


Pastoral care in communities under transition: Interplay between care and culture



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This article contributes to pastoral care within communities under transition. It seeks to contribute to the corpus of literature that relates pastoral care with culture and, particularly, multicultural contexts. It seeks to critically engage with pastoral care approaches that has dominated three strands of pastoral care. James, Boisen and Hiltner represent modern pastoral care in the United States of America and theologies of Tillich, Hiltner and the 'secular' theologians of the 1960s influenced British pastoral theology. The third strand, African perspective, lacks coherency and consistency as illustrated by the Society for Intercultural Pastoral Care and Counselling (1988–2008), Pastoral Care and Counselling Today Manuscript (1991) and The African Association for Pastoral Studies and Counselling (1985). This article analysis narrative as a methodology for pastoral care.

After an overview of pastoral care and culture, different approaches of pastoral care are discussed. A narrative approach to pastoral care in changing communities is recommended as an effective means of care. The positions of the caregiver and cared for is changed within the pastoral care so that both learns from the existential experience. The narrative approach has three interrelated aspects, namely communication, community and experience.

Introduction

Two years ago, I was appointed to have pastoral oversight of a church community in Fisantekraal. Fisantekraal is a densely populated space where shacks and very low-cost housing are the only means of accommodation. It has a population of about 13 000 people of which 51% is black South Africans and 46.9% people of mixed race. Afrikaans is the most spoken language (about 50.1%), followed by Xhosa (39.6%) (Anon. 2017). The main source of employment is domestic work and farm labour. About five years after the displaced communities settled in Fisantekraal, the Anglican Church started a worshipping community. A church building was erected in 1982 and ever since, both Xhosa people and people of mixed race worship together. Because of the inability to afford professional mental and psychological help, pastoral care by the clerics is a central part of care for the community.

This kind of community is a common appearance in post-Apartheid South Africa. It is not my intention to do a comprehensive cultural and social analysis of Fisantekraal because of the complexities to embark on such an analysis and the mobility of the members of the community. Many members of the community migrate to the Eastern Cape during the holidays where they have their families and property. Many members leave the area for work opportunities and some spend part of the week in their areas of work. Many members of the community are domestic workers who reside with their employers during the week and return home during the weekend. I also do not intend to use an empirical approach, but, instead, use a literature review. I use Fisantekraal to point out how pastoral care can effectively address the needs of those who live in contexts where people of various cultures co-exist.

How can pastoral care relate to diverse cultural communities for effective care? This is a fundamental question for those who minister in the South African context, because South Africa is a heterogeneous society where the pastor or representatives of the church play important roles in the well-being of communities. If pastoral care does not take culture seriously, the results can be devastating. 'The incompatibility of the different cultures, worldviews and religions seems to be at the root of many evils that manifest as misunderstandings, conflict, racism, sexism, xenophobia, et cetera' (Du Plessis 2017:2–3).

The pastoral care role of the pastors and representatives of the church has changed with the changes in worshipping communities. The political, social, economic and religious landscapes

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have changed drastically in the last two decades. Religious communities, and more specifically Christian communities, shifted from rigid and stringent identifiable groups to fluid and dynamic organisms. The community of Fisantekraal is a typical example of such a changing community. The worshipping community is not easily identifiable by one specific language, race or tradition. Language, habits and religious practices are not as homogeneous as two decades ago. People from various cultures worship together, have social functions together, share ministerial functions and communal meals. Pastoral care finds its place within such changing religious communities.

The question that occupies this research has to do with the relationship between pastoral care and culture in changing religious communities.

