastor build on past experiences in working with people who have had similar difficulties. It can be a help for correlating one's theology with one's pastoral acts in concrete situations. Such integration does not imply the mechanical process of simply applying a preexisting body of doctrine to the specific care situation; it implies rather the dynamic process of actualizing our theology anew in every moment of conflict and suffering. How this can be done is the subject of the fourth chapter where it is suggested that both hemispheres of the brain with their unique methods of cognitively encoding data are required for the correlation process between a theological template and the concrete pastoral situation.

Pastoral assessment can and should be done from a theological template. The method here to be described involves the use of a series of questions—which could, of course, vary in number and content—in which the form or structure of the series is the important thing. It is offered in the hope that all pastors will be encouraged to use some theological template in their pastoral assessment.

### A Method of Pastoral Assessment

Paul Pruyser has helped us affirm the unique perspective of the pastor in the assessment of persons.<sup>1</sup> His insights have increased our self-conscious grappling with pastoral assessment and driven us explicitly to identify various criteria that were otherwise only implicit in the formation of our pastoral judgments. The questions—wonderings—that arise in the back of our mind as we encounter people in pastoral care or

counseling are not queries for the troubled person to address; they are simply constituent elements in a framework that can help ministers reach a theological understanding of what is happening. We pastors need to ask these or comparable questions of *ourselves* as we listen to the story any particular individual has to tell. If we can begin to answer these questions, we should have a better and fuller grasp of the pastoral situation we are encountering.

1. *Why is this person coming to me for help?*

There is a reason why people choose a pastor rather than a doctor, friend, attorney, mate, neighbor, relative, or colleague. When someone comes to you, it is important for you to understand *why* he or she has come specifically to you, of all people, to share a personal burden. What specifically do you symbolize to this person? Perhaps there has already developed, at least in part, the insight that the agonizing problem is basically a spiritual problem, and that surely one can turn to a pastor for help in dealing with a specifically spiritual concern.

2. *How does this person understand God?*

God is likely to be a focal concern in connection with any spiritual problem. Two aspects of that concern are addressed in this single question.

First, how does this person picture God? What is the prevailing God-concept? Is God thought of primarily as a punitive, capricious, moralistically judgmental, indifferent, distant, uncaring deity; or is God a loving, forgiving, fair, and caring parent who incorporates both judgment and grace? Often parishioners will give us insight into their view of God by the questions they ask: "Why me?" "Am I being punished?" "How could God allow this to happen to a person so young and so good?" "Why does God let her suffer so?" Questions of this sort often reveal a serious personal struggle to understand how God acts or to find meaning within the situation. They can also provide a clue to the maturity of the person and of that person's understanding of God and self.

Second, we must look not only for what the person *says* about God, but also for the congruence, or lack of congruence, between the statement and actual behavior. Is the God talked about the one to whom allegiance is really given? Where do the ultimate loyalties lie? Although some parishioners may verbalize easily about the God we encounter in Jesus Christ, their behavior may indicate that they actually worship money instead—or sex or power or work or anything else that is less than ultimate but nonetheless demands and receives their major concern and devotion. The pastor needs to ask, What is the primary value about which this person's life is centered?

*3. What is the sense of sin and what role does sin play in this situation?*

The root meaning and cause of sin for Augustine, as for Paul, is idolatry: we worship the gift rather than the Giver. The question about sin, again, has two aspects.

First, what is this individual's sense of sin, if any? Does guilt appear to be present? If so, does the guilt refer to identifiable wrongs actually committed, or does it reflect something more general—feelings of unworthiness, a self-deprecating attitude? Does the individual accept personal responsibility or shift the blame to some scapegoat? Is the person's awareness of sin experienced only as a sense of shame or remorse, or does it involve also, in the biblical sense, repentance, the intention to change for the better?

Second, what is the impact of "corporate" sin on this situation? Is the person being deformed or destroyed by group, communal, or societal structures that oppress and dehumanize? Is the individual experiencing social injustice? Is she suffering from the effects of sexual stereotyping and prejudice simply because she is a woman? The pastor must attend to the individual sin on the one hand, and to societal evil on the other, discerning the impact of each on the individual.

*4. What is this person's relative capacity for faith?*

Often it is assumed that every person has a completely

adequate capacity for faith. In a sense this is true, for no one is beyond God's ability to reach. It may be overly optimistic, however, for the pastor to assert, "All you need is to have faith."

