



Voices from Africa on Pastoral Care

Contributions in International Seminars
1988 - 2008

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**Intercultural
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and Counselling**

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**Nr. 20:
Voices from Africa
on Pastoral Care**

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- 2008**

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Introduction

In 2013 we can proudly and grateful conduct the 25th International Seminar on Intercultural Pastoral Care and Counselling. When I started the Seminars in 1986 in Düsseldorf in the “*Kaiserswerth Diaconical Institution*” with its old tradition since 1836, the intention was to have only one special international meeting on care and counselling. At that time I was the director of the Center of Clinical Pastoral Education (CPE) in that institution and wanted to promote more international exchange between East and West in times of the cold war and the “Iron Curtain” in Europe. As special speaker the world-famous Professor Howard Clinebell from California, USA was invited. Almost 100 participants showed up to talk and discuss about

HOPE AND WHOLENESS IN A THREATENED WORLD.

During the Seminar I told Howard about my motivations for initiating this gathering: to bring pastoral caregivers together from East and West for a discourse on new ways of care and counselling. And he encouraged me to enlarge the issue and the participants and include attendants and speakers from the South too, from Africa, Asia and South Americas. He convinced me that the West-East problems with the issues of peace had to be brought together with the North-South problems of poverty and justice – if there would be a second Seminar.

The Seminar 1986 was such a success that a small group of people representing the CPE Center Kaiserswerth, the Evangelical Academy of the Rhineland and the CPE Center of Halle/GDR decided to conduct such Seminars each second year. Therefore in 1988 a second International Seminar with the theme

PASTORAL CARE AND LIBERATION

took place, again in Kaiserswerth, with speakers from Africa, Brazil, India and Europe. Again it was widely appreciated. That was the moment when the mentioned group was deciding to have each year an International Seminar, and now moving to the house of the Evangelical Academy in Mülheim/Ruhr, a city close to Düsseldorf, with its larger and better opportunities to organize and conduct such big meetings with around 100 participants. We saw the need to promote the intercultural exchange, to learn more and more about care and counselling in different contexts of our world and to become aware of common spiritual backgrounds and cultural differences.

I have to thank especially two colleagues from these early times: *Rev. Brigitte Hiddemann* (Evangelical Academy) and *Rev. Klaus-Dieter Cyranka* (CPE Center Halle/Saale) for their support and energy they put into the preparation and organization of the meetings. We were able to invite a growing number of speakers from many countries and celebrated each year not only new inspiring experiences about the caring work of colleagues, but to become more and more a community of people who enjoy each other. I am grateful for many friends since these early years. Through all the years and Seminars until today one person has accompanied and promoted the intercultural work: *Klaus Temme*. He is the one who has been present through all Seminars and made countless contributions which shaped our work and organisation.

Important steps were made after the fall of the Wall in Berlin: we were able to have a Seminar in the former GDR in Groß Dölln 1991 north of Berlin and then we moved to Prague in the Czech Republic in 1994.

In 1995 the Seminars were well established, but the Evangelical Academy was withdrawing as a partner. What to do now? There the idea came up to found an association as the promoter

of the Seminars and other activities in the field of intercultural care and counselling. So on 17th of October 1995 the Society for Intercultural Pastoral Care and Counselling – SIPCC was founded as a tax-free association, according to German law. Since then the activities of the SIPCC have grown a lot – you can learn more about them under www.sipcc.org.

From the beginnings African speakers played a major role in the Seminars. They brought to us their concepts of care and counselling, they told us about the family systems in their cultures, they were talking about the situation of women and they inspired us with their deep spirituality. Through many years we learned about the cultures and faiths of our African sisters and brothers and we were happy when in 2009 *Rev. Archiboly Lyimo* from the CPE Centre in Moshi Tanzania invited us, to come with a Seminar to his country and to experience Africa not only via lectures and pictures, but to immerse into the African air, land, mentality, culture and faith. And then in 2010 we decided to go with the 24th Seminar to Moshi, Tanzania, in July 2012. That has been a historical event for our association: never before we were able to move so deeply into foreign cultural contexts, experiencing disturbing differences and at the same time such a close community. We appreciated the hospitality of our friends and it became clear: We have to continue with our friendship and co-operation. Therefore the SIPCC-General Assembly we had in Moshi decided for further co-operation with East Africa in conducting each year a “Week of Care and Counselling” and to offer education in supervision for those who are working in the CPE Centre at the Kilimanjaro Christian Medical Centre (KCMC) in Moshi.

