



Intercultural pastoral care and counseling: resources from narrative therapy and brief pastoral counseling

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ABSTRACT

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The fascinating, but complex field of intercultural communication and pastoral care is the focus of research in this article. The authors describe the two approaches of pastoral therapy and show how it can be implemented in an intercultural setting. Although there are major differences between the narrative and brief counseling approaches, there are also striking similarities. In both cases the pastor tries to work from a non-expert position and is non-prescriptive in the approach. The authors are convinced that this basic approach of respectfulness makes both models useful for intercultural work.

1 INTRODUCTION

It must have been either my third or fourth birthday, I am not sure. I (JM) received a box containing several toy cars as a gift from my parents. I remember that I was overjoyed and that my first thought was to show this wonderful present to my best friend. My family lived on a farm in northern South Africa and my best - and only - playmate at the time was Daniel, a black boy, a little older than I. He and his parents also lived on the farm; they were our servants.

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I ran outside to show my gift to Daniel who was sitting on a bench in the backyard. Proudly I displayed the cars. He looked and admired, and then after a while, chose the two most beautiful ones and gently pushed them on their wheels, underneath his bench, backwards. With this act, he said to me without words: "I'll take these, thank you!" The rest I do not really remember. There was a commotion; some sort of scuffle must have occurred. Perhaps my parents intervened. The fact is that I got the cars back.

The story of South Africa is one of involvement and even enmeshment of black and white people. Most people in South Africa are able to tell stories of how they shared moments of joy and sorrow with someone of another race. Black South Africa and white South Africa do not exist as two completely separated and isolated worlds. Although the apartheid policy was a form of social engineering which forced individuals apart into different neighbourhoods, different schools, and different churches, it could not stop people's involvement with each other. Economic realities forced people towards each other, particularly in the work world. Today South Africa is striving towards a fully integrated society, a process which started gradually long before the laws of segregation were repealed and will go on for a long time after most of us are dead.

As it was with Daniel and me, most South Africans grew up with definitive and even rigid role distinctions and expectations. Although Daniel was my friend, we both knew that he was the servant and I was the boss, and that the bosses are white and the servants are black in the South African community. Therefore we grew up with the stereotype that a person's colour equals his or her value and status in society. When people are raised from childhood with these stereotypes, they cannot easily shed them. I must admit that, within the South African context, up to this day it is not easy for me to keep from putting myself in the boss role when communicating with a black person. I and many other white South Africans try hard, but find it still an effort, a struggle to become free from the roles of our upbringing. The roles into which Daniel and I fitted so readily from childhood were the inheritance of generations before us. That inheritance goes back to the legalisation and enforcement of apartheid, the lowest point of inhumane and unchristian discriminatory practices in South African history. It is deeply rooted in the history of this community.

The story of the birthday present also clearly represents a difference between the African and Western experience of personal property. According to the Western capitalistic mindset, personal belongings and property are individually earned and owned. The African, on the other hand, has

primarily a communal mindset. The riches which were developed on African soil by western industries and capital are seen as the corporate riches of all the people. Prosperity and poverty must be shared by all. That is why issues such as the private ownership of land and the rights of inhabitant workers on farms are the most difficult ones to handle in the negotiation processes in South Africa since the end of apartheid.

It is against this history of social injustice, personal bias and conflicting cultural expectations in the South African context that we would like to attempt some contribution in the development of theory which can be of value for our intercultural relationships, especially in the field of pastoral care and counseling.

2 APPROACHES TO CULTURE IN COUNSELING LITERATURE

At present there are several ways of doing intercultural counseling. Four of the most common are the essentialist, universalistic, particularistic, and ethnic-focused approaches.

2.1 Essentialist¹

According to this view, cultural differences are considered to be much like other differences such as gender and age. Culture is seen as the primary influence which determines the individual's behavior and thought. According to this view, individuals do not really operate as agents constructing and making choices about their own life.

