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Shifting concepts of pastoral care in the Christian tradition: from the past to the present to the future

Abstract: This contribution deals with the historical development of different views of pastoral care in the Western-European Protestant Christian tradition. Four dimensions of pastoral care can be distinguished: healing, sustaining, guidance and reconciliation. Each requires specific roles of pastoral care givers. In the modern context important shifts have been made in these different dimensions of pastoral care. This is due to an increasing diversity, individualization and loss of authority of the tradition. The four dimensions take shape in one-to-one meetings, where the life stories of care-receivers are connected to the large Christian narratives. In the postmodern, intercultural approach, the diversity of master narratives requires a modest, hospitable and open attitude from the care-giver. All dimensions need to be addressed in new dynamic ways that takes otherness and difference seriously.

A pastoral visit in 1830: the shift towards the individual

In 1830, the Dutch minister Cornelis Eliza van Koetsveld, a young graduate from Leiden University, took his first post as a minister in the village of Westmaas. More than ten years later, he published a humoristic book about his experiences under the title 'Sketches from Mastland Parsonage' (van Koetsveld 1978 (1848)). In the book, he gives a vivid description of a pastoral visit in his first year as a minister. In the Dutch Reformed church at that time, the Eucharist was celebrated only once a year, at Easter. Together with a presbyter, van Koetsveld reserves one fine spring day for a visit to all the households in the village to invite everybody personally to this important event. The young minister describes his own fear and tribulation as he is making his rounds through the village. In each house, they are received by the whole household, everybody from the grandmother to the scullery maid gathered together in the visitors room in total silence. The minister begins the conversation by informing who lives in the household, noting down the names in a pocket book that he has brought along. Then he continues with the almost ritual formula: "You all know the reason for my coming; in a few days, it is Eucharist, and you all know the importance of this event, etc." The hosts answer in a tone that has the same ritual quality:

The householder said in a solemn tone of voice: "I thank the reverend minister", and continued: "The reverend does not have the best kind of weather on his rounds". The housewife looked up again, resumed her work on a half-peeled potato; the maid and the farm-

hand skulked away without anything else, and then this house had received a pastoral visit. (van Koetsveld 1978 (1848), 123)

Pastoral care in this period was seen in the light of the need for the church to discipline the believers in a right frame of mind for the Eucharist. In the period van Koetsveld describes, there was a strong tendency among more orthodox believers, in the book called 'Folks for the Good' (van Koetsveld 1978 (1848), 186), who were critical of the moderate, liberal tone of their ministers. They avoided attendance of the Eucharist out of fear to jeopardize their eternal souls and 'meat and drink damnation unto themselves'.¹ In his visits to their households, van Koetsveld would engage in discussions, trying to correct their – in his eyes – too rigid views (van Koetsveld 1978 (1848) 129 – 145). House visits were in this period seen as essential for the maintenance of the Christian community, as the population, although in name all members of the Reformed Church, were not always enthusiastic church goers. So, the pastoral visit to the household denoted a struggle between pastor and parishioners about the meaning of Eucharist, sin and forgiveness. These issues were not often discussed at length during the visits however, they were the implicit background. House visits are a ritualistic and collective affair.

The only other recognized form of pastoral care at the time was the visit to the sick. This type of visit was not only aimed at providing comfort and a listening ear. For the young minister, most of the sick people he visited were in fact on the point of dying, and the subject of the conversation was the preparedness of the patient to face the end of her/his life and his need to confess his or her sins. The conversation would turn to the issue of guilt, sin and forgiveness, and sometimes the pastor was able to bring some relief to the sufferer by preaching the message of God's reconciliation with the sinner (van Koetsveld 1978 (1848), 187). The opportunities of speaking with the patient in private were limited, as family members and neighbors were customarily assembled around the sickbed. Again, there is a strong frame of expectation among the parishioners about the shape and contents of such a visit, although there are possibilities of improvisation for the minister.

From the way he describes these practices at the onset of his career, the reader can infer already that van Koetsveld is not satisfied with his prescribed role as a pastor. In his student days, as an avid reader of Friedrich Schleiermacher, he became aware that something was lacking in the Calvinistic ritual of the pastoral

1 1 Corinthians 11: 29, King James Version: <http://www.gutenberg.org/ebooks/10>, accessed March 10, 2021.

visit in his day and age. The very publicness of the event, he comments, prevents people from baring their souls to the minister. In the course of his ministry, he develops the practice to visit some of the households again on his own, to find an opportunity to speak to individual members of the household in private. The practice of pastorate as individual conversation that van Koetsveld is developing in 1830, becomes later on part of a budding new branch of theology. Thirty years after the events described in the *Sketches*, the first professor in the Netherlands in the field of 'Practical Theology', professor Muurling, made a distinction between *cura specialis* (individual spiritual care) and *cura generalis* (collective spiritual care with an eye to discipline).² Pastoral care after that becomes more and more focused on the care for the individual, besides the still important aspect of care in a more communal and ritualistic setting.