As I already mentioned, “African voices” on care and counselling play important roles in our International Seminars. It is worth to listen to them again and again. Therefore I put some of them together in this volume. Some of the contributions already have been published in the issues of the SIPCC-Magazine “Intercultural Pastoral Care and Counselling”, other are from the times where the magazine was not existent. But all of them are worthwhile to read and to listen to them.

All readers are invited to reflect critically on the presentations and to bring them into contact with their own experiences in their own culture and religious affiliation. That is the predominant task of the SIPCC: To inspire people to share and to exchange and to learn from each other. I see more and more SIPCC as a spiritual “learning partnership” of people from many corners of our globe.

Helmut Weiss

Masamba ma Mpolo

Kongo, 1988

Spirituality and Counselling for Liberation

The context and praxis of African pastoral activities and psychology

topics

- *African spirituality*
- *Spirits and ancestors*
- *psychological interpretations*
- *implication for counselling*

Lecture at the International Seminar 1988

Introduction

My original intention was to speak on counselling for liberation as requested by the organisers of this consultation. After some consideration and due to the fact that counselling is rooted in the socio—cultural, philosophical, political and religious contexts of the people for which it is practiced, I thought it appropriate to share some ideas on what seem to be patterns by which traditional and most contemporary Africans look at and experience healing and deliverance as a spiritual and counselling process for wholeness and liberation.

Healing only by the use of the spiritual dimension is one of the new phenomena attracting thousands of people to the Christian churches in Africa today. It seems to be the quickest and easiest methodological approach to counselling for liberation from anxiety, fear, attack from evil spirits and as a way to seek protection from socio-economic and political possible aggressions. Counselling solely by the spiritual healing approach is contrary to the traditional ways of looking at life and methods of organising therapy for individuals and communities.

Traditional African cultures organised their thought and health systems in ways which did not relegate healing to the sole realm of the spiritual. Also, the economics and politics of "spiritual healing" in Africa today is an issue of great concern. Africa is invaded by spiritualities often untouched by the deep needs of the poor. We are faced with a dualistic spirituality, a self—satisfying individualistic pietism which reinforces the economic exploitation and political domination of the poor.

Pietism, whether personal or corporate, is often chosen over against the social implications of the Gospel. Some of us in Africa interested in Pastoral care and counselling and related pastoral studies are less preoccupied with the development of methods intended for spiritu-

al healing, that is, techniques which dwell on healing only through religion (Masamba and Kalu 1985; Lartey 1984»; Lutahoire 1979; Githiga 1982; Nxumalo 1985). Rather we are attempting to see it in the wider context of African spirituality. Healing through religion alone would impoverish the pastoral ministry and the witness of the Church in Africa and isolate it from the mainstream of forces that should contribute to the development and liberation-of the African people.

It is almost a cliché to say that the African sees life as one integral whole. Every profession and event had a spiritual dimension. Though distinguishable, politics, economics, ethics, ecology, marriage and family life were inseparable from one another and each was an integrated part of religion. This makes Bishop Peter Sarpong of Ghana to say:

"To the African, religion is like the skin that you carry along with you wherever you are, not like the cloth that you wear now and discard...the next moment". (Healy 1981:14)

This makes most people seek solutions to their various problems in terms of their traditional spirituality. Christian Beeta (1967:51) makes the following observation:

"Traditionally in Ghana, the solution to all problems of ill-health, as of concern or anxiety generally has been sought squarely within the framework of religion. On a worldview which assumes the effective presence of numberless sprits, and regards all life as one; with no clear distinctions between the material and the non-material, the natural and the supernatural let alone the secular and the religious; or even between man and other things and beings, this could hardly be otherwise".

We are aware of the many forces that have altered traditional spirituality. Assaulted by Western and Arab political, cultural, educational and religious dominations, the African people have experienced some changes in their personal and communal identities. The fact is, however, that the persistence of the traditional African spirituality is an observable factor that has been documented by many researchers. Thus, neither colonization, Christianization nor the slave enterprise had completely eradicated the traditional African spirituality and world-view on the Black continent as well as in South America, the Caribbean and North America where Black Africans were taken as slaves. Folk religions, typical Black Christian worship experiences, funeral practices, health systems and family organisations found in Black communities around the world give testimony to the existence and the persisting nature of Black spirituality (Stattles 1971; A. Smith 1981; Simpson 1978; Mulrain 1984; Frazier 1964). In his study on African conversion Horton notes that the Africans took from Islam and Christianity aspects of these new religions which met their needs; they maintained the relation between African religious belief, prophecy and healing against the wish of historical Churches which had abandoned these aspects of spiritual activity (Horton 1971).