The essentialist definition of culture would have us think about culture as one great organism in which all parts are connected to all other parts. You have to take either the whole lot or none of it, for only in this way could culture have the iron hold on individuals required to form and mold their bodies and their minds. If, however, we combine a generative notion of culture with an interactive one, then it becomes possible not only to consider some cultural differences more important than others, but also to talk about them cross-culturally².

2.2 Universalistic³

The universalist approach takes the position that persons of different cultures are more alike than different, that basic similarities are to be found in all cultures. Take for instance, the concept that all children need love and discipline and that parenting always involves a combination of nurturance and control.

One difficulty with this view is that the perception of what is considered to be normative may be local knowledge, beliefs based on a specific cultural experience. It follows that adherents of this position have little use for training in cultural differences.

2.3 Particularistic⁴

Opposite to the universalistic view, the particularistic position holds that persons of different cultures are more different than alike and generalisations are not possible. The uniqueness of each person is stressed and the idiosyncrasies of a certain person or family are referred to as “a culture unto itself”. Falicov points out: “In the particularist position, then, the word culture is tied to the internal beliefs of each particular family rather than to the connection between the family and the broader socio-cultural context”⁵.

Like the universalist, the particularist also does not regard cultural training as very important because the family, which is always unique, is held solely responsible for all of the family’s distress.

In discussing this view, Inga-Britt Krause refers to culture as an idiom of differences. The popular use of the word “culture” shows a pre-occupation with diversity, choice and identity. “Culture becomes an idiom for the expression of all kinds of individual differences and appears to encompass everything”⁶.

2.4 Ethnic-Focused⁷

A fourth position, the ethnic-focused, holds that individuals and families differ, but their diversity is primarily due to the factor of ethnicity. The focus is on thought patterns, behaviors, feelings, customs, and rituals that stem from belonging to a particular cultural group. Culture is viewed as symbolic expression and a symbol is some form of fixed sensory sign to which meanings have been arbitrarily attached. Persons within a cultural tradition share common understandings. Those outside this symbol system take great risks in inferring the meanings of symbols from the outside of their own system⁸.

The ethnic-focused approach to counseling runs the risk of over-systematising and stereotyping the notion of shared meanings. It can assume that ethnic groupings are more homogeneous and stable than they actually are. An epistemological error occurs: “...clients are seen as their culture, not as themselves”. Bateson warned that “The map is not the territory, and the name is not the thing named”⁹.

Ethnic values and identity are, in fact, influenced by many factors. These factors include variables within the group (education, social class,

religion, etc), cultural evolution, and influences stimulated by contact with the dominant culture. Perhaps the most important limitation to the ethnic-focused approach is the assumption that the observer (the person who describes the other culture) can be reasonably objective and make unbiased conclusions about the group observed.

3 A NEW PARADIGM

Clearly, the above approaches to intercultural counseling are insufficient for the complexity of our time and situation. We believe there is a need for a new paradigm for intercultural pastoral caregiving, and propose that this new paradigm be constructed and influenced by ideas from brief pastoral counseling (presented by HWS) and narrative therapy (presented by JM). We believe these two closely associated counseling methods can help to shape a way to do pastoral caregiving that respects the people who receive care, is sensitive to cultural differences, and recognises the uniqueness of each individual or families story.

We will first discuss each of these methods of counseling very briefly and then suggest ways they can assist pastoral caregiving to become more interculturally sensitive. The authors have written books on these perspectives; readers who wish additional information are referred to *Brief Pastoral Counseling* by Howard W Stone (1994) and *Om tot Verhaal te kom* by Julian Müller (1996).

4 NARRATIVE THERAPY

In order to discuss some of the basic concepts of the narrative approach, the following fable serves as a metaphor for our considerations: "A boy set out to look for honey and he was guided by a bird and accompanied by his three good dogs and his lame dog. On reaching a kraal¹⁰ full of goats, the bird called out: 'Don't stop here, better things are ahead!' The boy obeyed and moved on until he came to a kraal in which several sheep were gathered. Again the bird warned him not to quit but to carry on. He did so and arrived at a cattle kraal where the bird once more advised him to press on toward 'better things which are ahead'. The boy proceeded to the next kraal where an old woman with only four teeth emerged and threatened to kill him. He ran away and climbed high into a tree, but with her four teeth the woman started to bite the trunk. His three good dogs attacked her, but she ripped off their skins and they all died. His lame dog then grabbed her by the neck and held on until she dropped dead. The boy then descended

from the tree and took everything he saw in the kraal.” - A Venda folk tale.

