

REPORT ICPPC

International Council for Pastoral Care and Counselling

Topic: RITUALS OF ENCOUNTER IN HEALING, PASTORAL CARE AND COUNSELLING

Venue: Kingsgate Hotel, Rotorua, New Zealand
21 August – 26th August 2011

150 attendants from: Australia, South Africa, Brazil, USA, Canada, Ireland, Papua-Indonesia, India, Poland, Germany, Netherlands, Ireland, Britain, Japan, Norway, Sweden, Finland, Myanmar, Hungary, New Zealand, Malaysia, Tasmania

1 New Executive Committee elected at Rotorua: 2011 -2015

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2 Background information (Maori culture)

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. Due to the New Zealand setting the Maori culture played a decisive role in the outline of the programme.

In Maori culture the notion of well-being is fundamental. to their understanding of life as a whole. The main topic regarding rituals in encounters of healing was therefore divided into 5 sub-headings:

TE TAHA WAIRUA: Spiritual Well-being

TE TAHA WHANAU: Family and Social Well-being

TE TAHA TINANA: Physical Well-being

TEW TAHA HINENGARO: Emotional/Mental/Behavioral Well-being

TE WHARE HAUORA: Integrative Well-being

With reference to the paper of Prof Sir Mason Durie, Massey University New Zealand, (*Indigeneity, Grounded Identities and Therapeutic Pathways*) the Maori population is a minority group in NZ with limited political voice and lower standards of living. Within westernization and globalization, it is a question how to articulate the Maori culture in such a way that it enhances the identity of the Maori people.

One of the most primary characteristics of indigeneity is a close and long-standing relationship with territories, land and the natural world. Three Maori traditions play 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. The notion of land is so important that due to the “*Whenua kit te Whenua*”- tradition, children should be bonded to ancestral land by burying the placenta in a site of cultural significance. (The principle of being grounded in place). Healing is about the negotiating of

relationships within a general meeting place: *Whare nui* (Meeting House). The *Marae Atea* functions as a forum for negotiating relationships.

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.

The following key phases in intervention can be identified:

- *Whakapiri*: An engagement in space, time and different ways of thinking (Rangi & Papa narrative)
- *Whakamarama*: Enlightenment (switching on the light) as an increased awareness, understanding and pathway towards maturity .
- *Whakamana*: Empowerment which implies self-control (to manage behaviour, emotions, adaptation and weight control); human dignity (a sense of integrity, self worth, secure identity, wider connections), knowledge (to understand risks and pathways of well-being), relationships (capacity for relating and sustaining relationships), and full participating in society, education, the economy and the indigenous world.

In a nutshell: Therapy should be 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.

3 Some main perspectives in different sessions and workshops during the congress

3.1 The cast system. Due to Dr Nalin Arles (former president of the ICPPC) poverty in India is related with caste oppression. Hence liberation has to take note of religio-cultural aspects of oppression. The word caste is derived from the Portuguese language “*casta*” meaning breed, race or kind. The Rig Veda narrates the history of the castes dating back 3000 years ago. There exist 4 divisions: *Brahmins* (from the head: priests and the reference to intellectual and spiritual needs); *Kshatriyas* (from the shoulders: rule and protect); *Vaishyas* (from the stomach: commerce and agriculture) *Sudharas* (from the feet: artisans and servants). Outside the four *varnas* there is another group: the *Dalit* referring to a person outside the four groupings and considered below of all “polluting categories”. 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.

3.2 The peril of patriarchal power.

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. (Dr Stephan van der Watt, Japan).

3.3 Physical well-being: the perspective of *cura corporis*

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).

The challenge in a pastoral approach to physical well-being is a "wholistic approach" with the emphasis on an integrative perspective wherein the male body is part of the healing of life (*cura vitae*). It was argued that male identity as reframed by the *phronesis*-principle of Biblical wisdom-thinking, can offer a new and different paradigm for the understanding of gender and masculinity. Due to the fact that physical well-being cannot be separated from the spiritual realm of God-images, the challenge for a pastoral theology and anthropology will be how to transfer the immutability of an "impassionate God" into the weakness of a "vulnerable disempowered God" (Paul calls it : the folly and foolishness of God). How can a shift from Ceasar and Zeus to Cross and Resurrection be merged with males' quest for a courage to be? (Prof D J Louw Stellenbosch).