Christian tradition as a chain of memory

All religious traditions engage in practices in the field of spiritual care. In the context of this article, I see 'spiritual care' as a response from representatives of a religious tradition to individuals or groups in need, in order to help them in their search for meaning and making sense of life.

I take 'tradition' here as a cumulative set of discourses and practices with roots in the past, institutionalized forms in the present and strategies for the future. As Talal Asad writes:

A tradition consists essentially of discourses that seek to instruct practitioners regarding the correct form and purpose of a given practice that, precisely because it is established, has a history. These discourses relate conceptually to a *past* (when the practice was instituted, and from which the knowledge of its point and proper performance has been transmitted) and a *future* (how the point of that practice can best be secured in the short or long term, or why it should be modified or abandoned), through a *present* (how it is linked to other practices, institutions, and social conditions). (Asad 1986, 14)

Asad remarks that, contrary to certain conceptions of 'tradition', religious traditions are never homogeneous, but always subject to contestation from within and from the outside (hence his addition of the term 'discursive' to the conception of Islam as a tradition). Nevertheless, actors who want to take part in a tradition strive for internal coherence (Asad 1986, 7).

² Quoted in Gerben Heitink, *Biografie van de dominee*. Baarn 2001: ten Have, 122.

In a similar line of reasoning, Danielle Hervieu-Léger (2000) argues that *religion* needs to be distinguished from *the sacred* in modern societies precisely because what is commonly known as *a religion* is a social system embedded in its particular tradition. She introduces the concept *chain of memory* as a paraphrase for tradition. In many ways, individuals in modern societies are preoccupied with spiritual growth and rituals embodying *the sacred* in their lives. Yet, these practices do not form *a religion*, and the practitioners would not view themselves as *religious* people. Religion is not just a set of emotional experiences or beliefs about the meaning of life, but is rooted in a tradition that is seen as authoritative. According to Hervieu-Léger: “There is no religion without the authority of a tradition being invoked (whether explicitly, half-explicitly or implicitly) in support of the act of believing” (2000, 76).

The content of the beliefs of people who are conscious members of a religious community is authorized by the larger tradition of which they are a part. This community then becomes a form of social identification, through incorporation and differentiation from others, who belong to other ‘chains of memory’ (Hervieu-Léger 2000, 81). Practices and narratives of belief are forming a coherent, albeit constantly shifting and adapting whole. Tradition is for Hervieu-Léger as much a dynamic concept as it is for Asad. It involves those parts of the past that must be accepted in the present as normative, but these elements are susceptible to re-interpretations and innovative inventions (*ibid.*).

Hervieu-Léger points out that all religious traditions (as well as other e.g. legal, artistic, political traditions) are undergoing strong erosion in modern, de-traditionalizing societies. Not only are religious communities losing members, but also the members that remain inside the community no longer interpret their tradition as authoritative for their daily lives.

How can religious institutions, with their prime purpose of preserving and transmitting a tradition, reform their own system of authority- essential for the continuity of a line of belief- when the tradition, even by the believers, not as a sacred trust, but as an ethical-cultural heritage, a fund of memory and a reservoir of signs at the disposal of individuals? (Hervieu-Léger 2000, 168)

This article does not deal with religious institutions and the possible reformation of their structures of authority. Rather, it addresses the shifts in the field of Christian pastoral care in the late Twentieth Century in order to understand the setting of practices of present-day spiritual care in Western Europe. If we want to understand the future of spiritual care, we need to look at both the present and the past.

In the fast developing field of interreligious spiritual care, attention needs to be paid to the origins of, and the developments within particular religious tradi-

tions in order to see the genealogy of certain taken-for-granted assumptions about the concept of 'spiritual care'. These shifts took place within different churches and locations in different ways. To describe them all at great length would be impossible. Also, this type of question cannot be answered from a neutral perspective. In the introduction to this article, the starting point was a particular historical, local and cultural context, i.e. that of the Netherlands in the Nineteenth Century, even more specifically that of the Protestant (Calvinistic) variety of the Christian tradition. In what follows, I want to take a step back and try to catch the larger picture of the Western Christian tradition, before focusing again on the context of which I am a part: that of the present-day Protestant Church in the Netherlands. In doing so, I am aware of the fact that the Dutch Protestant tradition in pastoral care owes much to earlier and more widely disseminated Christian traditions, while at the same time it is formed in interaction with the specific context it operates in.

The traditions of Christian pastoral care and their dimensions

In the Christian tradition in the sense Hervieu-Léger gives to the concept, the term most used for spiritual care is *pastoral care*. This refers back to the biblical image of the religious leader as a shepherd (pastor) who is leading his flock, by caring for their needs. Even the terminology used by Christians for the practice of spiritual care is loaded with concepts derived from their specific tradition. What are the classical dimensions of the Christian tradition of pastoral care, and how have these elements reacted to the shift towards modernity?