The first assumption of the narrative approach is that life should be understood as a journey. H Richard Niebuhr makes the point that: The past and the future are not the no-longer and the not-yet; they are extensions of the present. They are the still-present and the already-present... My interpersonal past also is with me in all my present meetings with other selves. It is there in all my love and guilt. The self does not leave its past behind as the moving hand of a clock does; its past is inscribed into it more deeply than the past of geologic formations is crystallised in their present form. As for the future, the not-yet, it is present in my now in expectations and anxieties, in anticipations and commitments. To be a self is to live toward the future and to do so not only in the form of purposiveness, but also of expectation, anticipation, anxiety, and hope. Past, present, and future are dimensions of the active self's time-fullness. They are always with it from the moment it has realised that “I am I”¹¹.

Life means to start off from somewhere and to be on the way to somewhere; it is a journey. On this journey people often find themselves in need of guidance. They look for a “wise bird”. In narrative thinking this wise bird can be regarded as the therapist. In the story the bird is given a position of power even though it is powerless under normal circumstances. Caregivers also are relatively powerless; the only power they have is limited to the context of a certain therapeutic setting. The role of the therapist is that of the bird: to encourage in the background.

The precise content of the “better life” towards which the boy is encouraged remains a mystery. The boy set out to look for honey but then went from kraal to kraal and in the end found much more than honey. In the narrative approach to counseling there also are few clear images of solutions. Therapists take on a not-knowing position as they urge counselees toward a better future. The narrative approach is future directed. The idea is not to work with counselees on specific strategies for the future, but to urge them to work for a better future within the framework of their own narrative. Like the fable, in narrative therapy the solutions often come from unexpected and strange places.

Narrative therapy is an approach of expectation and hope. Many therapeutic models can be described as a “training of the three good dogs”. These models consist of efforts to give well based and sound direction. The therapist is expected to have a clear idea of powerful sources (healthy dogs) which are available and how they can be utilised in people's lives. Yet there is always an openness for the unexpected “lame dog” - a respect

for the unorthodox solution which perhaps may develop. In addition, the therapist is cautious not to underestimate the power of the “old lady with the four teeth”. Negative powers are not the same in every system of counseling and the caregiver should be sensitive for the meaning of good and evil in a person’s or a family’s story.

Narrative therapy assumes that individuals have to take responsibility for their own lives. Caregivers must realise that it is not appropriate to take on obligation for other people’s lives. Their role is that of a guiding bird. It is a background role; they accept the fact that they have only one tool to work with, namely “language” and with language they can create a better future. When using narrative therapy caregivers do not have any preconceived ideas about what successful therapy is; their only aim is to guide the “boy” to a better future which fits into his narrative.

I (JM) have developed a model of narrative counseling which I call “Narrative Involvement”, described fully in my book (1996). The model consists of two integrated parts: agenda, and procedures. The agenda of counseling is on the surface and can be shared with the counselee or family so that they have an idea of how the conversation is progressing. The procedures lie more beneath the surface and are not usually discussed with the counselee(s). They are instruments in the pastoral counselors’ “tool-box” that they can spontaneously take out and use to carry out the agenda, when and where required.

The agenda consists of five movements that in fact progress from one to five, but which should not be understood as purely linear. It should rather be compared to dance movements that progress circularly from one point to the next. During the dance of pastoral caregiving it is possible to move back to a previous point; however, the model will only work if the progression follows the sequence as set out.

The procedures of narrative therapy include a number of methods collected from a variety of sources. Some are normally utilised at certain points in the counseling, but when or where to use them is up to the creativity of the pastoral caregiver. The task of the caregiver is to carry out five major movements:

- i) Help the family/counselee to tell the story of their crisis as articulately as possible.
- ii) Guide the family/counselee to tell the story of the past (family of origin and their present family’s history).
- iii) Help the family/counselee to tell their story of what constitutes their understanding of the future. Allow them to talk about whatever is not

evident in their present picture of the future so that it can be expressed.

