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Healing as a task of pastoral care among the poor

topics:

- *pastoral care in a context of economic poverty*
- *rituals in pastoral care*
- *healing and community*
- *questioning “pathogenic structures”*
- *pastoral care in Brazil*

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Let me start with questions:

- Can the form of pastoral care in Latin America is relevant to people in Europe?
- Can it be argued that the societies, cultures and churches are basically too different here in Latin America from Europe?
- Finally, experiences, especially experiences in the field of pastoral care, – can they be conveyed accurately at all?

There are lots of good reasons to answer all these questions with ‘no’. Nevertheless, I would like to explain something about pastoral care from a Latin American perspective, i.e. especially from a Brazilian and Lutheran perspective.

I would like to do so, because this exchange of experiences is expressing the fact that we all belong to the one and same Church of Jesus Christ on earth – and pastoral care is of course a matter of the Church! Secondly I would like to do so, because there are developments occurring which have a similar impact on human bodies and souls all around the globe. I will deal with this at the end of my lecture!

At first a historical remark is appropriate to be made:

Historical remark

The Catholicism of the Iberian Peninsula introduced a specific type of Christianity to Latin America which was marked by hierarchical pastoral activities putting the main emphasis on catechesis and the proper handling of the sacraments. Within the Lutheran Tradition the central figure was the preaching of the Gospel from the pulpit. The first model focused on teaching, the second one on preaching. But both models neglected a third element of the *triplex munus Christi*, the threefold

ministry of Christ, i.e. the healing. And this lasted on and on, in spite of the fact that the people in Latin America were poor and in bad health conditions with an ongoing decline of the medical care structures.

But then the religious landscape was shaken. A new sound was to be heard, i.e. special offers for healings! It started in the quarters of the poor, then being spread by the media. And the masses of the people were rushing there! Soccer stadiums were filled with people, longing for a healing of their diseases and pains. I am now talking about the Pentecostal churches, mushrooming all over in Latin America.

Meanwhile we had a growing awareness of the fact that there were a lot of destructive things being done under the camouflage of 'healing', but nevertheless I want to stress this:

For one: it is quiet a bit of irony, that the 'historic' churches in Latin America had to be reminded of the central role, which the healing took in the work of Jesus, by the Pentecostal Churches and by other form of religious praxis like Spiritualism and other Afro-American Cults.

Secondly: consequently pastoral care has to draw the conclusion, that -from the very outset- it has to be healing care much more than ever before.

The onset of such a pastoral care model is a challenge for church work in Latin American Churches, and in the following remarks I want to outline shortly what it might mean, especially for the Lutheran Church in Brazil. Some thesis and their explanation will support this task:

Thesis 1

The Word of God remains sovereign, i.e. it does not act according to our human ideas. In pastoral care healing does not necessarily mean to do miracles, but to show solidarity in our weakness.

In the Lutheran Tradition the sovereignty of God is to be kept untouched, i.e. one is rather cautious not to interpret the Word of God in way which might just suit our own wishes and needs. One is also aware of another danger, i.e. that we as human being should never try to make God follow our will. This would be the case i.e., if we would insist that that he should fulfill our wish for healing on our command - urged by our prayers or by any other human donation we gave him for that purpose!

Observing the praxis of healing over here among some Pentecostal Churches, then it is quite evident that exactly this is happening, which the Lutherans try to give warnings about. i.e. people try to act out a manipulation of God. The game that people play is that if: one gives a donation of a 10th of the – often very small – income to God, attends church every day, seeks betterment of one's lifestyle etc., and in return one is healed, or gets a new job or realizes social advancement.

According to this ideology the human service and obedience obliges God to act accordingly to the needs of the believer. Well, God might interfere in a healing way in a human fate and passion. And we are entitled, or better to say even destined, to stand up before Him in favor of a healing of a sick person, for example by prayers if intercession. At the same time, however, we are called to give in to the sovereign will of God and to leave it up to him, whether or in which way he

might intend to help us out. Often the miracle in the real sense of the work does not exist in the fact that some sensational healing of a sick person had happened, but in the fact, that he was given the strength to 'carry his cross' in dignity and strong hope.