In the broader Christian tradition, pastoral care has many dimensions. Stephen Pattison mentions four interrelated aspects: healing, sustaining, reconciling and guiding. In different periods in time, different aspects took the foreground. (Pattison 2000, 7). I will expand very briefly on these aspects in what follows.

Healing is already an important aspect of the pastoral work of Jesus and the first apostles described in the New Testament. In an important essay, Eric Cassell (1976) defines disease as biochemical or structural abnormality and illness as the set of altered feelings the sick person experiences. Disease is something an organ has while illness is something a person has. (Cassell 1976, 27–37)

It is clear from the stories in the early Christian tradition, that illness is not conceptualized as either illness of the body or of the mind, but as a combination of both. Also, illness is seen in biblical narratives as something that isolates the

sufferer from the community. In order to heal the illness, all these aspects have to be addressed. Some of the rituals addressing the bodily or spiritual ills of the person in need are prayer and the laying of hands, or anointing. In some cases, diseases are conceptualized as caused by evil spirits, that could be exorcised by the pastor. Collective prayer and the laying of hands are in many present-day Christian communities employed in healing rituals.

Sustaining, or supporting the person in need may mean either comforting people or affirming them in their identity as they struggle with life-decisions. Here again, next to words, rituals can be important. An example are rituals around death and mourning.

When we think of *reconciliation*, then the work of Christian pastors knows two orientation points: reconciliation between one person and the other, and reconciliation between humans and God. The first aspect asks of the pastor the qualities of a good mediator, connecting the interests of the different parties in a conflict, either groups or individuals. This involves listening to the stories of the conflict and putting them in the perspective of the tradition, drawing from biblical narratives, lives of the saints or moral preaching. The conflict between individual humans and God is often cast in terms of sin and human failure. The pastor can become the recipient of the confessions of sin from the person in need, on behalf of God. In the medieval period, this led to a detailed practice of confession, in which the pastor (if he were an ordained priest) would have the ritual authority to convey God's forgiveness of the sins that were confessed.

In the field of *guidance*, the importance of discipline has always been very important. The work of the pastor involves from this perspective not only ritual knowledge or diplomatic skills, but also the didactic ability to support a training of the virtues. In the past, as we saw from the example of van Koetsveld, the visits of clergy to family homes was often cast in the mold of moral exhortation. People would react as if the pastor was inspecting the quality of their religious life. Pattison calls the pastor in the past "[...] a mix of schoolmaster, saint and policeman" (2000, 13). The disciplinary character of pastoral care is emphasized when churches see themselves more as countercultural gatherings of faithful disciples, who distinguish themselves from the outside world by their moral excellence. (Pattison 2000, 66) One particular aspect of the pastoral guidance of believers is the incitement to have a disciplined life of prayer and spiritual sources. The monastery is one of the leading institutions in this respect, and for many lay Christians, the life of monks and nuns has been an inspiration for their own prayer life. (Pattison 2000, 70)

The four different dimensions are interrelated and the boundaries between them are permeable. Healing can be thought of as a form of inner reconciliation to suffering, or as a reconciliatory restoration between the patient and his social

environment. There is a strong link between guidance and reconciliation, and between guiding and sustaining.

In various historical periods and locations, different dimensions are most prominent. In the context of van Koetsveld for instance, moral exhortation and therefore guidance seemed to be the most important part of pastoral care, with sustaining and reconciliation as secondary dimensions, whereas healing was seen as pertaining to the domain of professional medical specialists.

Another thing to be noted is the intertwining of knowledge, faith and practices in each of the dimensions. Healing is a combination of convictions and knowledge coming from narratives at the center of the Christian tradition, and it is acted out in practices like prayer, and rituals like the lighting of candles and exorcisms. Reconciliation can be a social interaction guided by knowledge of the meaning of it in the Christian tradition, performed in rituals like the confessional or other ritual forms. Moral discipline may be embodied in regular participation in ritual activities.

In what ways do the four dimensions of pastoral care function in a present-day setting in the Protestant Church in the Netherlands? And in what way are they different from the dimensions in the time of van Koetsveld?