Many Africans converted to Christianity run back to traditional spirituality especially when they have to find solutions to misfortune and poor health. People cling to African traditional spirituality as it contains positive human possibilities for wholeness and offers a kind of repository of other options beside Christian and Western medical systems.

Christian missionary spirituality, especially in the nineteenth century, attributed great importance to personal piety and to the union of the soul with Jesus Christ. Piety was expressed through rules and observances. This spirituality dwelt on denial and rejection of African traditional customs such as polygamy, communal living, belief in ancestral celebrations, and traditional medical systems. With some few exceptions, missionary spirituality was characterized with varying degrees of intolerance and aggressivity. Missionary dualistic Christianity exalted the soul over against the body, opposed redemption to creation,

the invisible to the visible, the sacred to the secular, the abstract to the concrete, etc. This spirituality was mainly concerned with the other world, with an emphasis on self-denial. The world was primarily looked at as a threat, as a source of contagion. It spiritualized the doctrine of salvation. This is what Bosch, the American anthropologist has said:

"Behind this lies the gnostic heresy that only the abstract, the idea, is the true being; the concrete—physical, by contrast, is in reality non-being, illusion. This spiritualization reached its peak... at the time when the entire biblical message was allegorized, when, for instance, a sermon on the miraculous healing of lepers was taken to refer only to the "leprosy of sin" from which we needed to be healed" (Bosch 1983:498).

Christian missionary spirituality ignored the cultural and psychic materials provided by traditional interpretation of dreams. The usual explanation given to the dreamers especially by confessors in the catholic parish missions is that the dreamer was not responsible for what was happening while sleeping, as in this state of mind, the human being was viewed as being entirely passive (Shorter 1978:283).

As ancestors usually appeared in the dream materials, to take dreams seriously was seen as an offence against God who said: "You shall have no other gods set against me" (Ex.30:3). Ancestors were viewed as being the other gods. Dreams and visions characteristic of traditional African spirituality were seen as manifestations of hidden evil intentions of the "natives". This missionary attitude was in opposition to the Old and New Testament traditions in which, as in the traditional African spirituality, dreams and visions are considered as media of God's revelation (Gen. 40: 1-23; Matt. 1:18ff; Acts 10:3ff).

Christian missionary spirituality ignored the universality of God's revelation. From the beginning of creation God's spirit covered the whole inhabited creation (Gen. 1:1-2) enabling also the African people to have communion with him and to create their own social structures and systems of health and healing. When examining the babalawo medical systems among the Yoruba (Makinde 1985), the Lemba among the Kongo (Janzen 1982) and when one looks at the usenakpo, a group of people specialized in the treatment of mentally disturbed patients in the Xgbo society or the nganga- mbuki, the healing doctors and the elders of the clans presiding over reconciliation sessions in the Kongo society, one is amazed by the existence of complex theories and therapies in response to afflictions.

At present, there exist a whole variety of religious traditions in Africa: Islam, mainline Protestantism, Evangelical Protestantism, Liberal and Roman Catholicism, Anglicanism, Orthodox traditions, Christian sectarianism, African Independent Church traditions, African traditional religion, etc. Each and all have an impact on present African spirituality. Africa is a continent and not a country. Its different ethnic groups have a variety of ways of looking at life and organize health system. But, even in the face of cultural change due to the influence of other religious traditions and western technology, certain elements are common and can be found in different forms that *homo africanus* organize health systems and worship services.

Basic elements of African spirituality undergirding health and counselling for liberation

I have chosen three elements which I consider as basic to African spirituality and its relation to healing and wholeness. In western Christianity and categories of western pastoral psychology, these elements could be regarded as culture and not spirituality. But as Dowson would say, culture is a "theogamy, a coming together of the divine and the human within the limits of a sacred tradition" (Dowson 1954:54). The Africans express and live

their spirituality through the totality of their culture and organize their health systems in the context of their world view. Culture is the place where *homo africanus* and the divine encounter each other in a network of relationships, representations, symbolisms and rituals. Thus, African culture is essential to African Christian theology which should give rise to authentic Christian spirituality in concrete expressions of pastoral healing.