- iv) Perform a “bypass operation”. Channels must be opened so that “blood” can flow between the two stories (past and future). This bypass operation naturally takes place as soon as the stories are satisfactorily reconstructed. As soon as there is a flow between the stories of the future and the past, a new story of the present is in fact created. Transform the story of the past into a different, more acceptable story with the same set of facts through positive reframing.
- v) By means of imagination, reconstruct a new story for the future. This is now possible because of the reframed story of the past.

The “tools” which fit this approach to counseling are: responsive-active listening; a not-knowing position; and conversational questions. The aim, as in all counseling, is change. Change within this perspective can be defined as “...the evolution of new meaning, new narrative identity, and new self-agency”¹². The narrative approach has a capacity to “re-relate” events in the context of new meaning. We can refer to this kind of helping as “being in language”. Anderson and Goolishian use concepts like “language”, “in language”, and “linguaging”¹³ to refer to the process of the social creation of the intersubjective realities that we temporally share with others when counseling.

While listening to a family’s story, the pastoral caregiver using narrative therapy creates an opening for God’s story. God’s story can help a family to reconstruct both the stories of past and future in such a way that connecting channels are opened, allowing people to change in the present. A meeting in the present is not possible without clear connections between the story of the past and the story of the future. With the help of God’s story we can reinterpret our own narratives. The reframing of an otherwise painful past story can become a stepping stone upon which counselees create a more favorable future story.

Narrative therapy can be described as the rewriting of history and autobiography. This rewriting takes place through the conversational, mutual creation of new stories. This is a view of counseling which takes seriously our “radical embeddedness in history and language”¹⁴.

Such a view takes for granted the creative and creating power of language. In the Judeo-Christian tradition, the God who is active in history is also active in language. Consider the powerful *dabar* of the Old Testament creation narratives and the *logos* of John’s gospel and the early Church Fathers (Boyd 1996:215).

The narrative approach in counseling and caregiving finds a very natural link with the narrative approach of the Judeo-Christian tradition. Because of its open-ended and future directed approach, it also constitutes a useable framework for intercultural work.

5 THE STRENGTHS OF NARRATIVE THERAPY FOR INTERCULTURAL PASTORAL CAREGIVING

When using narrative therapy, pastoral caregivers place themselves in a “not-knowing position”. That position requires a type of “conversational questioning that leaves room for the counselee’s story as told by the counselee in the counselee’s own words, unchallenged by preconceived therapeutic knowing”¹⁵. Goolishian and Anderson believe that counseling “is not to reveal the truth or to impose a reality, but to explore through conversation, through languaging, realities that are compatible with a particular client’s unique tendency to attribute meaning and explanation in his or her own life”¹⁶.

This deeply rooted respect for the counselee’s story in the narrative approach renders even Augsburger’s well-intended theories on cross-cultural work less than acceptable.

Augsburger (1986) introduced concepts like interpathy and transpection to emphasise the necessity of the counselor to cross into the cultural world of the other. However these concepts are too much coloured by a “knowing” position on the part of the caregiver and do not reveal the same epistemological position to be found in the not-knowing position of the narrative therapy - or for that matter brief pastoral counseling. The idea that a caregiver is capable of moving into the world of other individuals of other cultures in a process of transpection seems somewhat presumptuous. It reveals something of an asymmetrical communication, of a paternalistic instead of a partnership role. It is a movement from here to there. Pastoral caregiving using narrative therapy wants to experience the sensation of being drawn into the other’s world, of being drawn over the threshold of a cultural difference.