The present praxis in parish pastoral care: personal experiences

My experiences as a pastor in a village in the Netherlands, where I worked from 2001–2006 show the shift in pastoral care, if I compare them to the past as described by van Koetsveld. In the village, there is a lively tradition of visits from the church- regular one-monthly visits to the elderly and people in need of a listening ear. One of the most striking differences is in the actors who perform a pastoral role. Although the professional pastor is called in in a crisis, as the specialist for ‘difficult cases’, that is for people with special needs, for most parishioners pastoral care was seen as a task for the whole of the religious community. Although the pastor functions as *primus inter pares*,³ as she was trained in hermeneutical and ritual skills, nevertheless the equality of all believers was translated into a sharing out of tasks. There is a declining stress on the religious authority of the professional pastor. This has its roots in the Calvinistic tradition, where from the 16th Century onwards, the authority of the minister was always shared with the members of the church council, and it has been strengthened

³ First among equals.

in a more egalitarian society. We organized groups of lay pastoral visitors, sharing the work of visiting everyone who wanted to receive visits from the church.

Another shift is that from ceremonial household visits to individual visits. This stress on the individual, which started in early modernity, was not confined to the Reformers. The spiritual exercises of Loyola as well as the modern Devotion movement of Thomas à Kempis addressed the individual soul in its search for spiritual fulfillment (Gerkin 1997, 43). Pastoral care was increasingly taking place in a face-to-face meeting of pastor and care-receiver. The shift from the community as recipient to the individual was a therefore a development with roots in early modernity, but it was still far from finished in the time of van Koetsveld.

Nevertheless, there are also traces of the type of collective visit that van Koetsveld described in my present-day village. Parishioners would once a year meet in gatherings called ‘greater house visits’. These visits would usually be led by a prominent member of the parish. The people invited were church members living in the same neighborhood, and about 10–20 people would attend. For the whole parish five or six such sessions would be planned. The meetings took place in the private home of a parishioner. The topics discussed during the meeting were chosen and prepared by the ministers, the church council and volunteers who facilitated a visit. Typical topics would be: “What is the meaning of ‘faith’ for you?”, or “How can we pray?” The participants were invited to share stories and experiences with each other. Although the greater house visits gave an opportunity to share spiritual questions and experiences with each other, they were typically not framed as forms of spiritual care, but rather as an educational activity.

A third shift is one in focus. In some instances, the image of the pastor as a moral disciplinarian still lingered. People might assume that their pastoral visitors would disapprove of them, because of their divorce or their sexual orientation. But on the whole, the topic of the typical pastoral conversation would not be guilt, but meaning: “Why is this happening to me?”, “What is the meaning of my illness?” The visits would be understood both by the pastoral care-giver and the receiver of pastoral care to address the existential questions of people in need. There was no expectation that the pastor would be able to cure physical or psychological diseases. Rather, healing was seen more as “learning to live in a positive way with my disease”. Sometimes, there was an expectation that a pastor would be able to guide into the reconciliation with quarreling family members. The pastor would also address the topic of reconciliation with God. But the meaning of ‘reconciliation’ had shifted slightly. Again, not “sin” but “meaning” was the main focus of many care-receivers. They wanted to understand how some good might come out of their suffering, and how God could

have a hand in that good. They also needed guidance about the opening up of more disciplined spiritual practices that would help them in their daily lives. Meditation, regular prayer practices and celebrations in small groups would answer to their need to find meaning.

Pastoral caregiving as I experienced it, is taking its shape in a context where the professional care-giver is not automatically a person with authority, where the receiver of care is approached as an individual, and where the aim of receiving and giving pastoral care is in the field of existential meaning-giving. In spite of the differences, there are also similarities between my present-day village and the *Mastland* of van Koetsveld. The parish religious tradition and the religious community as a whole are in both contexts the assumed frames for pastoral care. The term *pastoral* connects with a situation where the pastor and the parishioner are sharing the same religious frame of reference. This is still largely the case in my work in my parish. Usually, our conversation ends in Bible reading and prayer.

Yet, the diversity in orientation is considerable. The pastor needs hermeneutical skills to reframe her common ground with care-receiver who may combine his or her Bible reading with the books of Deepak Chopra, Thich Nhat Hanh or Rumi. Some church members go to Catholic monasteries to ‘load up their batteries’, others visit Zen-Do’s.

When the Christian religious tradition is still important to both pastor and care-receiver, but the authority of the institution and of the pastor as a representative of that institution is weakened, how is the connection between tradition and individuals maintained? And what is the role of the pastor? I turn to American practical theologian and Methodist clergy Charles Gerkin for possible answers.

The shifting role of pastors: interpreters, healers, counselors and friends

Charles Gerkin sees Christian pastoral care in the classical period as a process that takes place in the interaction between four poles: the Christian tradition, as shaped by narratives and practices that are rooted in the past (1), the society in which the Christian community functions (2), Christian individuals and families (3), and the Christian community (4). In modernity and postmodernity, tradition and the community have almost completely fallen out of the square. Even when people regard themselves as active members of the church, they do not take on the whole tradition that it represents. Research has shown that in

many respects, the attitude towards the Christian tradition of church members is not radically different from that of people outside the church. Rather, there is a gradual difference as to the degree of authority the tradition carries for them. Within the church, many people are combining Christian traditions, convictions and rituals with those of other faiths (Berndts, Berghuis, 63–83).