1. Sanctity of Life

The first fundamental element underlying the African traditional spirituality and therapeutic practices is the *sanctity of life*. Life comes from and finds its origin in God and must be preserved by all means. Thus, the affirmation, the preservation and reinforcement of life dominate the theological thinking, social thoughts and health systems of the African traditional people. To live in the African traditional context is to participate in the protection of life, the survival of the family and the continuity of the community. One is called to share in the life-giving processes through ways of living in the community and one's capacity to transmit life to the next generation. If the child is seen by a Rwandese mother as "the field that we share with God" (R. Guillebeaud 1950:197), in the Kongo and many other African traditions, the childless woman symbolizes God's continuous creation through meaningful relationships, the childless woman is capable of creating with children of relatives and through her commitment and participation in the welfare of the community. She also becomes mother and bearer of life.

One lives abundant life when he/she shares life with others and lives it in communion with others. "Bole Bantu, bukaka nsongo", say the Kongo: "We are people when we live in community; in isolation we are like a plague". Among the Kongo, the word *moyo* which can be translated by soul, breath or life denotes also offspring and descendants. *Moyo*, therefore, is living life in the context of one's community and the family. One's life has meaning when it supports and strengthens the collective self. True death in the African context is the exclusion of the individual from the community because of his/her misbehaviours. This is one of the reasons why many African traditional societies had very elaborated initiation ceremonies. They served as means whereby the adolescents were incorporated into the adult community by going through a symbolic death to childhood, followed by a symbolic birth to adulthood.

At the end of the rites the young person becomes a new person. After having learned the ethical demands and the socio-political structures of the community, the young person joins the councils of the adults in order to contribute more meaningfully to the well-being of the community. During this period of initiation he incorporates into his psyche the following basic ontology which undergirds the African social structures, health systems and spirituality: "I am, because we are: *cognatus sum, ergo sum*" (Pobee 1983:6). This is to say that life of the individual is abundantly lived when it is shared and hidden in the life of his/her community (cf Luke 15:24; Col. 3:3).

2. Illness, misfortune and sin

This leads me to consider the relationship between *illness, misfortune and sin* in the African traditional spirituality. At the theoretical and practical levels the Africans, in most cases, established a correlation between morality and health and between sickness and sin. Illness and misfortune are associated with personal or group transgressions. The illness and death of an older person is accepted as the will of God. The sickness and death of a child, a young person and an active adult is however considered as a disaster and often explained in terms of the result of an offence against the ancestors, violation of social taboos, or an attack by deities and evil spirits.

In African traditional spirituality sin is associated with the breaking of prohibitions agreed by the community or inherited from the ancestors. The violation of moral acts leads to a severing of established relationship between God and his creatures, and between the living and the departed ancestors.

Certain foods and drinks are prohibited for social or totemic reasons. A good number of taboos involve sexual life. A Kongo widow should not have sexual relations before the end of the ceremonial period of mourning for her deceased husband.

A Kongo husband is prohibited from having sexual intercourse with another woman especially while his wife is nursing. The breaking of the taboo may cause the death of the child. To commit incest with a close kinswoman or adultery with a close kinsman's wife are looked as being sinful acts by the Lugbara because they destroy lineage and the community. Those who bury the dead in the Nuerland should not drink water until they are cleansed. Among the Ga of Ghana and the Kongo, anger, bitterness and resentment against others, especially if not expressed publically, are recognized as potential causes of illness. Bad relations between parents and children, between brothers and sisters, may cause illness due to ancestral displeasure. Sterility or frigidity may be attributed to the departed ancestor to whom appropriate ceremonies were not celebrated. The anger of an offended aunt due to the unfair distribution of the bride price may be looked at as cause of the death of young couple's child. Among the Kongo, the consequences of a sinful act done by a nephew against his maternal uncle may affect not only the uncle but also his brothers and sisters. Christian Gaba reports the following incident of a woman in Anloland who took her sick child to the shrine of her clan (Gaba 1971:26)

"Though the usual effective cure was administered by the priest, the child showed no signs of improvement but of aggravation. Divination later revealed that the sickness was a result of a prohibition violated by the mother of the child. After the woman had gone through the prescribed purificatory rites the child started to show signs of improvement and recovered finally though the same treatment was administered, at least so the priest affirmed, before and after his mother's purificatory rites".

These views are certainly in contradiction with the book of Job. But Job's friends were concerned that he should confess his sins as this was thought to be the only way sickness and misfortune could have got hold of him. Job was not satisfied with this expiration in relation to his situation, but unfortunately he did not offer any better doctrine in its place as the answer had to be found in this very personal experience.