The assertion that the relationship between pastoral care and counselling is imperative, can be applied on a ministerial level. Pastoral care as part of practical theology is also influenced by culture. The Ghanaian practical theologian, Lartey (2015) further states:

Pastoral care and counselling, therefore, are informed by culture at every point. Pastoral counsellors face the challenges of exploring cultural realities today with the added realization of the particular challenges facing the multicultural and multi-faith world in which we live. (p. 61)

Ward (2015), a South African academic, supports the importance of culture in her investigation into 'the concerns of cross-cultural experiences that most pastoral counsellors and church workers experience when working in a climate of cultural diversity'. She (Ward 2015) concludes that:

a growing concern for multicultural organisation, both in the church and in the business world, is that of dealing better with stereotyped prejudices and underlying biases. The need for tolerance, a better understanding of cultural differences, and empathy is seen as a key factor in groups that wish to continue in the global village. (p. 173–174)

How does pastoral care then relate to culture in multicultural religious communities for effective care? Browning (1976) challenges the adaptation of psychology and psychotherapy by pastoral counsellors to care for religious communities. This, he argues, loses the moral context distinctive to Christianity. Psychotherapy and psychology has also come under scrutiny from both British and American pastoral care practitioners and theologians. Lartey (2003) suggests that pastoral care responds effectively to intercultural communities by transforming culture. This approach, namely pastoral care transforming culture, is very valuable to any discussion about pastoral care and culture. However, Lartey's approach contradicts his own critique of Western approaches and colonialisation, namely that Western approaches transform indigenous cultures. Louw, with his reformed tradition background, puts emphasis on spirituality rather than kerygma. Both Louw and Lartey follow many African scholars who emphasise the spiritual centeredness of worldview. According to Louw (2015:120) spirituality transforms culture,

'colo- the way and mode in which human beings transform the environment, earth and land (creation) into a hospitable place of peaceful co-existence home, cohabitation'. Transformation of culture leads to coercion and a subsequent hostile relationship between culture and care.

This article will briefly describe pastoral care from three strands. Pastoral care has distinct approaches amongst the British, American and African scholars. Culture is complex, and the disintegration of modernity has challenged the universal appropriation of culture. Culture is diverse, and globalisation has contributed to a greater exchange, interaction, interplay and connection between cultures. Different relationships between pastoral care and culture will be explored. The open-ended narrative approach takes the shortcomings of the other approaches into consideration and is characterised by poststructuralist communication, fluid communities and reflected reason.

Pastoral care

Pastoral care is widely accepted as a combination of the Latin meaning of the term *pastoral*, viz. 'tending to the needs of the vulnerable', and *care* as 'the attentive concern for the other' (McClure 2012:269). This description of pastoral care, although influential and practiced for many decades, needs to be approached with caution. Boisen, for example, warns against the unequal power relationship between patient and pastor regarding both identity and function. Patton (2000:51) asserts that Boisen 'understood both patient and chaplain to be learners from the crisis experience, not just learners about crisis but learners about themselves'. Since the 1980s, pastoral care, largely influenced by Boisen's writings, has moved beyond the narrow exclusive discipline specific oriented approach to a diverse resources approach which includes psychology, sociology and pastoral theology. Through a multidisciplinary approach '... modern caregivers help create opportunities for reflection, for deeper awareness of self and of others' (McClure 2012:272–273). Hiltner draws on Boisen's critique of crisis management in favour of persons' experience and James' empirical theology and experience, and function (Patton 2000:51).

This first approach of pastoral care with its multidisciplinary focus was a positive direction towards understanding the other. A multidisciplinary approach takes cognisance of the contributions of other sciences to understand the multi-layered context of the pastoral cared for. However, the weakness is the misgivings of the power relations between the carer and the cared for. The approach is centred around the professional and the so-called professional skills.

While James, Boisen, and Hiltner represent modern pastoral care in the United States of America, Ballard (2000) claims:

The methods of Clinical Pastoral Education with its emphasis on systematic reflection on practice have had a continued influence on the shape of pastoral education. The theologies of Tillich, Hiltner and the 'secular' theologians of the 1960's all helped to shape British pastoral theology. (p. 67)

Modern secular theologians shifted the focus from traditional theology of the nature of God and the future eschatology to the human condition, expressed in human constructions of personhood and relations with the cosmos. Bishop John Robinson's *Honest to God* (1963) is the most notable publication that demonstrates this shift. Liberation theology (including feminist theology, black theology, queer theology, gay theology, black and womanist theology) is another expression of this trend. The shift includes a paradigm change towards experience, the concrete human condition, personhood, practice, need, and not abstract ideas (Ballard 2000:65).