Anderson and Goolishian describe the therapeutic conversation as “... a slowly evolving and detailed, concrete, individual life story stimulated by the therapist’s position of not-knowing and the therapist’s curiosity to learn”¹⁷. Seen from this point of view, intercultural counseling seems no longer a complex and impossible task, as long as the caregiver is honestly willing to learn from the person of the other culture. Boyd points out that the kenotic pattern of Philippians 2:25ff describes the Christ-

conversation and makes clear that our position must be one of service rather than domination or social control. A stance of *agape*-listening places the pastoral conversation in the realm of mutual co-authoring of a new story for the one in need of healing by valuing the unique reality of the other while continually striving for a stance of openness and humility.

6 BRIEF PASTORAL COUNSELING

The abbreviated time that most people spend with helpers makes endless sessions of talking without a direct focus a luxury. Most people who come to pastoral caregivers for help are not interested in a long journey of discovery but rather want "to get there" as fast as possible. Therefore the pastoral caregiving process must be geared to focus on key issues, develop a plan for change, and help counselees take concrete actions - all within a very short period of time.

Brief pastoral counseling (Stone 1994) is not so much a series of newly developed methods as an outlook for or perspective on pastoral counseling. It is an orientation to the pastoral helping process. It forms what is done. It shapes how relations are established, what questions are important, how time is used, what counseling methods are practiced, and how they are employed. Brief pastoral counseling is a particular vision of helping that influences all aspects of the care enterprise. Listed below are key characteristics of what brief pastoral counseling is and how it is carried out:

Establish an empathetic relationship: The crucial first step in counseling, doubly important in brief pastoral counseling, is to establish a solid base of rapport and acceptance with troubled individuals. From the onset of the first session the minister motivates counselees and helps them cooperate with change. It assumes there is little resistance on the part of the counselee - only on the part of the helper. A collaborative relationship is essential for change to occur in brief pastoral counseling.

Focus on the problem: "If therapy is to end properly, it must begin properly - by negotiating a solvable problem"¹⁸. One of the first tasks in brief pastoral counseling is to identify the central problem(s). The general issues being presented need to be defined clearly and in specific, concrete terms. They also need to be stated in a way that makes them solvable.

Assess the problem: The medical model (diagnosis first, treatment second) is not necessarily the pastoral model. Assessment in brief pastoral counseling does not require all of the facts before one can begin managing the problem. Diagnosis and treatment, assessment and change-oriented

activities, occur simultaneously throughout each session. The process of resolving people's problems can begin within the early minutes of the first (and sometimes only) interview. Because assessment is ongoing, much is learned once counselees begin to act.

- 1 A vital question ministers need to ask counselees is: "Why now?" With all of the problems, stresses and strains that individuals encounter each day, what has led them to counseling at this moment?
- 2 Another important part of the assessment process is to discern counselees' previous attempts at change so that the minister can set aside these options as less likely to work. Comedic actor W C Fields' admonition applies to these situations: "If at first you don't succeed, try, try, again. Then give up. There's no use being a damn fool about it". Well-meaning helpers too often offer more of the same counseling. If it hasn't worked in the past, don't try it again.

Look for exceptions: People seeking counseling tend to think that their problem is intrinsic to their lives. In fact, they do not notice when their problem is absent, or they pass its absence off as an accident. Assessment pays attention not only to cues or reinforcers of problem behaviors, but also to what Steve de Shazer calls "exceptions", which are "whatever is happening when the complaint is not". Parents may claim that their son "beats up on his sisters all of the time". Whatever the amount of violence he actually inflicts (this should not be overlooked), the son is not literally being violent "all of the time".

Looking for exceptions requires questions other than those customarily asked in counseling¹⁹, such as: "What is different about those periods when you are not fighting with your spouse?" "How did you achieve them?" "What are they like?" "Did your spouse, family, or friends notice when you were not fighting?" "How could you tell that they noticed?" and "How did you stop the fighting?" It is important to get counselees to think that they had something to do with the exception - with not doing the problem behavior.

Establish limited goals: In the first session the minister helps counselees formulate a vision for the future - what the future will be like when the complaint is resolved. From the first moments of counseling, they should define and work toward the goal, determining what are the first steps for getting there.