The appropriation of elements of the tradition in a more individual, bricolage-like manner means that the representatives of that tradition, the professional pastors, are losing their grip on the faithful. What remains are individuals, who take an autonomous stance vis-a vis the tradition and the community on the one hand, and society, seen as the total anonymous carrier of the larger culture on the other hand. Mediating communities between the individual and society have lost their meaning. Nevertheless, when individuals are seeking for ways to restore a certain connection between themselves and the Christian traditions, they tend to focus on the role of the pastor. The pastor has traditionally always functioned as mediator, giver of moral and spiritual guidance, and as the handler of the sacraments, a ritual leader (Gerkin 1997, 81). Therefore, in the line of reasoning of Gerkin, the pastor is in the one-to-one meeting with Christian individuals as it were the sole representative of that tradition, the mediator between individual, tradition and the Christian community, echoes of which are still remaining somewhere at the background. That community is the guardian of the typical “grammar” of Christian faith, the repository where the narratives from that faith tradition are being kept.

Gerkin sees pastoral care as a meeting point where the pastor connects the narratives of the lives of individuals in his or her care with the larger narrative of the Christian community.

The pastor functions primarily as the interpreter of the stories both of the people s/he meets and the collection of narratives that gives shape to the collective authoritative Christian tradition. These authoritative narratives are the starting point for the individual Christian. They are the idiom of her first language, the language she grew up with as a child and which gave her the words to retell her own life-story. Later in life, she may learn to use other idioms and speak other languages as well. She may find other traditions and narratives outside the Christian community which may be illuminating and helpful. Yet, there are times when one returns to the original language and structure of thought/world-view (Gerkin 1997, 148).

Gerkin’s hermeneutical approach to pastoral care evolving around life-stories has found many followers. In the Dutch context, an influential textbook on pastoral care that is used by many theological training centers has as its title: *Care for the Story* (Ganzevoort and Visser 2018). In this book, pastoral care is characterized as taking care of the life-narratives of people. By *taking*

care the authors intend helping people to discover the deeper meaning of their life-stories, guiding them in making sense of these stories, learning to *read* them as meaning-making narratives. The handbook sees the role of the pastor as that of a listener and of an interpreter, who is *translating* the stories in terms that make them fit in with the other existing Christian narratives, and handing back metaphors and elements of these Christian stories to the story-tellers, enabling them to make more sense of their life-narratives. The different roles pastors assume in this hermeneutical process can be ordered in a fourfold typology.

Model 1 is that of *kerygmatic pastoral care* (Ganzevoort and Visser 2018).⁴ ‘Witness’ is the keyword here. The care-giver here stands for the Christian tradition and the community, he or she is an office holder on behalf of the community. S/he is out there by divine command, an officer of the great King. The care-giver takes on the role of witness to the kingdom of God. Our human stories falter and fail, and the care-giver needs to proclaim the great story that gives meaning to it all, to set the person opposite him/her really free. This can take the form where the pastor looks for the work of the healing Spirit of God, where s/he gives spiritual guidance so that the other may discover this liberating message. A pitfall for this type of pastorate is that the care-giver may be so busy proclaiming that s/he forgets to listen.

Model 2 will be found mainly among Christian care-givers active in specialized care, i. e. in hospitals, in the army or prison. The nucleus here is ‘outreach’. The care-giver can see her/himself as a professional, specialized therapist, hence the name *therapeutical pastoral care* (Ganzevoort and Visser 2018). Theologians have studied, and they are among other things also religious and ritual experts. The story of the person opposite gives clues to the problems s/he is wrestling with in their lives. The role of the care-giver is to give names to these problems and helps the client to find solutions. Christ, the great healer, never feared to name the problems of the people he met, and give them concrete clues how to live a better life. A criticism here may be that by concentrating on individual problems, the sick-making context in which they arose is ignored. There is a variety called systemic pastorate, where the context, the systems in which the client is functioning, is part of the diagnosis.

Model 3 is called *inter-human pastoral care* (Ganzevoort and Visser 2018). Here, the care-giver is like a friend, a companion. The authenticity and charisma of the care-giver are very important in this model. The authority of the care-giver is not based on his/her official function, nor on specialist knowledge, but on his/her qualities as a human being and abilities to maintain a meaningful relation.

4 Kerygmatic means oriented towards Christian witness.

The care-giver can never be the specialist in the field of the life-story of this particular person: the specialist is always the one who is telling the story. The care-giver does not try to manipulate, has faith in the work of the Spirit and creates the space to listen. A risk here is that the boundaries between care-giver and the care-receiver are blurring to such an extent that a false intimacy comes into existence. The care-giver should always also guard boundaries. In urban mission, there is a variety of inter-human care called pastoral care of presence. In this variety, the pitfall of the pastor may be that s/he desires to become a counselor or mediator, trying to solve the problems of the care-receiver. The role of the care-giver as one who is present as a witness to the life of the care-receiver requires that s/he refrains from interventions.

