The Importance of Lifestory in Pastoral Care

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THE IMPORTANCE OF LIFESTORY
IN PASTORAL CARE

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"Pastoral care" involves the care of lives, or "souls," in the larger sense of that word. The thesis of this article is that those we care for will be cared for better if we know them. This simple assertion seems like only common sense, but it merits some reflection: Knowing affects the kind of care we give. The greater the degree of knowing the greater the degree of identification with a person's situation and life. This identification has two sides: It includes the caregiver's sharing with the other person pertinent parts of his or her own lifestory. Recently someone said to me, "I've talked with you more about my life than I have with my own family [i.e., stepsons]. The next time you visit, you must tell me about your life." This woman has understood that the kind of relationship that develops—and is truly meaningful in a pastoral care situation—is a two-way street: Individuals bring their stories to a common meeting place. The individuals receiving pastoral care will feel a part of the relationship if they are given access to the life journey of the person who is with them. At least that has been my experience.

The thoughts offered here will be of immediate use to professionals who serve in institutional settings and to those who serve in congregational situations, as ministers, church leaders, or people who seek simply to care for other people.

In order to show what I mean by "lifestory" and the kinds of concerns such stories reveal, I offer the reader the following example. The example is accompanied by a number of questions which help one to relate to what is important in this person's life.

A Lifestory: Mrs. Harriet Smith

I was born in the village of Thornton in 1910, the daughter of a hotelier and a seamstress. I had two brothers:
one was killed in WWII and the other moved out West. I met my husband at a church social at the Presbyterian Church. My parents did not approve of our courtship (they thought I was too young), so we ran away and got married. My father never quite forgave me for this, but my mother did. She was a wonderful person.

My husband had an uncle in Toronto and managed to get a job in his business, a grocery store. Then the Depression came and we had to move back to the country, to a farm. By then we had one son; later we had two daughters. My husband didn’t like the farm, and in the late 1930s we took over a general store in Cookstown. We stayed there until we retired; we sold the business to some people from “the city,” and they’ve turned the building into a restaurant!

My children are all married and busy with their own lives. Fortunately two of them live close by. I have six grandchildren. Joe, my husband, has been ill for some time, but I manage to be quite active in a seniors group. I also play bridge once a week.

I have no regrets about my life though I’d like to visit my brother one more time.

1. How does Mrs. Smith understand her life?
2. What is there here which makes Mrs. Smith related to and distinctive from the culture in which we live?
3. Who is significant to Mrs. Smith?
4. How does religious experience figure into Mrs. Smith’s worldview?
5. Since pastoral care is relational, what things could I share about myself that would intersect with Mrs. Smith’s personal experience?

An Amalgam of Experiences and Memories

Each human being is different from all others, but there are certain things that we all hold in common. For example, we were all born. But in birth itself there are differences: What if we were one of multiple births? What if our father was overseas when we were born? What if I had not
been a “wanted” child? Am I the oldest in my family, the youngest? Am I the middle child? Our place in the family brings to bear a set of dynamics which determines in part the type of persons we become. The difference between oldest and youngest among siblings involves more than the difference in age. In the case of Mrs. C., her sister is some fourteen years older than she is, and their relationship has taken on the character of a mother-daughter relationship. That happened in part because of the substantial difference in their ages.

We are all born human beings. However, as human beings we are divided into two genders, male and female. Each gender has its own view of life—a way of looking at life—and each has experiences which the other does not have. Giving birth, for example, is a uniquely female experience. Fathering is masculine. In the past, more so than now, there were stereotypical expectations of what it means to be a male or female. Women did not own trucking companies or drive transport trucks; nursing was a profession that tended to exclude men. Each of us fits somewhere along the continuum of change that the past two or three generations have experienced in the changing roles of the sexes. These changes affect people everywhere in North America.

1 For example, the nature of our birth and early childhood may predispose us to depression later on in life: “A single traumatic event, or a series of damaging experiences, such as losses, deaths and separations, can sensitize a child to these sorts of insults in adult life. Similarly, repeated experiences that lead a child to view himself or herself as helpless or ineffective may foster a tendency to give up in the face of obstacles met in adult life.” John Rush, Beating Depression (Toronto: John Wiley, 1983) 86. These remarks coincide with those of Richard Dayringer, who speaks of psychological assumptions that play a large part in the characteristics of relationship. One of these assumptions is that “people tend to relive early family experiences in all later relationships.” See The Heart of Pastoral Counselling: Healing through Relationship (Grand Rapids: Zondervan 1989) 38. Dayringer’s book is useful reading in connection with the importance of lifestory in pastoral care. He cites the following from John Patton, Pastoral Counselling: A Ministry of the Church (Nashville: Abingdon 1983) 167: “If any healing occurs through pastoral counselling, it occurs through relationship” (34). Such healing, I think Dayringer would say, comes from God, but pastoral care can function as the means by which relationship is established with the source of healing. The relationship between individuals becomes a part of a larger framework of relationship.