Two methods have helped me (HWS) steer people from focusing on problems to forming a vision of their future. The first is the future

question. It asks: "Tell me how you want your life to be different one (or three or six) month(s) from now. Be realistic, recognising work, family, and financial constraints. Also be very specific".

Another approach has been influenced by de Shazer. It is the magic question: "Suppose that you awakened tomorrow morning and your problem was magically gone; how would you know? If by magic the problem were no longer there, what would be different in your life? How would your family or friends know? How would they say that you had changed? How would I recognise the change?"

Develop a plan: Frequently all that is needed to get counselees on the path toward resolution - no matter how complex or intractable the problem appears - is one small change, one tiny alteration in the way they do things. The corollary also applies in this case: the larger or more all-encompassing the goal, the greater the likelihood that it will not be achieved. A vital task of brief pastoral counseling, therefore, is to develop a plan that can help counselees make small changes right away. "What small thing can you do before you go to sleep this evening that can begin to resolve your problem?" Get change happening. It is easier to steer the course of change after it is moving.

Assign double homework tasks: O Hobart Mowrer once said, "It is easier to act your way into a new way of feeling than to feel your way into a new way of acting"²⁰. One of the quickest ways to initiate change is to begin acting on the specific issues in the real life situation through the use of outside-of-sessions tasks, or homework.

The short-term pastoral counseling approach assumes a ripple effect - that a change initiated in one area of an individual's life will generalise and spread to other areas. Erickson writes, "That little hole in the dike [does not seem like it will] flood the land, except that it will, because once you break through an altered pattern of behavior in some way, the cracks keep traveling"²¹. Change is contagious. The important thing is to start a planned change process so that the success of change in one area will spread to others.

Build upon counselee's strengths: People who are going through difficult times tend to ignore their own strengths and resources. Brief pastoral counseling does not break down people's defenses, but builds up or energises their coping resources and strengths. One of the quickest ways to help individuals feel better about themselves, thus enhancing self-esteem, is to get them to use some of their forgotten strengths. It is not necessary to break down defense mechanisms or even gain insight into one's own defenses in order to manage a problem. Helping persons

develop their own strengths not only requires less time but is more humane than breaking down their defenses. The focus in brief pastoral counseling is therefore less on pathology, problems and explanations and more on competence, strengths, and solutions.

A principal way to build upon people's strengths is to show them hospitality. The counseling session needs to be a place where counselees are welcomed, encouraged, and complimented for what they are doing well, not where their past wrongs or present pathology is dwelt upon. "How did you do that?" "Great!" "Sounds good." "Super." "You should be happy that..." "I'm impressed".

In brief pastoral counseling there are typically two ways for change: behave your way into it; and believe your way into it. Determining the cause of a problem is not necessary for change to occur. Brief Pastoral Counseling is solution-oriented rather than insight-oriented. Insight does occur in brief counseling, but it is not the goal of the counseling.

7 THE STRENGTHS OF BRIEF PASTORAL COUNSELING FOR INTERCULTURAL PASTORAL CAREGIVING

Brief pastoral counseling also has merits for intercultural counseling. Without going into detail, below are listed several of the benefits of brief pastoral counseling for counseling in the borderlands of culture (Stone 1994).

7.1 Brief pastoral counseling is not intrusive

People in the United States are obsessed with individual and intrapsychic change. Many cultures are not. Brief pastoral counseling does not assume change must occur within the individual. Rather it asks counselees how they see change happening. They may see it as an individual issue, one that should be addressed within the immediate family, one that should be handled within the extended family, or one that must be addressed within the tribe/clan/community. Counselees set the locus for the change and the pastoral caregiver works within it. Brief pastoral counseling is sensitive to understanding how counselees in their own culture see how people move forward and make changes.

7.2 Brief pastoral counseling uses a minimalist approach

What is the least amount of change that is needed to help the counselee move forward? Brief pastoral counseling does not do personality reconstruction psycho-therapy. It does not assume that intrapsychic change,

or modifying the structure of a family, is needed to address the problem. It simply tries to get the desired change started. The goal is simply to start the change process - move forward a little. Brief pastoral counseling relies upon counselees or their systems to carry on the change thereafter. Pastoral care continues to be offered, but pastoral counseling is completed after one or a few sessions.