Model 4 is aware that good pastoral care always has elements of witness, outreach *and* presence (Ganzevoort and Visser 2018). So, the typologies must never become static. They must all play a role in the unfolding of the life-stories of the person with whom one is meeting. This can be done by concentrating on the stories themselves. By seeing the person in care as a living human document. Listening, ‘reading’ the stories told, the care-giver and the care-receiver may come to new points of understanding the world they live in. A new understanding of this person and of the world as a whole sends us back to the tradition, the Scriptures that we learn to read with new eyes. A model is the narrative of the two who were going to Emmaus. The companion is going part of the way, asks about their experience and explains Scripture in a novel way. The ritual of breaking bread discloses a new way of seeing the world. The care-giver in this model becomes an *interpreter*, both of the human and the Divine stories.

There is much to be valued in this hermeneutical, narrative approach of care. It gives place to the different roles of pastors that are connected to the four dimensions of pastoral care: healing, sustaining, reconciliation and guidance. In kerygmatic pastoral care, guidance and reconciliation are the key terms. The pastor, in interpreting the life-story of the care-receiver, ties it up to the grand Christian narrative of forgiveness, and guides the care-receiver into a more meaningful life. The pastor who sees her or himself as a spiritual therapeutic helper will combine the roles of healer and guide. A role concept of the pastor as a friend gives space to a more sustaining and comforting role. Whatever the role the pastor takes on, there is always the need to function as a hermeneutical bridge between the Christian tradition and the care-receiver.

Neither the Christian tradition nor the individual life-narratives are static wholes however. They are diverse and shifting. Church, cultural background, class and gender have an influence on the ways these stories are told. Missiologist Mechteld Jansen problematizes the narrative approach in multicultural Christian pastoral care. There are master-plots, serving as a framework for the

individual life-story, which differ between cultures. Life-stories combine biography (based on an account of the things that happened) with a stock of inherited master-narratives in a certain cultural setting, that supply frames from culturally available sets. These frames shift over time.

For my grandmother, the first question she asked about persons she met for the first time was: “Who is her family, what region does she come from?” For a later generation, the achievements of the person they met were more important: ‘What did he study, what kind of carrier does he have?’, whereas for the post-modern generations these questions are less prominent. This has an influence on the way people present themselves to others in their life-narrative. The life-story is nowadays individualized, more ‘the things I did’ than ‘where I come from and who my people are’.

For Christians, grand narratives from the Christian tradition help people to get a grip on their life-stories. But again, the Christian tradition provides a different sets of frames that can be employed. For some, the core of that tradition is a triumphant story of sin overcome and sickness healed, whereas for others it is the story of human frailty and the inability to do good (Jansen 2011, 44).

If the pastor and the care-receiver come from different backgrounds, the care for the story requires that the pastor is aware of these differences and has the ability to deal with them in a thoughtful and democratic way.

Diversity in spiritual care: dialogue and the model of hospitality

Pastoral care in a Church setting has undergone changes. It is now seen as a hermeneutical process in which both the care-giver and the care-receiver are engaged in a conversation where they try to make sense of and give meaning to the life-stories of the care-receiver in the light of the Christian tradition.

Yet another shift occurs when Christian pastors function outside of the Church in government funded institutions, to give spiritual care to patients, prison inmates or military personnel of diverse religious and life-stance backgrounds. In institutionalized spiritual care in the Netherlands, most spiritual accompaniment is given by professionally trained care-givers who are from a secular humanist or a Christian background.

Most care-givers have an institutional tie with a religious institution like a church, a humanist organization or a mosque organization, although there have been debates in the professional Organization for Spiritual Care, the VGVZ, on the desirability of such a tie. Some VGVZ members opted in 2007 for

the possibility to become an ‘unattached’ spiritual care-giver, arguing that they would be more acceptable to the larger part of the population that does not have any ties with a religious or life-stance community.⁵ They saw both the care-giver and the care-receiver as individuals who have developed their own spiritual identity without having recourse to a particular religious tradition (Schilderman 2010). Of the 1000 members of the Dutch professional organisation for spiritual care-givers, the VGVZ, 300 have a Roman Catholic background ⁶, 420 are Protestants⁷, 120 are secular humanists⁸ and 120 are non-aligned⁹. The conclusion must be that the numbers of Jewish, Hindu, Buddhist and Muslim care-givers are small.¹⁰

In spite of the fact that the large majority of the GVGZ members derive their authority from a *sending agency*, that is that they have a formal tie with a particular religious tradition, the expectation is that as spiritual care givers in secular institutions, they are able to function in a neutral secularized context. They receive a professional training with among others the aim to develop the hermeneutical skills that enable them to guide and accompany people of different cultures and religious and life-stance backgrounds. How can they be sensitive to these differences?

