

Candidate Name

Date

Pastoral Care Exam – Verbatim One

### Instructions

Please submit two actual verbatim of real pastoral experiences. These should be current experiences, i.e., taken from experiences following the time of your receiving this examination. The experiences you write up must be from two different categories suggested below. Along with each verbatim, please include your careful evaluation of your counseling opportunity. The verbatim are to be of the entire session, not just a summary of the session.

### Categories

marital

hospital or other illness situation

funeral

church conflict

teenage problem

para-church contact

draft

peer (other clergy)

family problems

coping difficulty

1. Please change only the names to preserve confidentiality.
2. Include background information on the person's life circumstances, your history with the person, and the context/reason for the contact.
3. Carefully evaluate the opportunities for ministry in the contact
  - o What are the major theological issues that the person seems to be dealing with now?
  - o What were the possible outcomes in the situation?
  - o What did you do to heal, sustain, guide, reconcile, or nurture the individual?
  - o How did the person respond to your attempts to render pastoral care and why might these responses have occurred?
  - o What could you have done differently and why?
  - o What might you do next to promote continuity in the growth and support of the individual?

Verbatim #1:

*Category:*

Hospital or other illness situation; family problems

*Please change only the names to preserve confidentiality.*

J = Joan, mother and client; Rob, her husband

George = their son

Amanda = their daughter-in-law

Bobby =, the 2.5 y.o. grandson with the inconclusive diagnosis of Nieman-Pick Disease

Larry = the 6-month old grandson, who may or may not also have this disease  
P = Pastor \_\_\_\_\_, a probationary elder

*Include background information on the person's life circumstances, your history with the person, and the context/reason for the contact.*

I have known Joan since my arrival at the church. Prior to this summer I had only known her through the 9:00 a.m. contemporary service. In June, 2001, she agreed to be one of my cabin counselors at Elementary Camp where we became better acquainted. She called the office on a Monday to ask for an appointment to see me. She told me it was to discuss her 2.5 y. o. grandson who has been ill. I knew that she was requesting prayers for him, but I did not know the particular details. She had been in conversation with the senior pastor, who was now out of town. We set an appointment for the next day.

J-1: Thanks for taking the time to see me, Pastor. I really appreciate the time to talk with you.

P-1: I'm happy to see you. It's been awhile since we've had a chance to talk. How are you doing?

J-2: I'm doing OK. Things at home are fine. We're all worried about Bobby, of course. That's why I asked to talk with you.

P-2: How can I help you?

J-3: I don't know what to pray for, for Bobby. I pray about other things, but when it comes time to pray for him, I don't know what to say. I can pray for his mom and dad and brother, Larry, and for Rob and myself – but words don't come to me for Bobby.

P-3: Would you remind me what his situation is? I know that he's been ill, and that he's been on the Prayer Wheel in the past; but I do not have a clear picture of exactly what is wrong.

J-4: He has a condition, at least the doctors think he does – called Nieman-Pick. It's a genetic disease of the central nervous system. No one we know on either side of the family has it – so we're not sure that's why he does. The doctor's are saying that it seems like that's what it is. There are four strains of it, and they have very special criteria: 'A' is infantile in onset, and these children usually do not live past the age of two. 'B' has later onset – about 13 years of age. 'C' begins about the age of three – which is the kind Bobby has – if that's what it is. 'D' only occurs in Canadian children. It almost always ends in very premature death; but before that, the person has great developmental delay in physical and cognitive areas. Bobby, for instance, has little or no muscle development – he's has difficulty walking and talking. The doctors haven't diagnosed it with 100% certainty, but they are pretty sure.

There are a couple more tests to run. In the meantime, Bobby is such a good boy. He's not talking much, but he has a few words. And he has a really good disposition. It's so hard to see him struggle with getting around and trying to talk. (She begins crying).

P-4: It's so hard when children are ill – especially when you don't know for sure what is wrong. I imagine you must feel pretty helpless.

J-5: I do. We all do. And I feel so bad for my daughter-in-law. She has the baby to take care of as well. It's really hard for her. Plus she's not sleeping very well.

P-5: I was just going to ask about her. I was wondering how she is taking all of this.

J-6: She holds out hope, but as I said, she doesn't get enough rest. Even when she does get to

bed, she has a hard time sleeping. I'm worried about her. I try to help as much as I can, but I start teaching in another month and won't be available. My husband still works, but really is not equipped to take care of either of the boys even if he had the time. He's talks as if he's in denial, but I see how worried he looks.

P-6: So you're not really able to talk with him about the situation, then?

J-7: We'll exchange concrete information about test results or a day's activities regarding the boys, but we really don't go any deeper than that.

P-7: How is your son with the situation? Are he and Amanda able to support each other?

J-8: To a point. They've had.... what shall I say... a bit of a rocky time in the past. I'm afraid this will take them over the edge.

P-8: Will they go to counseling?

J-9: Amanda is willing to, but George is not. He says the problems aren't that bad. And he doesn't want to talk to anyone but the doctor about Bobby. He says they only have to know about the medical stuff.

P-9: So you really have more to pray about than just Bobby, it seems.

J-10: Yes, but I felt that I know what to pray about for the others: that George will allow himself to grieve and to be able to talk about it; the same for my husband; that Amanda will have the strength and faith to care for the boys – but that she will ask for help so she can rest sometimes; that Amanda & George can support and count on each other; that the baby won't be too affected by all of this; that I have the strength to see everyone through this thing – that I won't fall apart. I don't know what to ask for, for Bobby.