The second approach, which is associated with the dominant British approach, is a clear shift from doctrinal formulations to experience. The starting point of pastoral care is not so much abstract concepts and ideas about pastoral care. This approach raises a serious question about the role and position of experience in the pastoral care process. The limitation of this approach is the critical question of hermeneutics. What is the role of experience in the analysis of the context and the application of the principles to care for the person or community in need of care?

Compared to Britain and the United States of America, pastoral care as an academic enterprise in Africa has a brief history. Pastoral care is less developed in so far as it lacks a clear unified framework and a specific school of thought, even if it is situated within practical theology. The Society for Intercultural Pastoral Care and Counselling (1988–2008), Pastoral Care and Counselling Today Manuscript (1991) and The African Association for Pastoral Studies (AAPSC) and Counselling (1985) are illustrations of this lack of coherence and consistency. Magezi (2016:6), Executive Treasurer of the AAPSC, gives at least five reasons for the fragmentation of pastoral care in Africa: The homogeneity of Africa is an illusion; the gap between academic reflection and congregational ministry; the excessive diverse approaches amongst the missionary churches and the African Pentecostal and Charismatic churches; different theological approaches; and the lack of a narrow focus on pastoral care. Added to these five reasons is the divergence of African theology approaches by the:

old guard which include E.W. Fashole-Luke, Bolji Idowu, John Mbiti, Itumeleng Mosala and Harry Sawyer ... the new guard includes theologians such as Eboussi Boulaga, Jean-Marc Ela, Ambrose Moya, Kwame Bediako and Mercy Oduyoye. (Du Plessis 2017:10–11)

Although both groups give experience a place in theological discourse, the former is closer to a Western approach which is more abstract and less experiential than the latter group who use the hermeneutics of liberation. The influential African pastoral care scholar, Daniël Louw (2012), defines pastoral care as cure of souls with the following functions: healing, sustaining, guiding, reconciling, nurturing, liberating, empowering and interpreting. 'The intention is to foster change and to promote human and spiritual health

and maturity' (McNeill 2012:10–12). Lartey (2003) goes further than Louw and notes that pastoral care:

consists of helping activities, participated in by people who recognise a transcendent dimension to human life, which, by the use of verbal or non-verbal, direct or indirect, literal or symbolic modes of communication, aim at preventing, relieving or facilitating persons coping with anxieties. Pastoral care seeks to foster people's growth as full human beings together with the development of ecologically and socio-politically holistic communities in which all persons may live humane lives. (pp. 30–31)

This third approach lacks consistency and almost keeps the two former approaches in tension. It acknowledges experience as important for pastoral care, but does not make it the focus of the process. This negates the centrality of the care receiver as a significant contributor to pastoral care. It also does not address the power relations between the pastoral care and pastoral care receiver.

A few commonalities can be identified within the three strands of pastoral care. Pastoral care has shifted from abstract theoretical formulations to the embeddedness of theory in praxis, from a single discipline to multiple discipline approach with psychology and psychotherapy as its major partners, and from the professional individualistic therapy to group care. In summary, one can say that pastoral care has moved from an approach that dealt with the identity of individuals within the context of modernity to a postmodern approach within globalisation.