In his book on the multicultural setting in Christian pastoral care, Emmanuel Lartey distinguishes four types of approach towards cultural difference:

1. The monoculturalist or universalistic approach. Here cultural differences in the telling of the stories are approached in a colorblind manner. The care-giver assumes that ‘we are really all the same’, and universalizes particular sets of norms and values, cultural beliefs and practices that are actually only his/her own norms and values (Lartey 2003, 164). The cross-culturalist approach. Here, there is an openness to cultural differences. Differences are acknowledged, but perceived of as static wholes instead of continually evolving living traditions (Lartey 2003, 166).
2. The multi-culturalist approach. Care-givers working with this model try to seek as much information about the other as possible, but at the cost of not seeing the individuality of the other.

5 https://vgvz.nl/wp-content/uploads/2016/06/VGVZ-Cahier4-AmbtelijkeBinding_eindversie_to taal.pdf (accessed July 9, 2021).

6 <https://vgvz.nl/sectoren/katholiek/> (accessed March 19, 2020).

7 <https://vgvz.nl/sectoren/protestant/> (accessed March 19, 2020).

8 <https://vgvz.nl/sectoren/humanistisch/> (accessed March 19, 2020).

9 <https://vgvz.nl/sectoren/sing-institutioneel-niet-gezonden/> (accessed March 19, 2020).

10 <https://vgvz.nl/sectoren/> (accessed March 19, 2020).

3. Intercultural care and counseling. This is for Lartey the preferred model. It departs from the assumption that every human person is in certain respects at the same time like all others (1), like some others (2), and like no other (3) (Lartey 2003, 171).

Although Lartey writes from a Christian context, his distinctions are relevant as well for the practice of interreligious spiritual care that has developed in the Dutch context.

In the Netherlands, policy makers and managers of care need to take diversity into account in three different contexts. These are the broader field of multicultural care-giving, moral deliberation and spiritual care as accompaniment (Walton 2017, 107–120).

In the context of care-giving, diversity is the point of departure and practices are culturally aware in order to optimize the care praxis. Institutions, be they prisons, hospitals or homes for the aged, try to attract personnel of different cultural backgrounds in order to optimize their communications with clients. A recruitment policy that is culturally aware is the hallmark of a modern, open institution. It makes a difference if the nurse or doctor can communicate more easily with patients who share the same religious background. Here, diversity is an asset.

In moral deliberation, cultural and religious/life-stance diversity is seen as potentially problematic. Diversity and lack of consensus about the good life and the morally good is often the starting point to have moral deliberation in the first place. In the exploratory stage of a process of moral deliberation, diversity can be seen as enriching- and yet, the often implicit aim is to reach moral consensus in the light of ethical rationality. This directs the participants of the deliberation toward a general shared viewpoint.

In spiritual care, there is a paradoxical situation. On the one hand, institutions strive for a religiously/life stance-wise diverse team of care-givers, on the other hand, the professional ability of each team member requires that s/he is available for each client or patient. That implies that the role perception of Protestant spiritual care-givers, for instance, makes another shift again. Whereas in the modern approach of the pastor as a hermeneutical mediator between the care-receiver and the Christian tradition, be it as a comforter, a counselor, a healer or a reconciler, here the Pastor turns into a spiritual care-giver that caters to care-receivers of any kind of religious background. How can this role be combined with a continuous connection with the Protestant Church (in the case of the protestant spiritual care-giver the 'sending organization')?

In practice, the universalistic approach that Lartey mentions is a course that is often pursued. The care-giver sees him or herself as a generalist, who is an ex-

pert in listening and interpreting the life-narrative of the care-receiver. The study of Cadge and Sigalow of spiritual care given in an American hospital shows that such a color-blind approach is often followed. They call this approach ‘neutralizing’. The patient needs someone who really listens, and the hermeneutical interpretation of the life-narrative by the care-giver is not problematic, as ‘everybody has a spirituality’. Another type of strategy is called ‘code-switching’. It relates to the use of the religious language, symbols and even rituals of the other. A pastor can say a prayer, read a text or tell a story derived from the religious tradition of the care-receiver, thus appropriating another tradition than his or her own. This can extend to the use of rituals from the other tradition, such as anointing or blessing. One respondent in the research of Cadge and Sigalow called this use of ritual ‘mimicking’. In Code-switching, the multi-cultural approach mentioned by Lartey is followed: the spiritual care-giver takes the religious and cultural tradition of the other seriously by making use of elements from it, but what remains problematic is that it is the care-giver who decides what elements can be used in which way. A third strategy that occurred occasionally is called ‘referral’. The care-giver can ask a colleague who shares the religious tradition of the patient to step in for the performing of a ritual. Here, one sees the cross-cultural approach mentioned by Laherty.

