

## ICPPC Communiqué

### Challenges to ICPPC pastoral and spiritual polity: From the private consultation of the counselling room to the open and public space of market place encounters

I am so grateful for the opportunity to communicate with the members of the ICPPC by means of our new internet facilities. My work on pastoral care and counselling on HIV & AIDS within the African context, as well as recent contact with the Latin Americas, challenged me to reflect anew on theory formation for our discipline. It struck me how we framed pastoral care and counselling, under the influence of the human sciences, with a very sophisticated and westernized paradigm. In an interdisciplinary approach the exchange with the humanities is indeed extremely important. However, in developing and poor countries we will have to consider other options as well. Already at our Rotorua conference, the need for alternative models surfaced.

In an introductory note for our publication I picked up some of the suggestions and issues raised in Rotorua. In this communiqué, I share with you some of the perspectives.

Pastoral care entails more than merely formal and very expensive appointments with professional counsellors. Pastoral care often takes place where people meet one another within informal encounters with the question: How are you today? In a human encounter care becomes a public event within the cultural setting of daily life: pastoral care as life care (*cura animarum* as *cura vitae*). When pastoral care is exposed to the daily problems of life within poor communities, the public setting of less developed countries, contexts of violence and fraud, and the HIV & AIDS pandemic, the “Mother Theresa model” for pastoral care and counselling is becoming more appropriate: be there where “they” are (the being functions of daily encounters).

One of the goals of the ICPPC in terms of the constitution is to link theory formation in Pastoral Care & Counselling to real life issues as framed by context and culture; a kind of grass roots-approach. This goal implies a paradigm shift in care and counselling from an individualistic approach to a more systemic and contextual approach.

There should be a paradigm shift from an individualistic approach towards a more communal perspective that includes a “priority for relationality and community; a more interpersonal than intra-psycho developmental perspectives....and a goal of mutuality and reciprocity with communities” (A remark in one of the general discussions at the Rotorua conference in New Zealand, August 2011).

Due to current processes of *globalization*, there is a tendency to emphasize the importance of local contexts and particularity within the realm of communities. This process is known as *glocalization*. Without any doubt pastoral care and counselling should reckon with this development. Territory, land and environment surface time and again as vital topics in local discourses.

During the Rotorua meeting of the ICPPC the notion of indigeneity surfaced. Indigeneity implies a close and long-standing relationship with territories, land and the natural world. For example: in Maori traditions indigeneity plays a fundamental role in a Maori understanding of healing and well-being: *eco-connectedness*; the *bonding to the land* (grounded identity); and *protocols for encountering* (defined relationships).

Healing is embedded in a continuum where interdependence, balance, and connectedness prevail. Healing is about the negotiating of relationships within a general meeting place.

In *Marae*-encounters the mode of thinking is more centrifugal (outwards direction) than centripetal (inwards direction). Understanding therefore comes from larger contexts, e.g. wider relationships, and not merely from analysis of component parts. Similarities convey essence and meaning and not so much differences.

What then is the implication for pastoral care and spiritual healing?

Pastoral therapy should become holistic and focused on interconnectedness within the realm of relationships. Enduring relationships need to go beyond momentary psychological and emotional experiences to embrace a sense of connection with time, space, and the spiritual domains that connect human lives with natural and cosmic environments. Healing is embedded in culture and should therefore probe into these paradigms, rituals and norms/values that dominate cultural thinking in a very specific local context.

In India many of the so called "Western Theologies" are rendered as inappropriate for a cultural approach to well-being and healing: they are "too kerygmatic", pietistic, cultural bounded, adult- and male oriented, clerical, non-revolutionary, other worldly, handmade of Western expansion, church-centered, individualistic and even disrespectful of nature.

Within the gender discourse, the peril of patriarchal power dominates the debate. In this regard the social media projects masculinities that fuels images of strength, domination and powerful control.

Male sexuality is strongly driven in the direction of genital centrality, but that, although the reigning creed on men's bodies (still) seem to be: "big, hard and up", men need to evaluate this dominating discourse critically and learn to embody alternative ways of being men, i.e. valuing vulnerability as necessary equivalent to power.

On the other hand, males become more and more confused regarding their gender role in a democratic society with the emphasis on equality.

The deconstruction of male power in the gender debate is contributing to the so called "crisis of males". Stripped from their traditional role functions and bombarded by the mass media's promotion of the concept of *hegemonic masculinity* (the athletic male body as a mark of power and moral superiority), males are becoming more and more confused, or in poor communities, even more violent. It has become a dominant, global idol that men should be strong and behave according to the Rambo-Schwarzenegger-image for physical well-being. In the meantime they feel vulnerable, exposed and robbed. In the market driven economy men are forced to still produce, but in the meantime are exposed to the vacuum of: play in the present because the future produce nothingness (*nausea*).

When one takes the issues of land, territory, grassroots culture, human identity and human dignity, clarity on gender and the meaning of being male and female seriously, what then is the challenge to pastoral care and spiritual healing?

The challenge in a pastoral approach to well-being is a "wholistic approach" with the emphasis on an integrative perspective wherein the human body is a vital part and ingredient of spirituality (embodied spirituality) and care is involved in the whole of human life: the networking of relationships should be healed.

"Therapy" is a spiritual practice – not just a fixing of human problems – rather facilitation of a movement towards what is characterized as "*shalom*" in the Judaeo-Christian tradition; a *shalom* that is both internal and environmental.

The emphasis in pastoral care and counselling is more and more on what is called “*spiritual therapy*”. The quest for meaning and significance with the question: “How does God fits into the picture of human suffering and the quest for human dignity and justice?”, is back on the table of pastoral care.

Spirituality refers inter alia to the dimensions of existential questions; the finding of meaning and purpose in life; the value of social relationships; the interplay between emotions, values and identity; the relationship with God; the concept of God; the quality of the spiritual life of an individual; and the content of belief.

Wholistic care implies inter alia the healing of public paradigms that determine the value and dignity of people within daily encounters.

In spiritual care the pastor should become a proper guest in the life and story of the other person; pastoral care implies a mutuality of hospitality.

The role of the pastoral counsellor is to give hope during times when people become desperate and see no hope for their future. In their stories even secularized people still use spiritual or religious language, as for example: “mercy”, “grace”, and “new beginning”.

With the following shifts in mind: from an exclusive to an inclusive approach; from global to local, from individual to community, from person to system and relational network, pastoral care enters the public domain of the “market place”; care becomes life and public care.

Pastoral care is a public dominium; it is interrelated to life as a web of political, environmental, economic, and financial issues. Within this web the notion of power is fundamental. Pastoral care is not aligned with the state, but uses its spiritual orientation to confront unfair use of power. To care for the public is to advocate for the fullness of life.

This is my sincere hope and wish that this publication will start to stir the waters of critical reflection within theory formation for an appropriate and relevant approach to pastoral care and counselling: *cura vitae!*

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