Considering the various attempts to describe *pastoral care*, *historical development* (Weiss 2009), *functionalist* (Lartey 2003), *definitions* (Louw 2012), *interdisciplinary* (Browning 1991) and *institutional* (Magezi 2016; Weiss 2009), I conclude that the following weaknesses are evident and should be taken seriously when addressing a contemporary approach to the relationship between pastoral and culture for effective care: Reality is restricted to interpreted experience; it is problem-centred and implies an exclusively giver and receiver process; it is activity centred at the expense of identity; it does not address power dimensions between carer and cared for adequately; it is limited to the spirituality of the carer; and communication is structuralist. In short, the attempt to analyse the context is limited to abstract conceptualisation and neglects the cultural shifts in changing communities such as South Africa. Conventional pastoral, as described above, focusses on the gifts of the skilled or trained pastoral carer. This is usually accepted as the professional giving care and the victim, the receiver. It also implies that the carer is the only one who knows how and when to conduct the process of care. There is a one-way flow of knowledge and one kind of knowledge. The reality of the victim is conceptualised by the interpretation of the skilled pastoral carer, irrespective of the knowledge that is lost during the interpretation.

This article seeks to address the cultural shifts that impacts pastoral care. I will argue that a more critical pastoral care approach that power relations and a narrative approach to

pastoral care, places the experience of the care receiver as communicated through narration, as hermeneutical key in order to address pastoral care for communities under transition.

Culture

The Latin word *colo* means to cultivate, nurse or transform the cosmos into a place to live. This implies an agency to make the earth a human place for persons to live and have their being. Metaphors, symbols, language and instruments are used as tools of cultivation and interpretation for human behaviour within specific contexts (Louw 2012:15). Weiss (2009) draws from Geertz' and views culture as a 'thick description'

of meanings towards understanding human social behaviour. According to this conception, cultures create symbols of values, which express meaning of human behaviour. Human behaviour can only be understood in the context of the respective social and cultural interpretation patterns ... (p. 243)

Both definitions of culture represent a shift away from the rigidity and hybridity of cultural notions of modernity. Whereas culture was static, universal, a definite set of values and patterns of behaviour, it is now widely accepted as dynamic, relative to specific communities and, importantly, meaningful within the framework of interpretations of meanings.

Whereas rigid cultural notions make us alien to our own contexts over time and strangers in the global village of postmodernity, symbols provide the guidelines to navigate our place through interpretations of the cultural practices and behaviour. Lartey adds to the above elements of culture by asserting that culture is embodied in structures. He (Lartey 2003) asserts that culture:

has to do with the way in which patterns of life in a group are structured with an emphasis on how these structures are experienced, understood and interpreted. These structures and their meanings influence the on-going collective experience of groups. (p. 31)

Culture is no longer restricted to timeless truths or practices, but local groups change, and so practices change over time. Structures change and, although groups of people need structure for coherence and consistency, the authority of structures is beyond the fixed rules and boundaries. Being socially constructed, structures can be transformed if it loses its function. Structures do not have inherent value, but is dependent on external sources for its validity and authority.

Within the context of the relationship between pastoral and culture, such fluidity can lead to enculturation or interculturalisation. Enculturation (Magezi 2016:13) or inculturation:

refer to the gospel being enfolded and embodied within a paradigm of a specific local culture, without losing the awareness of multicultural pluralism, that is, the reality of different cultures (identities) within a system of dynamic interaction and inter-dialogue. (Louw 2012:12)

Pastoral care is appropriated with an awareness of local habits, environments, traits, morals, systems and structures. Culture becomes the way by which pastoral care is applied. Magezi (2016:13) rightly claims that missionaries, both Catholic and Protestant, applied inculturation in pastoral care ministries. This leads to monocultural ethnocentric biases. This refers to the domination of one culture as superior to another culture. Louw (2012:13) further states that inculturation is more than Christianisation. Inculturation leads to coercion and eventually to assimilation and, eventually, to alienation.