The depressed teenage boy who was extensively abused as a child and has never lived in one home for more than two years may not sense that the world is indeed hospitable and the people in it good. He may believe that the only good is what he gets for himself, that all of creation is primarily evil, that no one can be trusted. The scarring that has occurred in such a life should not be ignored or taken lightly.

It would be a tragedy, of course, if all capacity for faith were to be denied. Almost as bad, however, is the easy idealism that embraces unreal expectations for the growth of faith.

5. *How does this person view salvation?*

Salvation is the central promise of the Christian faith. But how does this particular person view it?

Luther noted that Christian faith lives *sola gratia, sola fide*—by grace alone, by faith alone. He pointed to Paul's claim that salvation is a free gift of God irrespective of what we do. Some people who pay lip service to this belief in God's initiative still act as if their true worth comes only from what they themselves do. For others salvation is a one-time event to which they can point with assurance, but which has little or no impact on the way they presently live out their lives. They do not recognize that life in Christ is not something static, but involves a relationship that is constantly to be nourished.

Is the salvation this person desires and affirms all-encompassing, or is it narrowly understood? For many people salvation means little more than deliverance from a terrible marriage, or poverty, or physical suffering. In pastoral care, then, we attempt to note what specific shape or form the desire for salvation takes in any given instance, and we evaluate it in the light of our theological understanding. Does the salvation here being sought bring freedom and well-being, or does it mean only further bondage?

6. *How adequate are this person's faith-support resources?*

Beyond the pastoral relationship, which we assume will continue, what other groups of persons and what other institutionalized traditions of help are available? To the degree that people live outside a supportive and loving community, their problems usually increase in severity.

The church has at times portrayed the family as the basic unit of spiritual nurture and support. In the case of this individual how effectively is the family providing such support? Is there an openness to other support groups—neighbors, Alcoholics Anonymous, individual or family therapy groups, the church? Is the congregation willing to provide support through individuals or fellowship groups?

A good support group is important not simply in understanding and appreciating the problem, but also in enabling the individual to build upon personal strengths and come to experience new and healthier relationships. If involved in the life of a congregation, how does this person understand and relate to "the body of Christ"? Finally, how does this person experience community, or the lack of it, through such communal events as prayer, scripture reading and study, meditation, contemplation, worship, and congregational fellowship?

7. *What sense of hope exists here?*

How does this person live with the "already now but not yet" tension of eschatological hope? In the midst of suffering, what is concretely expected of self, pastor, God?

How often we hear some prominent guest on a late-night TV talk show blandly assert: "You can do anything you want, as long as you want it badly enough and work for it hard enough!" How often we have been told that if only we pray fervently enough and have enough faith, God will grant our desires! Such notions abound in popular psychology and in popular theology as well.

But most of us recognize, when we reflect a bit, that we are *not* living the life we once envisioned. We *cannot* become anything we want, nor can we make others into just anything they, or we, want. With Paul, we often stand helpless before



that "thorn in the flesh," which is uniquely our own. Eschatological hope recognizes a tension—"already now but not yet." The kingdom of God has indeed come, but it is not fully here, not yet, either for the individual or for society.<sup>2</sup>

Is there in the present instance, we ask, a recognition of this tension? Does that recognition produce a sense of freedom in the acceptance of limits, or does the person continue to pursue aims that are wholly beyond the realm of possibility? Has a recognition of limits led to despair? How, for example, does the gay male respond to his own sexuality and to a world that for the most part despises his sexual preference? How in his close relationships does he respond to and live with his differentness? What expectations does he place on members of the local or larger Christian and secular communities? Does he give up his vision for life, or hold onto it tenaciously in spite of realities? Is his hope based on realistic possibilities or only on "pie in the sky"?

Part and parcel of living with this tension—the "already now but not yet"—is the way one responds ethically to this world. God's love, when it comes to us, obliges us to "love the neighbor." How is the person before us responding to this obligation? Responses can run the gamut from amoral anarchy to rigid perfectionism, when persons are experiencing a broken relationship with God. On the other hand, in persons who have a sound relationship with God, there must be at least hints of a healthy sense of filial and agapic responsibility.

8. *Does freedom exist between this person and me?*

The final question brings the focus back to the pastoral relationship. Where once we asked why this person is coming to *me*, now we ask, Am I providing the greatest amount of freedom possible, or am I trying to control this person?