The sense of violation against taboos is very much connected to the feeling of sinning against the Supreme Being (Olodumare in Yoruba - and - Nzambi in Kongo). Ancestral spirits, deities, family members and the whole universe are sinned against when taboos are violated. Healing is therefore seeking liberation from life-negating forces through repentance through confessions and reconciliation with all the offended parties.

Traditional healers, family elders and prophets in a number of African Independent Churches organize therapy around the traditional African axiom: illness commonly results from sinful acts. "You have violated a taboo of your clan and this has offended your ancestors. This is why you are sick". Traditional healers and prophets may use divination as one way of ascertaining relationships and broadly naming the shade afflicting the sick person.

The identification of the offending agent - even in some broad language - tends to "activate a series of associated ideas producing confession, abreaction, and general catharsis (E.F. Torrey 1972:14).

Case presentation No 1

In certain cultural groups such as the Kongo and the Ewondo (Cameroon), the extended family group serves as a *palaver therapy* group for the sake of the sick person for whom healing is sought as well for the equilibrium of the community. MAKANG ma Mbog provides an example with the Eseye ritual used by the Ewondo (Xakang 1969). Zana is sick and the diviner had diagnosed conflicts in the extended family as the source of illness. He called members of the extended family for healing through confession, repentance and forgiveness. The elder of the clan presides over the session. Members form small sex or age groups in which each member expresses feelings held against Zana and to the assembly the feelings and expectations of each group.

Here is how it went:

- 1) The speaker for the brothers' group reports:

Brothers are upset with the patient because he does not care for them; he steals from them. Four of the brothers want some restitution. Three brothers are asking for a share in the bride-price he holds for their married sisters while the fourth, more upset than the others, requests the restitution of his stolen four goats. Now our brother will not die.

- 2) The speaker for the children's group reports:

Elder, the unmarried sons of your brother, especially the younger ones, are discontented with their father. They accuse him of being egotistic because, even though he is a well-to-do-man, he does not want to help them get married while he himself has five wives. Thus, they were unhappy and had willed him to die. But now, they wish him good health.

- 3) The speaker for the women's group tells of their unhappiness, anger and wishes for good health.

- 4) Then the elder brother summarizes the feelings of the group by declaring:

My brother will live. Those who have willed him to die are for his recovery. He will get better. But we have to offer sacrifices to the ancestors, so that they return to us our brother whom they have already welcomed into their world".

Makang does not tell us the outcome of this palaver therapy session. Did it ameliorate Zana's health? The only thing we are told is that people identified possible causes of Zana's ill health. The patient accepted his wrong-doings and promised to respond to the requests made by extended family members. This type of therapy provided Zana with a social context by means of which unexpressed anger to family members toward the patient and Zana's possible inexpressible guilt feelings were brought into consciousness and certainly contributed toward liberation from anxiety, anger, jealousy, exploitation, guilt feelings and brought health to Zana and to the community. The ritual of sacrifices to the departed ancestors cemented the community and renewed people's allegiance to one another and to their social functioning.

3. Spirits and ancestors

The place occupied by spirits and ancestors in African traditional and many African Independent Churches health systems is part of the African spirituality that has to be taken seriously in pastoral care and counselling and other pastoral ministries of the Churches in Africa. As indicated earlier, the African cosmology is believed to contain a constellation of powers which constantly interact with human beings and influence, for good or for ill, the course of people's lives (Mibiti 1970; Ela 1977; Mahaniah 1981; Sawyerr 1972, 1976).

God, as the creator of life and the power which orders the universe, is best revealed in and through ancestors, lesser deities and spirits. The Visugu of Kenya believe that mischievous spirits and divinities may use sorcerers to bring about misfortune, illness and cause death of disobedient family members (Mbiti 1970). When a woman loses several children in succession, it is believed that it is often the same child who returns to punish the mother for some of her misbehaviours or sin committed against a kin member which has not been confessed and atoned for. These children are believed to belong to a group of evil spirits who spend a short period on earth before returning to their group. These *abiku*, as they are called by the Yoruba, or the *obanje* by the Igbo, or the *nsunda* by the Kongo, are given a ritual name as a protective measure when they are again born. This prevents them from returning to the other world of the spirits (Idowu 1962: 123 and 181 ff).

Some Aladura Churches in Nigeria organize rituals; some have special prayers where the protective power of Christ and the Holy Spirit is invoked. Robert Mitchell in his study among the Aladura Churches was given another method by an older prophetess. She said that she was able to tie down to earth the *abiku* (also called the emere child) by reading psalms 70 and 91 and praying while burning some candles.