7.3 Brief pastoral counseling respects counselee's language

It does not try to impose a new psychotherapeutic or religious language on the counselee. Counselees do not have to learn about defense mechanisms, their Oedipal complex, their super-ego, their object attachments, and so forth. The pastoral counselor uses the counselees' language, looks for their own metaphors and adopts those metaphors to guide the counseling.

7.4 Brief pastoral counseling focuses on goals or solutions

As soon as possible, a shift is made from discussing the problem to talking about how the counselees would like to bring about change - if change is even the goal. Solutions are the focus, not problems.

7.5 Brief pastoral counseling takes a non-expert position

It assumes that counselees know more about their problems than the pastoral caregiver does. It also assumes that counselees know more about possible solutions to their problem. "I don't know anything about your problem. What do I need to know?" The pastoral caregiver does know how to go about helping people change but assumes that they have greater knowledge of their troubling situation and the ways that they can go about resolving it. Therefore there is less tendency for counselees to feel they are on a lower station than the pastor. They are less likely to think of themselves as poor, ignorant, or stupid. On the contrary: they are the experts of their situation.

7.6 Brief pastoral counseling relies on strengths

The focus of brief pastoral counseling is not on liabilities; it does not look at what is undone. Instead, the helper's goal is to assist counselees to discover and build upon their own strengths. Brief pastoral counseling looks at what counselees are doing right, rather than what they are doing wrong. It then helps counselees to do more of what they are doing well. It enlivens strengths that may have been lying dormant or were not seen because the person's vision was so problem-saturated.

7.7 Brief pastoral counseling has a unique understanding of persons
Its theological anthropology is unlike many helping theories. It assumes, with Luther, that we as Christians are both saint and sinner. It takes seriously sin in individuals and evil in the world, yet focuses on enlivening peoples' God-given strengths.

8 NARRATIVE THERAPY AND BRIEF PASTORAL COUNSELING

When working from a narrative therapy or brief pastoral counseling perspective, it becomes increasingly difficult to view culture on the basis of the four previously mentioned approaches to intercultural counseling. Culture must be seen as an immediate and an ongoing process rather than something static, passed unaltered from generation to generation.

When many "simultaneous memberships" and "participation in multiple contexts" are taken into account, the groups that emerge are much more "fluid, unpredictable and shifting, than the groups defined by using an ethnic-focused approach"²². It thus becomes more difficult to make generalisations about culture groups and more necessary to take on a not-knowing or non-expert position.

In discussing the phenomena of cultures, cultural similarities and cultural differences, Falicov²³ refers to two important concepts: cultural borderland, and ecological niche.

Cultural borderlands refers to the overlapping zones of similarity and difference within and between cultures. This overlap gives rise to internal inconsistencies and conflicts. On the other hand, it is the borderlands that offer possibilities of connectedness. Falicov²⁴ refers to the poet Gloria Anzaldua, who describes the "new mestiza" (a woman of mixed Indian and Spanish ancestry born in the USA): She "copes by developing a tolerance for ambiguity. She learns to be Indian in Mexican culture, to be Mexican from an Anglo point of view. She learns to juggle cultures. She has a plural personality".

Ecological niche refers to the combination of multiple contexts and partial cultural locations. Family usually encompass multiple contexts and partial cultural locations. A family narrative can include multiple contexts rather than a single label (Mormon, African, Afrikaner, Boer). The emphasis is to accentuate large categories - a philosophy that supports inclusiveness and a diversified unity.

Narrative therapy and brief pastoral counseling both offer new possibilities for intercultural pastoral caregiving. The reader will note that

there are many similarities between the two approaches. Each offers a different slant on the task of ministers as they offer care and counseling. Of special note is the not-knowing position of narrative therapy and the non-expert position of brief pastoral counseling pastoral that caregivers adopt towards those receiving care. These stances toward counselees are a long way from the "Herr Pastor" position so common in previous decades and centuries.