Regarding all the turmoil existing over here in regard to these healing-miracles I am more and more inclined to say that often the real miracle is happening whenever the bodily healing stays unfulfilled and when -in spite of this- somebody nevertheless stays faithfully attached to God, the one who is mighty in the weak. And also, that true pastoral care is not showing its dimensions by accomplishing "great things" at the bedside of a sick person, but by standing along with the powerlessness there, i.e. not to be able to help, and that pastoral care nevertheless is showing its "caritas", the act of love to people, as a solidarity in weakness.

Thesis 2

The Word of God does not need to be experienced with all senses, but it may be experienced that way. Rituals from old, well acknowledged church traditions may be supportive.

Therefore, the statement in thesis 1 does not exclude the possibility that pastoral care is striving for a way by which the sick and the suffering may experience the message of the word of God as concrete as possible. It would mean a shortcoming of the mandatory task of pastoral care, if we would restrict ourselves to a way by which the biblical word would just be verbally targeted at the 'heads' of the people. People long for a type of pastoral care, which mediates the consolation and the support of God in such a way, that at best all senses, emotions included, are addressed.

Those who are simple minded and those who are in weak moods - this from time to time and depending on the situation will include us, too, considering ourselves to be 'enlightened' people - all they can deal much better with a God who is encountering us in the Gestalt of Rituals than in the rather dry way of regular preaching.

In Latin America we are rediscovering the usefulness of the rituals like the anointing of the sick and the celebration of the Lord's supper, as also that form of prayer which is accompanied by the laying on of hands. Also the singing of songs of faith can be experienced as supportive. Our way of pastoral care was adopted from Europe and was very much brain-centered, which has led a lot of people to join other congregations, whether Pentecostal or of other faiths. We now learn better in our everyday practice of pastoral care and in the celebration of the worship as well as in the Christian religious education, to make the logic of the faith match with the mystery of faith. One can say that we are rediscovering the importance of the dimension of spirituality in pastoral care in Latin America.

Thesis 3

In Latin America such a healing type of pastoral care fulfills the task of responding to the character of urgency which is implied in the human emergency situations over here, without disregarding other long term goals.

It appeared that the way of pastoral action, which followed the patterns of western enlightenment aiming at the self-determination and self-reliance of the individual person to take on their own responsibilities, was too one-sided and too over demanding for underprivileged people. Many poor people are totally occupied by the daily fight for survival, so that they can hardly provide some extra power that would be necessary to also care for those things which would be in the agenda only by tomorrow. And nobody here can count on public subsidies any more.

All my remarks are not intended to imply that medium- or long-term goals in pastoral care should be abandoned in favour of only immediate measures. Focusing on long-term goals will always be important, especially when groups have to be accompanied which are suppressed within a society, for example the landless farmers, the street children, the single mothers. Such goals have to be linked with measures combining pastoral care and diaconia-tasks, which can bring relief to acute emergencies as well as they can foster the organizing of self-help activities.

To go back to Pentecostal congregations and congregations of other faiths: Whether or not they succeed in providing real help to people, they do ensure that a lot of their prayer houses are open to the public around the clock, whereas the buildings of the historic churches are kept closed, in order to present them to those very few participants of the worship on Sunday mornings in a 'neat and clean'-way. We, the pastors, ourselves can be reached only by fixed appointments.

Our way of being the church is not designed to be at hand for the people right there and then. We stick to a more bureaucratic form of helping and supporting. But the poor neither have a schedule book, nor a telephone to call us. Often their situation does not permit them to wait until we can deal with them. We are out of reach for them. Therefore they do not turn to us in the first place. The consciousness of these facts is growing here and there among us. But I take this small development to be a reason for hope.

I gained my own education and training in the area of pastoral care and counseling in the United States of America and in Germany. There I learned to know the therapeutic model of pastoral care and counseling, and I still value it. I still take it to be very important to integrate psychological knowledge in one's own work of pastoral care and counseling. Nevertheless I started questioning more and more to what extent this approach might be helpful in practicing pastoral care and counseling with the poor.

In my part of the world the urgent need of the people cannot be met by an approach which is based on long-term pastoral counseling techniques and therapeutic methods aiming mainly at the single, individual person. This approach might be a first choice for people with a good and constant and more reasonable income. Pastoral care in Latin America however has to respond to the aspect of urgency which is always present in the kind of human sufferings we encounter over here; that is to say, pastoral care has to respond to this by looking out for short-term obtainable goals. Pastoral care here has to start with the things at hand; and only after a successful 'first-aid'-intervention can one start to think about further steps.

I will come back later on to deal with the question as to whether pastoral care and counseling can be an apt tool to work with poor people at all.