P-10: Have you ever thought about leaving it in God's hands? Asking God to do whatever is best for Bobby? Asking that the doctors have the wisdom to diagnose and treat in the best way they can so that Bobby won't be in any kind of pain.

J-11: I did not think of praying that way. I knew I had to talk with God about it, but I was thinking to ask for specific results – and then feeling guilty, no matter what I prayed. Maybe I should talk to Amanda about this as well.

P-11: If you think that would help her, by all means. And I would be willing to talk with her if she would like?

J-12: I'll ask her – but don't be surprised if she doesn't come.

P-12: OK. Would you like to pray now?

J-13: Yes – I really feel as if I need it.

P-13: Do you want to pray, or do you want me to?

J-14: You pray. That will give me a better sense of what I can do in my own prayer time.

P-14: Loving and gracious God: You have created all things necessary for life, and you have blessed us with love of family and church and friends. Most of all you have graced us with your love and the love of Christ. Lord, we can think of nothing that is more precious than a baby – a child – a toddler who is growing and developing and learning and loving. And we pray for Bobby – one precious to Joan and Rob, and Amanda and George. But it seems that his time on this earth will be short, God – caught up in this terrible disease that takes him way before his time should be. And it is difficult to pray God – for what should we pray? If we ask that you take him now, it sounds harsh and unkind – but we do not want to see him suffer – to hurt; and it will be harder for us to let go the longer we have him here with us. But to ask that you let him remain indefinitely smacks of selfishness. We want him with us; we want to see and touch and hug and love him. Any little things that he learns gives us a moment of forgetfulness for his

condition.

We ask Lord, that you allow this family to have and appreciate those moments. Let them enjoy this time that they do have. Help them to live each day to the fullest with Bobby. Help them to take one day at a time. Give insight and direction to the many physicians that are taking care of his case. Help them to diagnose exactly what is wrong, and to know what treatment will be best for Bobby. Help the medical team communicate in a clear and helpful way with the family.

We ask a special blessing on Bobby's parents: George and Amanda. They are under so much stress: sorrow over their older son's condition; grief over the loss of the dream they had for him and them; anger that this child, their child, is so ill; frustrated that the medical field is not an exact science; fear that their younger son may also have the disease. Give them a calm and peace in their hearts, God, to face whatever they must face. Help them look to each other for support and comfort. Be with Joan and Rob that they may be able to discuss the circumstances and find comfort in one another. Help Joan come to you and to turn things over to you. We do not always know what to pray for – nor do we always know how to pray. So we trust in you to be with us, no matter what happens. Whatever the course for Bobby, we know that you will be with all of those who love him. And now God, we can rest, knowing that you know what is best. We pray for wisdom and understanding that will help us make sense of all of this. We pray all of this in the name of Jesus, who is our Christ. AMEN

*Carefully evaluate the opportunities for ministry in the contact. What are the major theological issues that the person seems to be dealing with now?*

Prayer: how to pray for a family member who is ill – probably dying. Underlying this is the issue of suffering – the unspoken question of why a child – her grandchild – and her family must go through this. Joan has an emotional vs realistic dilemma: not wanting to lose a grandson vs. intellectual awareness of a disease process. She wants what's best for the child and family (especially her son, daughter-in-law, and other grandson). She has the spiritual and emotional need to pray: not wanting to pray he dies, but knowing that if he lives, the quality of life for him and his family will not be good.

*What were the possible outcomes in the situation?*

One is what did occur – Joan realized a different way to pray, especially when things are out of our hands – of letting go and letting God take over those things which are not under our control. It is possible that she would not have been willing to do this – or failed to be persuaded by the possibility of not praying for outcome. The least likely was for her to give up on prayer; becoming angry that God does not cure the child so that he remains alive and thrives.

*What did you do to heal, sustain, guide, reconcile, or nurture the individual?*

I listened to her story. I acknowledged her pain and the difficulty of the situation (grief, helplessness, frustration). I recognized that her grandson is not the only issue, but merely the catalyst for other issues she is dealing with. I asked her a leading question that caused her to

consider another way of praying, which was her stated reason for seeing me. I offered assistance to other family members whom I perceived to be most likely to benefit from visiting with me. I prayed in a manner that modeled how she could possibly pray in a way that did not ask for specific results, but general spiritual care.

*How did the person respond to your attempts to render pastoral care and why might these responses have occurred?*

Joan responded in a positive manner, probably because of her strong faith. She opened up to other areas of concern. She seems to understand the limitations of her family members, but is willing to challenge them mildly. Joan was receptive to the possibility of praying in a different way that would give her peace.

*What could you have done differently and why?*

I did ask if she wanted to pray and she said 'no'. I could have encouraged her to discuss various ways to phrase her prayer concerns. I could also have encouraged her to begin the prayer or to do the prayer in total or in part.

*What might you do next to promote continuity in the growth and support of the individual?*

I can contact her periodically to see how she is doing, as well as inquire about the rest of the family. I can also find out Amanda's response to the suggestion that she visit with me. Letting her know that we continue to pray for Bobby in our staff prayer time might also be helpful. I could also meet with her again in order to incorporate/ institute the suggestions above.