Let us end where we began, with another story. Walls of fear are part and parcel of the South African scene and history. The following story shows how, in an ironic and tragic way, these walls of fear shapes our lives.

It occurred a long time ago, in a small town called Bulwer, in 1906 - the year of the Bambatha rebellion, the last Zulu uprising. Bulwer lay close to Zulu territory, and white farmers in the district feared the local Zulus might join Bambatha's rebel army and butcher their masters in bed. So the whites called a meeting and formulated a plan of action: if the Zulus came, all whites would rush to Bulwer and barricade themselves inside the stone courthouse.

A few days later, someone cried wolf, and the whites panicked. They loaded their guns and children onto wagons and abandoned their farms, leaving meals on the tables and cows un milked. They barricaded themselves inside the courthouse, loaded their guns, posted lookouts, and sat back to await the "barbarians". By and by, they saw dust in the distance. Peering out through chinks in the barricade, the whites beheld their worse nightmares - a horde of Zulus approaching on foot. The crowd halted a few hundred yards away. A deputation detached itself and approached the courthouse. The Zulus knocked on the door. The wary whites opened a window, expecting to hear an ultimatum. Instead, the black men said "Why have you forsaken us? We see there is a terrible danger coming, because our masters have fled into this fort, and we are frightened, for we don't know what it is. So we came to ask if we could also come inside, to be under the protection of our masters' guns²⁵".

Stories like this one, which tell of misunderstandings and fear between cultural groups in Africa, are actually very common. Language and other cultural differences are part of our community. To communicate across these borders is not always easy, but it remains fascinating. For those among us who are willing to listen and willing to be drawn into the stories

of others, new worlds of understanding emerge almost daily. The difficulty of intercultural pastoral caregiving sometimes brings us to the verge of despair, but with a not-knowing and not-expert attitude we can venture into the borderlands and develop new ecological niches where being different can be experienced as the most fulfilling part of existence.

NOTES:

- 1 I Krause, "Personhood, culture and family therapy", *Journal of Family Therapy* 17 (1995), 364.
- 2 I Krause, *op cit*, 365-6.
- 3 C J Falicov, "Training to Think Culturally: A Multidimensional Comparative Framework" *Family Process*, 34 (December 1995), 373.
- 4 Falicov, *op cit*, 374.
- 5 Falicov, *op cit*, 374.
- 6 I Krause, *op cit*, 364.
- 7 Falicov, *op cit*, 374.
- 8 D W Augsburger, *Pastoral Counseling across Cultures*, Philadelphia 1986, 61.
- 9 G Bateson, *Mind and Nature. A Necessary Unity*, New York 1979, 30.
- 10 "Kraal" is an Afrikaans word used and understood widely among all people in South-Africa, referring to the fenced-off yard where a family or clan lives.
- 11 H R Niebuhr, *The Responsible Self: An Essay in Christian Moral Philosophy*, New York 1963, 92-3.
- 12 G E Boyd, "Pastoral Conversation: A Social Construction View", *Pastoral Psychology*, 44/4 (1996), 220.
- 13 H Anderson & H Goolishian, "Human Systems: Preliminary and Evolving Ideas about the Implications for Clinical Theory", *Family Process*, 27/4 (1988), 378.
- 14 Boyd, *op cit*, 215.
- 15 Boyd, *op cit*, 220.
- 16 Anderson & Goolishian, *op cit*, 536.
- 17 According to Boyd, *op cit*, No 4 (1996), 221.
- 18 J Haley, *Problem-Solving Therapy: The Psychiatric Techniques of Milton H Erickson, M.D.*, New York 1976, 9.
- 19 W O'Hanlon & M Weiner-Davis, *In Search of Solutions*, New York 1989.
- 20 H Clinebell, *Basic Types of Pastoral Care and Counseling*, Nashville 1977, 171.
- 21 Haley, *op cit*, New York 1976, 102.
- 22 Falicov, *op cit*, 376.
- 23 Falicov, *op cit*, 376.
- 24 Falicov, *op cit*, 376.
- 25 R Malan, *My Traitor's Heart*, London 1990, 226.