We all eat. Humans share that in common. But what if I am allergic to certain foods, like chocolate? We like to eat with other people; we like to congregate. Why are there so many “donut shops” in our small city of Barrie? It is because people like to drink coffee and talk.

We all went to school. That we hold in common. But what if my early school years had been spent in India? in Quebec? in South Africa? Once I initiated discussions with a university in Nigeria about going there to teach. Instead I went to Manitoba, but on occasion I have reflected upon how different my life would have been had I gone to Nigeria for a period of time. Sometimes going away to school or making a trip to a far-off place produces dramatic changes of direction in a person’s life. A friend of my wife, an Australian, went to Europe for a holiday and met a Canadian. They married; now she lives here. Many Canadians married British women when they served with the Armed Forces overseas in WWII.

Some of us, indeed many of us, marry. We marry someone, some place, some time. Some of us have children: When were they born? Where? How many are there? Do we have a child who is in some way handicapped? Is one of our children a genius or a prodigy in some area? Did we have a miscarriage or lose a child by accident or disease? The loss of a child has been called “the grief that never goes away.” From time to time we all review the circumstances of such significant events. Often that happens when someone has related to us the circumstances of, for example, the birth of their first child. Recently I had lunch with three ministers from the neighborhood. Each of them has three children. Since that time we have had our third child, a daughter. The Anglican minister down the street (not at our lunch) has three children. Five neighborhood ministers, each with three children! We have interesting common ground.

Work is a common feature of all human life. What is our occupation? white collar, blue collar? laborer, professional? Do we like what we do? Do we loath it and, if so, where do we get our sense of meaning that so many others find in work? The kind of work we have determines so much about our lives. We ask of someone, “What’s your name?” The next question is “What do you do?” As people grow older, work shapes the kind

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3 Mrs. L. related to me the circumstances of the stillbirth of a grandson. Sixteen years later, the brother of this little boy expressed sadness when it came to preparations for his own wedding, specifically when he came to choose a best man. He expressed a sense of loss because, had he lived, that brother would have been his best man! The family thought that this event was long behind them. Not so.
of retirement that they experience. It is a great loss for those who have worked with their hands to move into a situation where that is not possible. Mr. S., in his mid-90s, found life at Grove Park Home for Senior Citizens difficult because he had nothing with which to tinker. He had farmed all his life, had built a beautiful home on a hill south of Barrie. He missed doing the kind of thing that he had always done—working with his hands.

People do something with leisure time. Are we into sports? crafts? reading? travel? gardening? All these activities help to define our personhood. In the recent *Who's Who in Biblical Studies and Archaeology*, many individuals list their recreational activities. British scholars often give "gardening" as recreation. The American scholar Joseph Blenkinsopp lists his recreation as "tennis, travelling, talking!" Quite a number of scholars appear to have no recreational activities or choose not to reveal them. That says something, too! Workaholics have no leisure time since it is considered to be wasted time. The "Protestant work ethic" has cheated many people out of having any fun. Leisure activities are reflections of identity, and each activity carries with it a fund of memories and experiences. Such activities also give us a sense of belonging to a group of people. When we participate in groups, we establish community. It often surprises me to learn about what people do with their leisure time: Mr. H., one of my church members, surprised me with the gift of a bottle of homemade blackberry wine one Christmas. It was a hobby and each summer he used to go to a secret blackberry patch to get berries. His wife, a professional person, has a large collection of a type of cut glass. I would never have guessed that they have these interests.

All human beings have a spiritual identity, and religion, "organized" or not, provides sustenance for our understanding of "who we really are." A person's faith is a consolidating factor which gathers everything else in life together and shapes it into a coherent, sensible whole. All religions and faiths are a response to common human experiences: birth, suffering, "peak experiences," finding food, mortality. Beyond that, there are vast

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differences in how the human experience is assessed between, for example, Christianity and Buddhism. Whatever we were taught when we were young becomes a part of the way we understand ourselves. Where we were born—which we have discussed above—is a decisive factor in our religious experience. It is helpful to be honest about this: Had I been born in Israel, Indonesia, or China, my religious identity would almost certainly be vastly different. This kind of understanding is vital to building a bridge of discussion and acceptance between ourselves and people who not only look different from us but also think differently in terms of their religious experience. If we can keep the "learner" part of us alive, we can be enriched by contact with people whose life experience religiously has been far different from our own. Further, we can be saved from a kind of myopia which sees only our own experience as having any validity.