These three strategies can be commented on as follows:

- They do not address difference, but ignore it/approach it passively
- They do not take into account individuality of the patient
- The pastor acts from a ‘knowing’ position, as the expert who ‘knows’ that fundamentally she believes the same, or that she has the better insight into the tradition of the other
- This puts the care-giver in a position of power and has a blind spot for their own religious/life stance position (Walton 2017, 111).

A better strategy would recognize difference, ‘touch’ difference, have respect for individuality, make the care-giver vulnerable as one who does not know, give openness to deal with uncertainty, correction and control and would be open to discuss the position of the pastor herself.

In the approach of Lartey, every human person is in certain respects like all others, like some others, like no other. This calls for three tasks: recognition for the human dignity of the other as a creature of God, recognition of difference in culture, context and power and seeing the other as an individual.

Conclusion

The traditions of Christian pastoral care are never static. They undergo changes, are under debate and scrutiny and take different shapes in different contexts. At the same time, they are rooted in an ongoing practice that is not always explicitly addressed. Much of what happens is implicit, invisible.

The *Sketches from Mastland Parsonage* give an insight into a situation where pastoral care was given and received from an assumed shared religious common ground, rooted in the Protestant Christian tradition of the Netherlands. The book also shows that there were dissidents in the village. The minister had sometimes difficulty to establish his authority when it was challenged by the more orthodox villagers.

In the present-day context in B, diversity was present and acknowledged. Parishioners were playing an active part in pastoral care in its many shapes and practices. Yet, the minister was a reference figure for them. She was to many villagers the representative of the local church community. For people who were less active in the church, the minister could be the only link between them and the Christian tradition. In the model of Gerkin as well as that of Ganzevoort, this role is emphasized. Here, the pastor becomes the interpreter of the Christian master narratives, bringing them into conversation with the life-stories of care-receivers. S/he, and much less the Christian community, becomes the bridge between Christian tradition and the everyday life and search for meaning of ordinary people.

The life-story approach may work well in a mono-cultural setting, although even there, there is the risk of misunderstanding. It becomes more problematic when there is a considerable cultural and religious difference between the care-giver and the care-receiver. Then the authority of the Christian master narratives is less obvious, although it functions as the background narrative for care-givers who have been raised in the Christian tradition. They may assume that they operate from a neutral position as skilled interpreters and listeners, and even stress their ability to employ and appropriate elements of other religious and life-stance traditions, without confronting possible differences between them and their clients.

In a multicultural and multi-religious setting, there is a need to devise strategies to bring the difference in traditions into the conversation, because if they remain implicit, then the dominant tradition tends to become normative. This is especially a risk if the care-giver belongs to the dominant tradition in society.

References

- Asad, Talal. 1986. "The Idea of an anthropology of Islam" *Occasional Paper Series*. Georgetown University, Washington.
- Berndts, Ton, and Joantine Berghuis. 2016. *God in Nederland 1966–2015*. Utrecht: Ten Have.
- Cadge, Wendy, and Emily Sigalow. 2013. "Negotiating Religious Differences: Strategies of Interfaith Chaplains in Healthcare." *Journal for the Scientific Study of Religion* 52/1: 146–158.
- Cassell, Eric J. 1976. "Illness and Disease: Treating Patients for Both is the Healer's Art." *Hastings Centre Report* 6/2.
- Ganzevoort, Ruard, and Jan Visser. 2018. *Zorg voor het verhaal*. Zoetermeer: Boekencentrum.
- Gerkin, Charles. 1997. *An Introduction to Pastoral Care*. Nashville: Abingdon Press.
- Heitink, Gerben. 2001. *Biografie van de dominee*. Baarn: ten Have.
- Hervieu-Léger, Danielle. 2000. *Religion as a Chain of Memory*. Cambridge: Polity Press.
- Jansen, Mechteld. 2011. *Interrelated Stories: Intercultural Pastoral Theology*. Muenster: LIT.
- Lartey, Emmanuel. 2003. *In Living Color: An intercultural Approach to Pastoral Care and Counselling*. London, Philadelphia: Jessica Kingsley Publishers.
- Pattison, Stephen. 2000. *A Critique of Pastoral Care*. London: SCM Press.
- Schilderman, Hans. 2010. "De identiteit en positie van geestelijke verzorgers in de zorg." *VGZ Cahiers* 4.
- van Koetsveld, Eliza. 1978. *Schetsen uit de pastorij te Mastland: Ernst en luim uit het leven van de Nederlandse Dorpsleraar*. Wageningen : L.J.Veen. https://www.dbnl.nl/tekst/koet003sche01_01/
- Walton, Martin. 2017. "Wat maakt het verschil? Levensbeschouwelijke diversiteit in zorginstellingen." *Religie en Samenleving* 2: 107–120.