3.4 Spiritual therapy: different perspectives on "spirituality" in care and counselling

"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; shalom that is both internal and environmental. (Dr John Carr, Canada).

The spiritual care ministry is an essential part of the health care context, especially in the clinical work of chaplains (Dr George Fitchett, dr Lindsay Carey, Chicago, USA).

In spiritual care more emphasis should be put on the notion of "*God spaces*". With "God spaces" is meant: internal an external (including geographical places and spaces) that people are using, albeit mainly subconsciously, to connect to God (Diane Divett, Auckland New Zealand).

Pastoral care should create an intimate home for people where they encounter the Divine mystery of life; an inclusive home as wide as the whole of humanity. For this approach a practice of incarnation should be promoted in care and counselling (Dr Anne Simmonds, Toronto, Canada).

Spirituality is connected to a kind of "*story whispering*": it means that the pastoral counsellor plays, in the ambiguity and mystery of the story being heard, unafraid, enjoying the uncertainty and waiting for the story to teach its meaning. The opposite approach could be called "*story shouting*" where the pastoral counsellor diagnoses the story, makes judgements about the story, and tries to understand the story from the experience and knowledge of the counsellor (Dr Peter Powell, Australia).

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 (Dr Marton Walton, The Netherlands).

Spirituality refers 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 (Dr Harri Koskela, Finland)..

3.5 Pastoral care through the church as community

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-psychic developmental perspectives....and a goal of mutuality and reciprocity with communities". (Prof Lars-Goran Sundberg, Uppsala Sweden).

Pastoral care should be embodied in the life of the church as "congregational care". To a certain extend, pastoral care should give more attention in clinical pastoral contexts to the

nature of organisational structure as a therapeutic or pathological instrument (Dr Raymond Lawrence, USA)

3.6 Muslim care

A Western approach in care and counselling is often regarded by Muslims (Muslim congregations, Wiesbaden Germany) as antagonistic to Islamic cultural issues and religious traditions. “I think there can be generated a “healing encounter” between Muslims and Christians in Germany – and in Europe too – as members of both religions are challenged to give their humanistic and spiritual traditions to increase dialogue and an “interactive” encounter. (Dr Ulrike Elsdörfer, Germany).

3.7 Narrative therapy and “abusive stories”

Rarely does respect for the abusive person include respect for the narrative developed by that person, particularly when embedded within the various western cultures. Within these cultures the narrative is usually viewed as being distorted and therefore untrustworthy (Dr Peter Powell, Australia)

3.8 Hope and well-being

It seems that people construct their sense of identity and well-being in relation to a story of first being a normal part of society, then of becoming a hopeless outsider, and finally to be given a second change with some kind of future, hope and human dignity. 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 people still use spiritual or religious language, as for example: “mercy”, “grace”, and “new beginning”. (Prof. Raili Gothni, Helsinki, Finland).

3.9 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 advocated for the fullness of life (Prof Ronaldo Sathler-Rosa, Sao Paula, Brazil).

3.10 Disaster in crisis and trauma counselling

The earthquakes in both Japan and NZ pose a special challenge to traditional forms of pastoral care. Effective care to survivors and persons involved in relief operations should probe into the deeper realm of identity as defend by traditional, rural agricultural and fishery communities in Japan. And then to find symbolic and ritualistic ways to address people’s spiritual needs (Prof Takaaki David Ito, Japan).

Note

The executive wants to thank hereby the community of Rotorua for their warm hospitality in hosting the congress. It is our concern that this report should be distributed amongst the different organisations/societies represented in the ICPPC.

Regards

Daniël Louw

Stellenbosch

10/09/2011