Those of us who "take care of" people will usefully ask questions concerning what things we share in common with those people and in what ways particular people are unique in their experiences. "Personal story relates something specific and significant about how the person understands his or her life." To put it in other words, "A personal story, symbol, or myth is a means of communicating who one is, who one is identified with, and how one functions." Such stories about ourselves are self-constructions: we tell a story about ourselves and it explains to ourselves and to others who we really are.

The stories people tell about themselves are selective. Sometimes we do not remember everything about ourselves; sometimes we choose not to remember. We are constantly revising our life-story in the light of new experiences and the feelings we continue to have about the past. What we remember and choose to tell makes us both related to and distinctive from other people in the culture in which we live.

All of us find an identity in culture. The pursuit of academic degrees, having a job, raising children, and playing basketball give us an identity. We hold these kinds of things in common with many people. For some the seeking of these things leads to crises of various kinds; for example, children of Chinese descent in Canada who choose to speak English all the time confront an issue of culture and identity within culture. In a variety of ways people rub against culture, not conforming and even developing what might be called quirks that provide a unique

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6 Rodney J. Hunter, "Personal Story, Symbol, and Myth in Pastoral Care," *Dictionary of Pastoral Care and Counselling*, 893.
7 Patton, 894.
identity for themselves. For example, I recall the elderly woman of learning and taste who had never had a soft drink. Nor did she ever wish to have one. What? Never had a Coke? That certainly set her apart.

When people tell us their stories, we hope that what is revealed gives us insight into their real selves. At any rate, without knowing someone’s lifestory, insight into what is important in that life is virtually impossible to gain. Jung speaks of the importance of personal story for psychotherapy. He has in mind a patient’s secret story, the knowing of which is a key to treatment. Jung says that there are a number of ways to open up this secret story, one of which is “long and patient human contact with the individual.” That “long and patient human contact” is precisely the kind of contact which individuals practicing pastoral care often have with those in their care. It is an effective way of getting to know a person’s real story.

Mrs. M. explained to me that she had many secrets; and after we had talked, she told me that she had not ever talked so much about those things. “Those things” included the following story: When she was a girl, she accidentally started a grass fire which she tried to put out with her skirt. She was burned. Her father ran a mile and a half to help put it out. She saw a connection between that and his early death of a heart attack at age sixty-three and blamed herself for his death! From this “secret” which she related to me and from the narration of subsequent events in her life, I could see that her perceived role in her father’s death was a determinant for her life as a whole. I learned about her secret, real self from these stories.

For those who practice medicine, recognition of the importance of lifestory is part of a realization that patients have needs that go beyond the strictly medical. Physicians have a responsibility to treat the “whole person,” to treat not a disease or a medical problem but the person who is subject to the disease or injury.” Similarly, the pastoral caregiver seeks to help the person who finds himself or herself within a particular crisis, situation, or experience. We seek to locate a person’s inner character and

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inner strengths in order to provide direction that will find the person realizing and locating those strengths. In that way the individual can possibly find a workable solution to his or her challenge that will naturally grow out of the self.

The Usefulness of Lifestory

Pastoral care is relational. It is not a relationship of a doctor (authority figure) and a patient (someone acted upon: recipient). Pastoral care seeks first to understand the other person as a human being. People are not theories or diagnoses or numbers. It was said of Northrop Frye, the literary critic, “He knew also that the way in which we understand ourselves is less through theory than through story. In the life of any individual, as in the lives of communities and nations, stories are primary.”

Those who provide pastoral care learn from stories who and what are significant in the lives of those that are receiving care. That typically includes family and friends. In the case of Mrs. E., it included a boyfriend by the name of Jack, who lived in the small village where she had spent many years. She seldom spoke of her husband but often spoke of this man. For some reason he had an abiding presence in her lifestory.

From lifestories we learn how people understand the world and God. Is the world a good place or a bad place? Usually their view of the world is closely related to religious life and spirituality. People raised with a strong view of “original sin” may have a pessimistic view of human life generally and perhaps of themselves in particular. Robert Fuller comments that “notions concerning innate depravity or original sin induce a sense of uneasiness and guilt about one’s impulses toward self-determined activity.” However, a religious faith can and should promote from the earliest days of one’s life a basic trust in life and its essential goodness.