You think, for example, that the couple before you is not working as hard as you are to prevent their divorce. But does this judgment perhaps reflect a personal struggle to save your own troubled marriage? Does it perhaps reflect your own need to be successful as a counselor? We need to ask

*ourselves*, Must I succeed, or can I allow myself to "fail"? Or even, Can my pastoral assessment be wrong?

Assessment in care, like diagnosis in medicine, is an art as well as a science. It requires education, training, and much experience. We must always be flexible, open, and ready to admit to having misinterpreted the situation. A theological template is not "etched in stone." The assessing must be attentive, cautious, and continually up for review.

Finally, in this regard, we ask, Am I open to allowing this parishioner to minister to me? The question does not imply confusion about who is pastor and who is asking for help, but it does mean acknowledging that in the course of our ministering we actually receive as well as give. The ministry we have received from God includes the privilege of receiving another person's trust. And in the faces that look trustfully toward us for help, we experience the face of God. Within the very pain and suffering that comes our way God comes to us too.

### Pastoral Assessment in Practice

These eight questions model a method of pastoral assessment that may be worth trying. A concrete case can illustrate its practicability and keep it from being merely an intellectual exercise. It may even point up the nature and usefulness of the theological template in pastoral care.

The telephone rang at the quiet home of Paul Williams on a Sunday afternoon in late October, just as the pastor was settling down in a comfortable sofa to watch his favorite team on TV. A distraught male voice at the other end asked to see the pastor as soon as possible. The problem was described only as "a real emergency." Paul agreed to meet the man at the church office in thirty minutes.

When he arrived the pastor was met by the distraught man, who was accompanied by his wife. Neither Gerald nor Jennie were members of the congregation; they had been referred by a member who was their neighbor. Gerald was a Caucasian, possibly in his late thirties, middle-class in

appearance. Jennie, also Caucasian, appeared to be in her mid-thirties, attractive, and well-dressed. Gerald had a distended abdomen, a sickly pale complexion, and seemed physically shaken. His voice trembled as he spoke and he was on the verge of tears. Jennie was composed and soft-spoken, but the picture of fatigue.

When Pastor Williams asked, "How can I be of help?" Jennie told of her decision to end their twelve-year marriage. She spoke of Gerald's drinking problem over ten of the past twelve years and indicated that her husband was unwilling to admit his alcoholism and his need of help. She concluded by repeating her firm decision to divorce him, "I cannot live a life of watching him drink himself to death." When Pastor Williams asked why she had accompanied her husband here to the office, she acknowledged her desire to be supportive in Gerald's efforts at getting help for himself.

Gerald tearfully responded to the pastor's question, this time addressed to him, by admitting his drinking problem and saying he realized he was losing what he cherished most in life—his wife. He further admitted his desire for help, but made a strong appeal for Jennie to give him another chance. He begged her forgiveness and explicitly reminded her of Jesus' teaching on the need to forgive a person who was truly sorry.

As the conversation continued, Pastor Williams learned that this couple had no children and very few friends; their respective sets of parents lived at opposite ends of the state. Both husband and wife were employed, apparently experiencing successful work relationships. There appeared to be no evidence of Gerald's drinking having yet interfered with his work.

In summary, their problem was verbalized in two ways. The wife's position was: "I am divorcing him, but I care enough to want him to get help." The husband's position was: "I have a drinking problem and I want help; but I also want her to stay and give me another chance."

Pastoral assessment began with the first meeting and involved immediate use of a theological template. Paul reflected on question one in order to understand the expecta-

tions these people had brought with them to the pastor's office.

Initially, at least, it appeared that Jennie regarded the pastor not as a reconciler, but as one through whom her husband might be able to get help for his alcoholism. The couple had had no prior acquaintance with Pastor Williams. Perhaps they sought him out because their neighbor had characterized him as an understanding and helpful person. Jennie clearly assumed that a pastor would have ties with other relevant helpers in the community.

Gerald, on the other hand, did not see the pastor primarily as a means of attaining further help with his alcoholism. He responded instead to the image of the pastor as "moral teacher," as potential leverage for persuading his wife not to leave him. In effect, Gerald was saying to his wife, "The pastor will agree with me that you should forgive me." He may also have had some awareness that his (and their) problems were bigger than he could handle and that he needed divine assistance.