Interculturalisation, on the other hand, an attempt to counter the shortcomings of inculturation (Louw 2012:12),¹ has been the approach for the last three decades. Interculturalisation and pastoral care was introduced to the Society for Intercultural Pastoral Care and Counselling (SIPCC) in 1995 and found prominence in 2015. Weiss (2015) concludes:

Almost every aspect of life in our multicultural world has to be viewed inter-culturally and that is so for care and counselling too ... Care and counselling must learn anew to understand the culturally influenced life-situations of people and to deal with various 'cultures of care and counselling' that is, with the diversity of concepts and practices of care and counselling. (p. 13)

Interculturalisation is described in the Handbook of Intercultural Pastoral Care and Counselling as follows:

[It] encounters and exchanges between cultures – while preserving one's own cultural identity; perceives and appreciates cultural diversity in people, ethnic groups, and subgroups – which is especially important in times of globalization and cultural assimilation; recognizes that people are familiar in many ways – and for that reason works on overcoming racist, sexist, and other inhuman attitudes; challenges us to recognize foreignness and engage in dialogue; exposes how many people, cultures, ethnicities influence each other and forces us to critically examine our own lifestyle; encourages us to encounter people of other cultures in our own neighbourhoods with less fear, fewer prejudices and more helpfulness; views every individual person as distinctive with inherent worth. (Weiss 2009:242)

Interculturalisation is characterised by complexity, interaction, and diversity. It seeks to negate stereotyping and reductionism. Contextuality, multiple perspectives and authentic participation are the principles of interculturalisation. Behaviour is influenced by the socio-political, cultural, economic and environmental factors within which behaviour take place. Power relations are monitored by the degree of involvement of both the carer and the one receiving care. Closely related is the occupation of the centre space. Who determines direction, methods and outcomes? How is 'the other' perceived and what space does 'the other occupy'? (Lartey 2003:33–34).

There is not much difference between inculturation and interculturalisation. In both cases, the power is with the carer,

1.Louw (2012:24) provides the following difference between inculturation and interculturalisation: 'The first emphasises interpenetration whilst the second emphasises exchange.'

whether it is an individual or collection of individuals. In both cases, the individual(s) maintain its uniqueness or cultural difference. Louw (2012:14) refers to interculturalisation as describing 'mutuality in terms of a hermeneutical process of understanding or interpretation, enrichment and critical exchange, without the sacrifice of uniqueness', while Lartey (2003:30–31) rightly asserts: 'In spite of its strengths, even this approach is unable to escape the dangers of cultural stereotyping and the fostering of a "them and us" mentality'. This is a definite shift from Lartey's earlier approach.

Towards a narrative approach of pastoral care and culture for effective care

How then do pastoral care and culture relate within such complex cultural contexts? Müller (2015:29–31) is helpful when he places pastoral care and culture within four working models:

- An essentialist view: Culture differences are 'generic' and influences the moral character of the individuals. Culture is the essence of the being and it informs, forms and transforms individuals. This notion of culture is antagonistic towards pastoral care as healing and transformative. Pastoral care and culture is situated within the inculturation perspective. The one gets swallowed up by the other and the tendency is towards monocultural or, at the very least, cross-cultural.
- The universalist view: This view presupposes that there are more similarities than differences between cultures and what is right can be applied across time and space. This implies that pastoral care can be applied within different local contexts based on one local experience of a phenomenon. The weakness of this approach is the disregard for diversity and differences.
- The particularistic view: This perspective is the opposite of the universalist and goes to the other extreme. Differences are normative at the expense of similarities and generalisations. This view particularly considers health and identity within the confines of the particular and has little regard for connections outside of the particular. Pastoral care is applied as fragments and fails to maintain consistency and continuity.
- The ethnic-focussed view: According to this view, membership is based on ethnicity. Meanings, behaviour, habits, customs and patterns of life have symbolic meaning to the specific group and share common understandings of the meanings of gestures and values. While there is openness to other cultures, the observer can be objective in the conclusions made of other cultures.