R. Mitchell provides the following interview with a mother with an emere child which took place at a Younger Apostolic Church (Masamba 1976: 135):

"I began to notice that my child is an emere a year ago when she would play throughout the day and develop illness in the night. Her temperature grew high and she was weak. She turns her eye balls in such a way that makes one's blood curdle and one's heart beat for fear that she would die. I tried University College Hospital and Adeoyo Hospital whenever she has this illness. She was admitted to the hospitals at different times and yet the illness was not cured. One thing I noticed was that in the day time when she played, she would always say, "I am going home", "I am going to my husband", etc. Whenever she would say these words in the afternoon she would be sick in the night. She had been keeping me awake for several days until somebody told me she was an emere and that I should try the Prophetess...".

The African traditional understanding of illness may be summarized as follows:

1. Illness is very often the result of wrong-doings. Thus, sin and its consequences are part of the same process whereby the individual is invaded by forces of death which are contained in the acts of disobedience to agreed moral norms which also affect ecological balance;
2. in the African traditional spirituality there is no sharp distinction between body and mind, between the spiritual and the physical;
3. the sin of an individual can have consequences on the health of another person or the health of the entire community and family. Sin opens the doors for life-negating forces to disturb the individual health and upset the ecological and the entire social equilibrium.

Good and evil spirits which contain the African world are capable of influencing human lives. Thus, many patients who visit traditional healers, western medical clinics or seek release through pastoral care and counselling or "spiritual healing" events describe their ill health in term of spirit possession.

Case Presentation 2

The following is an example of experiments in "Spiritual Healing" at the Sister Buck Memorial Hospital in Chikore, Zimbabwe (Donaldson in Masamba 1976:140) :

A simple illustration of a case of possession by an evil spirit was that of a patient who became sick at a beer drink. This took place at her home, and many people thought she had been beaten by a spook, a type of evil spirit. They took her to the witch doctor who thought he knew the type of medicine to cure her but was unable to do so. She was brought to the hospital. "When I saw her on the wards", Rev. Mundeta explained, "I could tell from her face she was troubled and I called her to come to the pastor's praying room called *gome*. There I discovered that she was full of fear from which most people beaten by spooks die. She was complaining of pains over the entire body. I talked to her of God's power which is above that of the witch doctor who was unable to remove the evil spirit, and I held a prayer with her and sent her back to the ward.

The next day she was better and I prayed with her again. The next day she was well and went home. The evil spirit had gone and she no longer had any fears. This woman was treated for malaria, but it is hard to avoid the impression that the relief of her fears through prayer were also part of her recovery.

Case Presentation 3

A Zion prophet in Zimbabwe makes the following diagnosis on Finias' wife (Daneel 1970:38):

Your in-laws are at loggerheads with you because of the bride-price. For this reason your wife is possessed by a malevolent spirit. You have thought that the spirit was sent by your enemies, but now you know it comes from your in-laws. Take your wife to her house at a later stage, and leave her there for a while. If you take her home directly from here, the spirit will have even greater power in your wife than, is the case today. Her parents must also do something so that the spirit can leave her. Therefore she must stay at home until she is back to normal.

The prophet ended with the following words of assurance: "I (meaning God) shall accompany you to the house of your in-laws. My servant will guide you and your wife".

Case Presentation 4

In African traditional spirituality, possession as well as bewitchment and any other illness clearly indicate that illness is an invasion of the body powers which negate human life. Seen and unseen, evil and good powers cohabit with human beings, the good spiritual powers protect members of the family. They can however punish human beings when they violate social norms.

The departed ancestors are part of this constellation of living spirits. By virtue of their moral integrity which made them to become ancestors, they live in the proximity of God and are believed to possess special powers. They enable the birth of children and protect the living members of the family from attacks by malevolent spirits. As those who sanction the moral life of both individuals and the community, the ancestors are the guarantors of individual and community health. They use dreams as one means par excellence to communicate their wishes. "The people commune with God by conforming to the ethical and religious paradigms set by the ancestors" (G.C. Montilus 1983:52).

The following case, similar to the one I had previously presented (Masamba 1985) is reported by Ebigbo and Ihezue of the Department of Psychological Medicine at the University of Nigeria in Enugu (P.D. Ebigbo and U.H. Xhezue 1982: 70-73). It provides the spiritual context conducive to healing and wholeness.

This patient was a 39 year old man. He was the first born male child of his father, who married two wives. His mother was still alive while father died many years ago when patient was 19 years old. His mother had seven children; three females and four males.