Thesis 4

Healing seldom falls down from heaven, it needs community. Healing pastoral care and counseling therefore has to be surrounded and held by a congregation and has to lay the foundation for new communion at the same time. In the course of the massive rural exodus and the fast growing of the cities in Latin America many people lost their inherited social, cultural and family-related frame of reference. So often in the urban context they feel rather lost.

If some special problems, like for example unemployment, diseases and the break-down of family relationships are added to this, then frequently a situation comes up, where those people start remembering their religiosity and seek support from diverse churches or religious groups. It is just a matter of fact, that people over here are more religious-minded than in Europe.

How can the churches in Brasil react in an appropriate way to these needs? Our Lutheran Church in Brasil is asking this question, as our church is striving for a stronger presence in the city, especially in the poorer areas. We have not yet found the right way, but some indicators are becoming apparent:

- a) we Lutherans critical of ourselves ask, whether we developed an understanding of pastoral care and counseling which was too much centered on the role of the ordained pastor, in spite of all our theories and teachings about the 'general priesthood of all believers'. This type of pastoral care and counseling, based mainly on pastors is overloaded simply in fulfilling their full time parish-ministries anyway, and is based on some few highly trained specialists, so does not have any chance to respond to the manifold demands of the people. Pastoral care and counseling needs to be a care done by the congregation, much more than ever before. The congregation is the true subject of Christian pastoral care and counseling.
- b) Therefore one of the most important task of the pastors is the education and training of volunteers among the parish members to enable them to do specific forms of 'pastoral' care and counseling.
- c) It has proved to be very helpful to set up small groups of people who have experienced similar situations in life, like disabilities, grievances or unemployment.

We become aware of the fact that people tend to leave our church, if they have been in acute life crisis situations and felt neglected and even forgotten by our church. But in all those places where different types of self help groups had been established within a congregation, showing a specific profile of 'pastoral' care, we realize that the feeling of belonging to our church is strengthened.

This shows that healing pastoral care and counseling in an urban context has the role to help people to overcome their helplessness in the midst of their suffering and also to overcome the lack of strong relationships which often accompanies their social reality. So parishes can become places of encounter mediating a real sense of belonging to their people and providing a framework where they can also find their spiritual stronghold. This last topic is important since many people do not know their way out any more in facing the diversity of religious bids offered to them. This all requires a praxis of pastoral care and counseling which is meant to be the jointly liable engagement of all the membership of every single congregation.

Thesis 5

Healing pastoral care and counseling does not restrict itself to just healing diseases. It is also striving for identifying pathogenic structures and for questioning these structures.

According to the main-stream opinion in most of the Pentecostal churches and also in a good number of Afro-American religious groups all evil, especially diseases of the body or the mind, are caused by efficacy of supernatural powers. So healing worship services in Pentecostal Churches and also certain rituals in African Cults serve this purpose to exorcise the powers of Evil. Among the Spiritualist believers according to Cardec, suffering is understood to be the outcome of wrong doings in earlier incarnations of the soul of a person, - that is to say that they also refer to 'the other world'.

Conceptions of this type, however, are just using smoke to conceal the eyes of the poor from the true reasons for their situation, i.e. from the fact that most suffering in this world is caused by human failure and unjust structures. These conceptions therefore are extremely dangerous.

Having this in mind Lutheran pastoral care strives to care for two things: first, that all kinds of human suffering are opposed; second, that those social structures are identified and unmasked which are frequently causing the suffering. Healing pastoral care and counseling is always and simultaneously a type of pastoral care and counseling with a strong intention to critically observe and analyse societies and ideologies. In other words: this is the prophetic dimension of its task.

Thesis 6

Christian pastoral care and counseling is open-minded to accept medical progress to be a way by which God is acting to promote his healing efforts among us. At the same time we are refusing, however, to glorify medical techniques to such an extent that there might no space being left to pastoral care itself.

Providing good medical care is in short supply in Latin America. Therefore the Lutheran Church of Brazil from its very beginning, was engaged in setting up hospitals and other centers which contributed to the medical supply for the people in remote rural areas and in the cities. In Latin America this is a part of the self-understanding of Christian-Diaconical action that we engage for as many people as possible to benefit from the progress in the area of medical techniques. The Lord who "heals all our diseases and saves our lives from destruction" (Ps 103), he is making use of these techniques, too, to act out his promises to us.