Narrative approaches have become important in practical theology in the last two decades. The use of narrative in pastoral care can be associated with Charles Gerkin, Chris Schlauch, Andrew Lester, and Julian Müller (Ganzevoort 2012:218–219). Müller's pastoral care model represents an evolving model one. Drawing from the approach of Dyche,

Zayas Müller (2015:33) 'strongly argues for the not knowing position of the narrative approach as the only acceptable approach in an intercultural therapeutic situation'.² This approach, which Müller (2015:34) called the social constructionist approach, is characterised by 'mutual conversational co-creation of new stories', 'historically situated interchanges between people', understanding on the basis of 'vicissitudes of social processes' and 'negotiated understanding'. Influenced by Wentzel van Huyssteen's post foundational theology, Müller (2004:304) develops a post foundationalism approach³ of practical theology. The shift is from culture to tradition. This approach derives from the locality of experience and dialogical movement between tradition and context.

Müller is regarded as one of the most influential practical theologians who established the narrative approach to pastoral care in South Africa and in Africa at large. To what extent does Müller address the shortcomings of pastoral care in relation to interculturality as mentioned above? Dreyer (2014:7) who places Müller in the metaphorical approaches in the human and social sciences, asserts that Müller's approach is 'human-centred and participatory' and is at risk of overemphasising the ontological claim that identity and personhood be reduced to narrative, that truth is reduced to narrative and methodological impoverished. This critique is an extension of the neglect of the marginalised groups and those at the periphery who use narrative as 'an audience to tell their stories'. This is neglected within practical theology (Ganzevoort 2012:214). Feminist and womanist theology (Carol Christ), liberation theology (Gustaff Gutierrez) and black theology (James Cone) usually connect personal stories and praxis with Scripture and classical interpretations. Marginalised groups find the space to tell their stories to an audience that might consist of dominant and powerful groups.

My own use of narrative is closely associated with Müller, but with a major divergence of the kind of narrative. Müller uses social constructionist or metaphorical narrative, but an open-ended narrative gives greater interplay between pastoral care and culture. Narrative is referred to as open-ended, inviting, enriching and creating through both commonalities and differences. It is inductive and, through critical engagement and dialogue (by movement), gives a new interpretation of community, tradition (non-rational symbol) and experience (reflected experience) as its core facets (Klaasen 2013:181–194). Marginalised groups become those in need of care the hermeneutical key to effective care. The care receiver determines effective care and experience that is embedded in culture is taken seriously. The dimensions of open-ended narrative include poststructural communication, community, reflected experience and

2.This picture was presented at the 10th international seminar on Intercultural Pastoral Care and Counselling, 1996 in Ustron, Poland, and is published in *Intercultural Pastoral Care and Counselling*, 2 1997, 408.

3.Sung Kyu Park (2010), a former student of Julian Müller, provides an interesting discussion of social-constructionism and postfoundationalism.

embedded reasoning. This methodology is by no means new, but is supplementary to the methodologies discussed above.

Poststructural communication

By critical engagement and dialogue, I refer to a deeper level of communication. Words, gestures, signs and other aids of communication cannot be limited to superficial interpretation by the carer(s). By superficial knowledge, I refer to the selected knowledge of the carer because of the position of power that the carer holds. The person(s) relating the narrative within which the needs or pains are situated, gives meaning beyond actual language. Language has meaning within context. Embodied language communicates that which is obvious, that which is calculative, logical and visibly perceivable. More importantly, language is about what constitutes the invisible, the deeper conscious level (*liebenstemming*); what is not verbalised, but meaning making.

The poststructuralists refer to language as that which is in the text as well as which is between and in the margins of what is written or said:

This means a text is never stable or fixed, but always open to endless interpretation and reinterpretation that stretches to a receding horizon within which meaning is endlessly deferred. This combination of what is not said, but which echoes around the text, and deferral of meaning, is termed *differance* by Derrida. (Goodlief 1998:44)

The implications of such perceptions of language for pastoral care and culture are that the all-knowing pastoral carer, the professional cleric, is disempowered from atomistic self-centredness. The caregiver depends on the one cared for, for effective and mutual healing. Knowledge does not reside primarily with the caregiver, but with the person being cared for. The caregiver learns from the one cared for and is by that able to make sense of the complex fixed meaning. Effective care is preceded by comprehensive learning. The cared for person is in a better position to affect care, because only they can give meaning to the embodied language. The caregiver is invited by the one cared for to grasp the meaning of the narrated pastoral issues.