He complained of restlessness, heat in the head, the constant feeling that he would "go mad" the next second. He reported hearing the voices of his deceased father but could not make out what it was. At the time when his father died he and his mother were very poor and they had enough to bury his father but not enough to accord him a second burial after one year of his death according to custom.

The patient was, however, brilliant and soon secured a scholarship to study Engineering in U.S.A. He successfully completed his M.Sc. in Civil Engineering and has since returned to take up an enviable job with a construction company here in Nigeria. He had built a nice house in his village and drove a Mercedes Benz car. Some psycho-tropic drugs were used to control his level of excitement and an inquiry into his concept of illness was indicated. Patient was born and brought in the village before he went to study in the cities.

When a person dies in Igbo land, the whole village gathers in the deceased person's house and there is wake-keeping through the whole night. People spend the night mourning the dead with some melancholic music. The next day the person is buried and people eat and dance the whole day and then disperse. The first burial has thus been completed and the dead crosses safely to the world beyond. He or she, however, has no definite place among the ancestors until he/she is given a befitting second burial usually one year after his/her death. During this ceremony, cows and goats are slaughtered depending on the availability of money and a big feast is celebrated. Heavy guns are shot to indicate a big and memorable event. The feast is supposed to enable the dead to finally take his/her place among the spirit of the ancestors. The bigger the feast the higher the status of the dead among the ancestors.

Children of the deceased, especially the first born male, are accorded social recognition after a big and successful second burial. However, an Igbo adage goes thus, "Accord your father a second burial if you have the money even if you are not the first male".

Social recognition is commensurate to the size of the burial ceremony.

If however, the feast is not performed, scorn on the part of the society, inferiority complex and remorse of conscience on the part of the first born male, may be the result. The deceased has no respect among the ancestors and will be angered and will continue to inflict misfortune to the responsible child until a traditional healer is consulted, who diagnoses the cause and orders a second burial immediately. Part of this anger can be the infliction of mental illness on usually the first born male. Many years can elapse before the revenge is taken.

On intensive exploration, our patient reported that his age mates had once scorned him by saying that he earned very well and drove a Mercedes Benz car but was so stingy that he could not even do his father the favour of a second burial. He was always aware of this, but said it was a long time since his father died and moreover he had become a Catholic and no more believed in "such stupid and superstitious things".

His wife had only two children, both females and 12 and nine years old respectively. All his effort at his wife getting more children had proved abortive. She took in regularly and lost the child each time at the third and fourth months of gestation. Finally she no longer could become pregnant. The relatives of the wife had consulted a traditional healer, who by divination found the patient's father was responsible for the daughter-in-law not getting a child and that he, the father, was angered because his son did not want him to rest in the ancestral world by according him a befitting second burial. Furthermore, the traditional healer warned that the patient's father would increase the punishment if his son did not hasten to perform his duty.

"Having secured these information after a series of intensive interviews both with the patient and with members of his extended family, he was discharged from treatment with the instruc-

tion to organize as quickly as possible his father's second burial. He went home and celebrated his father's second burial, slaughtering seven big cows and giving the people one of the most memorable second burial feasts in his village. He came back from the village totally symptom-free and reported proudly that his age mates were full of praises and admiration for him.

One month thereafter his wife became pregnant and had successfully maintained the pregnancy over the third and four months. The diviners said that the woman would deliver a baby boy because the patient's father was reincarnating for him as an expression of gratitude". At birth she surely gave birth to a baby boy as predicted by the diviner.

Case Presentation 5

The following case is reported by T.A. Lambo, a Nigerian psychiatrist working now as Deputy Director with World Health Organisation (Lambo in A. Kiev 1964:445-446):

"In 1960, I described the case of an English University-trained West African patient who had been promoted to the Administrative Service, superseding quite a number of able West African contemporaries by virtue; it was alleged, of his high social positions and contacts. A few weeks after his promotion, he had an accident in an unusual circumstance and became terrified that his colleagues were trying to get at him in a mysterious way. During this period, his grandfather appeared in a dream, assured him of long life and asked that a goat be sacrificed. He bought a goat the following day, carried out his instruction and quickly recovered from his severe anxiety state."

Even though he did not want to discuss the matter, the patient conceded that he believed there was something in this 'native thing'".

Some Concluding Remarks

It is evident that the last two patients are torn between two interpretations of illness and methods of arriving at some state of better health. If intellectually the western dualistic world view makes them look at their cultural heritage as 'that native, that superstitious thing', unconsciously, they still carry the cultural beliefs which have become part of their repressed spirituality. Most cases cited above can be explained in terms of psychopathology.