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11 He makes these remarks in connection with human development at the age of 4–5. See Robert C. Fuller, Religion and the Life Cycle (Philadelphia: Fortress, 1988) 23. Fuller is summarizing the work of Erik Erikson at this point. His own thoughts can be found on p. 30, where he says, “On the other hand, the well-known maxim ‘God helps those who help themselves’ surely encourages the cultivation of personal initiative. . . .” On this point see also James Fowler, Stages of Faith: The Psychology of Human Development and the Quest for Meaning (San Francisco: Harper & Row, 1981) xii, 84, 106.
From someone’s lifestory we learn about that person’s expectations for life from that point on. My eighteen-year-old niece recently told me that in another year she will be thinking about university, which one she hopes to attend and in what area she wants to specialize. This is the open-ended view of someone her age. Those in middle age are tied into more settled situations: mortgages, promotions, taking the kids to hockey or volleyball practice. Later on, expectations may be expressed in terms of a maximum and minimum: The very elderly Mrs. T. wanted to live two more years. There were certain things that she wished yet to accomplish. Given her long life yet good health, that was a reasonable expectation.

Based on someone’s lifestory, a caregiver can formulate an image of the person which transcends “the problem” of a particular time. What do we see first, the problem or the person? Our understanding of a person’s story can restore dignity and humanity to our view of someone who has lost much of what we associate with “dignity,” independence or exercising control over one’s life. When I first came to Grove Park Home, there was a resident, Miss H., who was confined to her bed, was blind and could not speak. However, my knowing that she had been a missionary to China contributed substantially to defining our relationship. My view of her changed with that knowledge. In another case an elderly, very deaf resident was in hospital for a time. I told the nurse attending to her that Mrs. C. had been a nurse, that she had graduated almost sixty years ago from a hospital in Ottawa. I am sure that this information changed the relationship of the nurse to her patient.

Finally, as I suggested above, when we know someone’s lifestory, it helps us to move from the problem to the person, the self. People who share themselves with a helping person communicate two things: 1) what they think is wrong with their situation or themselves; 2) generalizations about the kind of person they are, i.e., “I procrastinate too much” or “I’m depressed often.” People can hide in such generalizations, but when caregivers know the lifestories, they can move the people to speak specifically about themselves and more generally about the problem. This shift can be a significant step.

The Lifestory of the Pastoral Care Provider

It is useful if those who provide pastoral care share their own lives with those receiving care. After all, it is not just the message that is important; the person who brings the message is also significant. As Paul says, quoting Isaiah, “How beautiful are the feet of those who bring good news!” (Rom 10:15)
Care is much better communicated from common ground. Peter said to Cornelius, who had fallen down at his feet, “Stand up; I [too] am only a mortal” (Acts 10:26). Dialogue is not one-sided; help is provided not by a person without a personal history or by a nameplate on a door but by another human being whose lifestory may well intersect at points with the one who is coming for help. We may expect care-receivers to bare their soul; should not caregivers offer something of themselves in return?

When pastoral care providers offer a lifestory and memories, they often lead to fruitful exchanges. It is not necessary to talk “all day” about ourselves; that would not be helpful. After all, we are supposed to be listeners. Nevertheless, the listener has an identity. Such sharing at an initial visit can set a useful tone because it gives attention to a shared humanity and a story that is shared in certain details. For someone who is confined in various respects (cannot read, watch television, or walk), our story may provide another story to think about aside from the person’s own; that is, it may offer some kind of outside interest, however small.

Lifestories bring into the picture children, grandchildren, families and family life. At some point there will be intersections between our stories and those that are told to us. For example, from visits with Miss H. I discovered that her aunt Mary was a “Disciple [of Christ]”; Mrs. W. informed me that she followed with interest the “Herald of Truth” television program. Mrs. T. told me that her uncle had been a doctor in the small town where I grew up. That doctor was my mother’s doctor at my birth and our family physician during my early childhood! My mother has told me that when I was taken for checkups to Dr. Eberhart’s office (located in their house) he used to take me and show me off to his wife! Obviously I had an important “point of intersection” with Mrs. T. Each of these discoveries provided useful places for me and these individuals “to meet” after we knew we had something in common.