Embodied language also makes it possible for persons to move between different cultures without coercion or enclavement. The all-knowing caregiver is closed to difference, new learning, new habits, new gestures and possible new outcomes. To move from one culture to another, even temporarily, presupposes new epistemology.

The idea that a therapist is capable of moving over to persons of the other culture in a process of transpection is already arrogant and knowing. It reveals something of an asymmetrical communication, of a messianic role instead of a partnership role. It consists of a movement initiated from here to there, while the narrative approach wants to experience the sensation of being drawn into the other's world, of being drawn over the threshold of a cultural difference. (Müller 2015:31)

The community of Fisantekraal consists of people from the Xhosa culture and people of mixed race. The former

speaks Xhosa and the latter Afrikaans. Language is a fundamental part of both groups' culture and pastoral care ministry. Pastoral care can be effective if language takes on the nature of embodied language with meaning in the margins and around the text. Simple gestures such as eye contact when communicating have different meanings in the various cultures. Contact with ancestors and sangomas are part of the care in the Xhosa culture, while such practices would constitute illness within the mixed race culture. These different forms of communication and cultural practices are not necessarily antagonistic to pastoral care. When deeper meanings are uncovered, these practices become aids for effective care.

Fluid community

Louw (2012) asserts:

The basic presupposition is that the manner in which we view human beings will determine how we treat human beings. One can argue that anthropology provides the paradigms ... that determine the attitudes of people (*habitus*) and their position within the realm of human relationships. (p. 4)

In a multicultural context such as Fisantekraal, the perceptions of difference can easily become the other or the stranger. These perceptions affect care towards each other and pastoral care across cultures is by processes such as socialisation and formation.

Lartey (2003:171–172) makes the claim that human beings are fully understood within the complex interaction amongst culture, individuality and human characteristics. He uses the noun *other* to draw the continuum amongst the three despite some definite particularities. Regarding culture he means that 'we are like others' in the sense of valuing the world through worldviews, values, prejudices, frames of references, language and customs. The individual, like no other, refers to personal characteristics like fingerprints and dental parts that are unique to each person. Human characteristics refer to such phenomena as physiological, psychological and cognitive abilities which are part of all human beings.

Within pastoral care, the other can be perceived as different in the sense that Derrida make the distinction between difference and differance. *Differance* refers to the distinction, inequality and discernment between two or more phenomena, on the one hand, and the delay or space that hides until later what is possible. On the other hand, *difference* refers to separation opposites with little in common (Inac & Unal 2013:223). The former is closer to the narrative approach. The *imago Dei* within the Christian narrative is logically analysed as the figured, but not yet exhausted (*logos*) and the prefigured but not captured (*myth*). It is part of the Christian understanding of what it means to be created in God's image (Cochrane 2009:16–17). The person being cared for and the caregiver are not different in a sense that separateness characterised community. The potential to become beyond the current distortions and disfigurements, forms an integral part of community. The other is not external,

but becomes the constructive other, because it influences the potential of being in the image of God.

Within the context of pastoral care in changing communities, the constructive other is the space and moment of healing. Cochrane (2009:16–17) refers to the ‘slippage in the self between conscious and the unconscious and ... the equally pertinent slippage in the relationship of the self to the other’. The caregiver is not exclusively about self-awareness or self-description, but is through socialisation and formation dialectically influenced by the other. The Christian narrative provides the space for the caregiver and care receiver to confront their own identities in view of the identity of the constructive other, and ultimately in relation to the Trinity. The Christian narrative embodies the narrative of Jesus Christ, the Holy Spirit and the Father, and draws persons from various cultures into community forming and personal growth and healing.