Holistic healing, however, is including more than whatever medicine and its techniques is able to give. God's salvational action towards people wants to use the tools of pastoral care and counseling in manifold ways, as I was describing above.

To stress this point of view is very important over against widely spread magical attitude towards healing on the one hand, and the almost blindly trustful attitude towards medical progress on the other hand.

Thesis 7

When we try to approach and reach the poor and the suffering people by means of pastoral care and counseling then this may be a legitimate way to demonstrate and prove the credibility of the church to be an advocate for the poor and the suffering.

The point at question is this: Is pastoral care and counseling a legitimate way for the church to deal with the complex problems of people in Latin America? Does this not show the collusion on the side of the church in engaging in pastoral care and counseling while basically agreeing that nothing can be changed at all in the overall society?

This is an existing danger, i.e. that the church turns to pastoral care and counseling in order to be able to stay out of the social and structural problems. This danger will be avoided when one uses the type of self understanding of pastoral care and counseling, which I have described above, i.e. when we are fully aware of the prophetic mission we have. For, following this path, pastoral care and counseling may help prepare the soil for critical socio-political engagement of the church by connecting the church and the reality of the suffering of the people in a new way.

Keeping this in mind then I take it to be not only legitimate, but also appropriate in a strategic sense to start a new approach to pastoral care and counseling. Pastoral care and counseling and changes of society do not exclude each other, and wherever the church is offering its regular services, i.e. worship, rituals like funerals, weddings etc. and other events, these reach only very specific groups of people, the poor not being among them.

Pastoral care and counseling may be the best way to stay close to people in critical situations of their lives, provided that you find an appropriate way to get through to them. The traditional church appears to desert their members in moments when they would most urgently need church support. Small Christian Communities and sects have realized this long time ago and they are capitalizing on it. Once, however, a Christian parish has proved its solidarity and support in hours of urgent need, then it will regain the credibility necessary to deal with changes in the society, hand in hand with the people concerned.

Building bridges in care and counseling between Latin America and Europe

At the beginning of my article I mentioned that contemporary global developments were affecting people all around the globe in their minds, souls and bodies in similar ways and that I would be coming back to this issue at the end. I will begin doing so by citing a longer quotation. The author tries to describe the present situation in Germany:

“Looking backwards from today the eighties have been a wonderful blazing time. Well, there were, for the first time after WW II was over, real cutbacks in income for most of the social groups in the former West-German society, but in general, everybody wanted to leave behind the attitude of the seventies, i.e. the attitude of political ponderings over lots of issues and the attitude of social joylessness.. People were discovering luxury, they were amazed by the perplexity of codes and

they were prone to happily just carrying on...

Without any doubts the mood of the nineties cannot be covered and described by the terms of the eighties. 'Event', 'adventure', 'Life style' and 'risk' – these terms are not defining the present time any more... People became more sober, more modest, but also more anxious... What had developed in the times after WW II, the so called 'Model of Germany' is disintegrating.

Instead of this a new type of latent panicking for one's status is spreading, since the new arrangements in society and economy usually go along with a loss of certainty for one's social safety. In the nineties a feeling of ontological insecurity is become more direct and more existential to be widely experienced.

Now, to all appearance, it seems as if the 'class society', after it had come to its end earlier, is finally returning again. There are losers, winners, and, most horrible to say so, there are superfluous people..."

Others may judge whether these words are a true description of Germany in the nineties. I intended to discover the parallels to our situation in Latin America. Especially the last sentences of my quotation were showing this to me. In fact, over in your place and here in our place, there are losers and winners, and, again, what is the worst fact, really: there and here we have superfluous people.

Another parallel I find is this, that among people in Germany as well as among people in Latin America there is a growing loss of trust in traditional institutions like state, church, family and labour unions. The unions are still attempting to mediate between winners and the losers. Regarding the poor, however, the unions are meaningless for them, since the unions are not advocating the poor, not at all.

And how about the role of the state? Isn't it that the state, over there as well as over here, is more and more overtaxed in its opportunities, to take care of the poor and the superfluous people?

Who, then, is basically advocating the concerns of the poor? Should it happen to the church, badly blamed otherwise, not trusted also by many people any more, should this develop upon the church to become a key figure in advocating for the poor, in Europe as well as in Latin America? If this might be the case, then it would be worthwhile to start thinking about the task of a healing pastoral care among the poor in a joint common effort.