Often we are in a pastoral care intervention because something has happened in the life of the person we are visiting. Such visits may be scheduled and relatively formal; they may be quite informal. We often find ourselves talking about a situation of some kind. That situation-in-life may involve a death in the family, an illness or accident, some sexual misdemeanor, alcohol or other drug-related problems, an impending separation or divorce, a marriage, a new birth in the family, certain questions relating to business or personal ethics, or other questions that involve spiritual life in the more narrowly defined religious sense. Sometimes pastoral caregivers have personal experience with the very situation about which people approach them. Those are particularly valuable points of intersection; and when they are recognized, we face the question of what to do
with them. Either we can maintain a professional distance—actively listen, offer advice if asked, speak of the Scriptures and God, pray together—or we can use our own experience in a judicious way to offer insight and some hope for the person(s) with whom we are dealing. I say “in a judicious way” because the focus remains upon the journey of the person who has come to us or to whom we have gone.

About ten years ago I had some sort of breakdown which followed a long period of overwork and stress. That experience has been useful at times when someone—or someone in someone’s family—has had a similar experience. In such circumstances I am willing to speak of my own experience because, upon reflection, I have gained some insights into the process which that experience involves. There are many experiences which pastoral caregivers will not have had themselves. It is likely, however, that pastoral caregivers will know of people who have had an experience similar to the one that has led someone to seek help. Even in a small congregational setting it is likely, for example, that someone will have had a miscarriage. In such cases we can refer the individual to another caring person who is willing to talk about the experience in a helpful way. The purpose of doing this is to further the story of those who are in the grip of the experience and to help them move on through the it in their personal journey. We can follow up on the referral to determine how useful it was.

It probably goes without saying that the longer our lifestories have been a part of each other, the more meaningful a pastoral care visit will be. Someone has said (my father, amongst others) that old friends are the best friends. Over a period of time pastoral caregivers get to know a person’s stories. In that way we come to appreciate that person’s encounter with life. If we listen, we will learn. On the other hand, the one receiving pastoral care often gains an appreciation for the pastoral caregiver. In a time of crisis, we are likely to be called. We are “an old friend”; that is, we know that person’s story because our lives have had points of intersection. That presents the opportunity for a precise and meaningful encounter. Nothing can replace that relationship, built over a period of time.

Conclusion

Those involved in ministry, who provide pastoral care in a church, institution, or other setting, can improve the quality of that care through an awareness of the importance of the lifestories of those we are seeking to help. This awareness helps us to focus on the real self of such individuals. Much of our lives is about stories and, the older we get, the fuller the story becomes. In an elderly person’s life the significant turning points are
now visible: family, work, hobbies, travels, personal victories, response to the question of God, illnesses, losses, and other sadnesses. The same is true, however, for a younger person with whom we may talk more of personal hopes and aspirations. Sometimes (e.g., as the result of an accident) significant turning points are compacted and the “rehearsal” of the event and its consequences over a period of time is a part of the healing process.

When Mrs. Smith tells us her lifestory, we can gather from it how she understands life in general and her own life in particular. The questions we ask of the story by intention are the ones that will best help us to provide spiritual care for her. The appropriate kind of spiritual care (e.g., talking, reading Scripture, praying, addressing painful memories, speaking about theodicy, making contact on her behalf with a minister of her own denomination) can be determined only through learning about her life. This may take some time. Most “relationships” do not happen in a single visit, and indeed, the pieces of a lifestory often come together only over a period of time.

Finally, sharing our own lifestory will offer points of intersection between our lives and the lives of those whose spiritual journey we hope to further. Such points of contact provide a place from which the pastoral relationship can grow, and they help to reinforce the focus upon the self as the essential place of healing and spiritual growth. We, too, were born into families, have lived in different places, and traveled to others; we have gone to school and had various kinds of work experiences; we may have children, pets, and projects that figure prominently in our day-to-day lives; we have hopes and aspirations which overlap with the hopes and aspirations of many other human beings; we have an experience of God about which we can speak on a personal level. And, yes, we may have some questions about faith that trouble us. By drawing on such elements of our own story, we may be able to build a relationship which is based upon a mutual giving and in which both parties are able to contribute and gain insights for the journey.

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12 After the first draft of this article was completed I attended a seminar on “Creative Aging and Counselling the Elderly,” at Cambridge, ON, on June 17, 1994. One of the presenters, Thomas O’Connor, Codirector of Pastoral Care, Chedoke Hospital, Hamilton, spoke about “narrative therapy”: “Human beings structure time and meaning through story,” he said. In connection with this, he elaborated that the elderly have a lifetime of stories, but they want to hear our stories, too.