Reflected experience

Referring to the shift in the emphasis towards human experience, McClure (2012:273) rightly asserts that the shift ‘has had significant effect on other, more traditional forms of theological reflection that often have privileged ideational or doctrinal approaches to the exclusion of human experience ...’. Experience has enjoyed a greater emphasis since the shift in pastoral care from crisis management in favour of persons’ experience. Influential scholars such as Boisen, Hiltner and James are most notable from an American perspective. Within Britain, modern secular theologians shifted the focus from traditional theology of the nature of God and the future eschatology to the human condition expressed in human constructions of personhood and its relationality with the cosmos. The shift is essentially from doctrine (theory) to experience. Liberation theology (including feminist theology, black theology, queer theology, gay theology, black and womanist theology) has influenced theology in general and pastoral care specific in South America, Asia and Africa. Pastoral care takes experience as concrete and holistic. It is not only the experience of the caregiver who relates from a position of power, but the concrete experience of the person receiving care. This kind of experience is closer to the liberation theology model of social analysis, hermeneutical analysis and praxis orientation. Experience within this model of theology is not only an addition, but rather the starting point of any process of transformation and healing.

This raises the fundamental question of the relationship between reason and experience. It is not my intention to engage in different debates of the relationship between theory and practice represented by scholars such as David Tracy (distinction but not separation), Forrester (integrally related), Heitink (circular) and Browning (interpenetrate). Miller-Mclemore (2016), former president of the International Society for Practical Theology, who is a proponent of the distinction of reason and practice, claims:

Intellectuals as divergent as Karl Marx, William James, and pastoral theology forerunner Seward Hiltner all suggest, in

contrast with antiquity’s hierarchy of *theoria* over *praxis*, that practice produces valuable knowledge of a distinct order and kind, even if theologians are still uncertain about exactly how and what theological knowledge is created or fostered through practice. (p. 5)

Müller draws on Van Huyssteen’s transversal rationality that seems to depict reason to be a space whereby different disciplines enrich each other through different methodologies and deeper understandings. This kind of rationality provides a convergence for commonality of different beliefs and meanings of divergent cultures (Park 2010:2). Müller (2011) continues by quoting van Huyssteen (2006):

In this multidisciplinary use of the concept of transversality there emerge distinct characteristics or features: the dynamics of consciousness, then interweaving of many voices, the interplay of social practices are all expressed in a metaphor that points to a sense of transition, lying across, extending over, intersecting, meeting, and conveying without becoming identical. (p. 3).

With pastoral care and culture, the reflected experiences as narrated by the cared for produces a kind of knowledge that informs care. Reflected experience is schematically presented as practice, theory, practice and theory. This scheme is a development of Browning’s correlational approach of practice, theory and practice.

The addition of theory is the reflection on the transformed experience. Theory is not reduced to experience, but experience produces new knowledge and the narrative, as narrated by the cared for, informs theories and models of pastoral care.

Conclusion

Changing communities such as Fisantekraal need pastoral care that engages meaningfully with culture. Pastoral care and culture can have the kind of relationship that leads to coercion, interplay or a monocultural community. A narrative approach to pastoral care and culture is characterised by three dimensions. The dimensions are poststructuralist communication, fluid community and reflected experience. When pastoral care takes culture as a serious partner, effective care can result in holistic healing and truthful interactionist transformation.

The cared for has an equal position within the relationship between the caregiver and ones being cared for. The cared for gives meaning to language beyond the disembodied language. The spaces between the lines and the words are an integral part of the meaning of the narrative. The cared for is also a constructive other that relate to the caregiver in an identity forming manner within integrated community. The transformed experience provides new knowledge models and approaches of pastoral care.

A narrative approach to pastoral care and culture does not seek to submerge the one within the other. A narrative approach provides the space and time for an open multifaceted interaction

between pastoral care and culture for effective care. Pastoral care and culture remain distinguished, but the difference does not become separatist. A narrative approach to pastoral care and culture provide holistic care that goes beyond personal management or psychological healing. Healing is holistic, and the person is placed within the centre where the potential of the *imago Dei* prevails.

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