Pastor Williams regarded Jennie's expectations as the more realistic of the two. He wondered if Gerald's expectations might be indicative of a style of manipulative relating, although he could not of course dismiss altogether the ethical question raised by the husband.

In this first encounter question two, about God, found little in the way of direct expression. Brief reference was made to Jesus, implying the authority of Jesus' teachings, but only in the context of Gerald's effort to convince Jennie that she was wrong to choose a divorce. What or who was the husband's God? What determines Gerald's decision making? Tentatively one might answer that Gerald's god was nothing but an idol—the bottle, or whatever the bottle offered him. Gerald's claim that his most cherished relationship was that with his wife seemed to be contradicted by his actual history. Jennie's understanding of God did not become at all apparent in this initial visit.

Question three asks about the role of sin. Gerald's drinking problem and manipulateness revealed a person who had placed himself at the center of his own existence. His past

choices had resulted in the actual destruction of his marriage and the potential destruction of his own body. Guilt was perceived not so much in Gerald's asking his wife's forgiveness as in Jennie's comment that he had been drinking himself to death. What guilt would cause him to inflict such a severe self-punishment? By not taking Gerald at his word the moment he asked for forgiveness, the pastor was demonstrating his own assessment that repentance was not yet at hand.

Pastor Williams felt that the topics of faith and salvation raised in questions four and five had not yet been broached, at least as far as the husband was concerned. What was Gerald's capacity for faith? What was his conception of salvation? Had he in fact drunk himself into oblivion? As regards the wife, the pastor thought he saw some signs of faith; she trusted others to help a person she could no longer help. She may even have been trusting her husband, feeling perhaps for the first time that he was about to choose life over death. She saw her salvation at this time primarily as deliverance from the daily exposure to her husband's slow suicide. As with most people in crisis, Jennie was having difficulty seeing beyond immediate relief to larger personal needs.

With respect to question six the pastor had deep concerns. Both persons seemed isolated from any recognizable faith support-group; they were not a part of the fellowship of believers. Besides himself there were apparently only a few nameless and not very close relationships at work that could conceivably constitute any kind of support network.

Question seven, about living within the "already now but not yet" tension, was difficult to answer because neither person showed any clear sense of direction—except for Jennie's wanting to get out! Yet even in her the pastor did not detect despair. She seemed to be accepting her finitude realistically, recognizing that after she had done all she could to help change her husband she now had to abandon him to others. Gerald was still testing his finitude, refusing to recognize limits; there was no clear recognition of God as the provider of all strength and succor for the future, only a slight

hint of some movement in this direction signaled by the fact of his going to a minister.

Question eight is as important as question one. How did Pastor Williams feel about these persons? He did not like being pulled away from the football game. Had anger over losing his personal time perhaps diminished his ability to listen? Had it caused him to be condemning in his judgments? Did the prominence of the drinking problem trigger his apparent sympathy with the wife? Was she viewed in a morally superior light as the long-suffering wife simply because the interview had not produced much data about her as a person? Was the pastor's hope for these persons and for their marriage tainted by his frustrations over the long years of marriage counseling with couples who always opted anyway for divorce?

These then were some of the initial queries with which Pastor Williams began his assessment process. They helped him focus and apply a theological template in his pastoral care. On the basis of such a theological assessment he would develop a response that might include a whole range of possibilities: continuing pastoral relationship, medical examination, decision counseling, Alcoholics Anonymous and Alanon, involvement with a church fellowship, theological confrontation, spiritual guidance, marriage counseling. His systematic reflection helped the pastor develop a much broader and deeper understanding of Gerald and Jennie than might otherwise have been possible. If his relationship with them did in fact continue, as it was expected to do, Pastor Williams' assessment would of course undergo repeated refinement through continuing use of his theological template.

As pastoral care returns to its roots, it will rediscover the significance of its own theological perspective as a primary frame of reference—as a template for correlating with the specific personal situations encountered in pastoral care. The template here suggested is, of course, only one such framework, but it is offered in the hope that it may prove helpful as a methodological aid for pastors in the self-conscious formulation of their own theological templates.

The acknowledgment and active use of the theological template in pastoral assessment will be a key component in our much-needed correlation of theology and pastoral care.

## NOTES

1. Paul Pruyser, *The Minister as Diagnostician* (Philadelphia: Westminster Press, 1976).
2. Alastair Campbell, *Rediscovering Pastoral Care* (London: Darton, Longman, & Todd, 1981), p. 35.