Anxiety neurosis is often observed among acculturated individuals exposed to social stress (Lambo 1962:454). Most of psychoneurotic patients are in the process of renouncing or have renounced their culture while failing to assimilate the new. *Hysterical neurosis* has been observed as a mass phenomenon in Eastern Africa at the eve of independence. In 1962-1963, a *hysterical neurosis*, dissociative type commonly called *laughing mania*, was experienced in some parts of East Africa. School girls over a large territory experienced agitation, anorexia, a craving for smoking. All this was said to have been done in response to the orders received from the spirits of the dead family elders. They heard voices and saw the faces of their ancestors. This phenomenon repeats itself very often. In 1984-1985 many school girls in rural Kenya had the same experience. These girls, living in protected hostels, are deprived of contacts with their male partners. Their hysterical neurosis becomes a way of collectively revolting to new mechanisms and structures of social colonisation; they constitute passive means of political liberation. *Delusional state* organized around cultural systems of collective representations such as possession by bad spirits, attacks by sorcerers, etc. occur when: (1) the individual is in a difficult situation and has to face it alone; (2) when the patient's relationship with his/her group and environment has been disturbed and (3) when the new situations require a considerable amount of adjustment to his/her social personality.

It has been noted that, in most of these cases psychoanalysis does not necessarily bring much release to the patients. As patients construct their illness around cultural interpretations of causation, traditional psychotherapies seem to better provide the spiritual release.

In East Africa where the phenomenon of possession has been noticed the most, some Churches have developed collective caring systems: exorcism, prayers, confessions, and healing baptismal services. Small Christian groups of the Naberera congregation in Tanzania have been working around the healing powers of baptism for patients, who are possessed by the "demon".

The whole Christian community participates in instructing, reassuring the patients and their family members of Christ having conquered evil powers through his own baptism and resurrection. It has been observed that people who go through intensive instruction about the significance of the baptismal act, the meaning of God's Word and then get baptized in the name of the Triune God, have never become repossessed. "On the other hand, of those who were baptized without thorough instruction or faith in the Lord Jesus Christ, many became repossessed" (Benson 1980:57).

Ancestors no longer speak for themselves or protect and defend the poor. They are becoming servants of those in power. Thus, the child personality which may also characterize the spirituality of those who still believe in their ancestors has to be nourished by psychosocial and political analysis of their personal and communal lives in order to sustain people's adult spirituality and liberation movements.

The Church in Africa should call upon the liberating power of the ancestors and that of the Holy Spirit and should exorcize over other forces by challenging and contributing to changing social, political and any other structures, institutions and cultural aspects which are used by the powers of darkness to oppress and exploit the poor and the weak. Exorcism involves power struggles and the Church, in living its spirituality, should not be afraid to use the power of healing and casting out demons received from Jesus Christ who said: "Fear not, little flock, for it is your Father's pleasure to give you the kingdom". (Luke 12:32).

Another component to be taken into consideration in developing pastoral counselling and promoting spirituality for liberation is to devise liturgical celebrations around the liberating acts of God.

Christian Gaba, when studying the concept of salvation (dagba) among the Anlo people of West Africa, found the following introductory words to a traditional worship service used by the priest in welcoming believers to the service and sending them back to their community:

<i>Priest:</i>	And also behind you. Should the
You shall not worship trouble;	Heat of misfortune surround you,
You shall not worship poverty;	May it be turned into abundant life for
You shall not worship sickness;	your..."
You shall not worship death;	
It is only "God" that	"Gathered as we are here today,
You shall always worship. May	Lord, it is life that we desire.
He provide a firm support before you,	Here is the life that we need".

Congregational response: Akufia; Akufia; Akufia¹

¹ Akufia is untranslatable Anlo word. When it is said by worshippers, it is accompanied by throwing both hands alternatively over their shoulders as if scooping water over the whole body during a bath; this symbol-

The Christian God is a God of deliverance, a God of salvation, a God of freedom and liberation. As Moltmann would say: "At the heart of the Old Testament traditions is exodus from political slavery into the promised land. At the heart of the New Testament traditions is resurrection from death into the life of the messianic time".

Exodus and resurrection, moving from death to life, celebrating life in the midst of death, saying no to death and yes to life, should be at the heart of every Christian worship and counselling. Where the Spirit of Lord is, there is life and where there is life and life in Christ, there is liberation (2 Cor 3:17).

The mystery of God in Christ liberating those who believe should be celebrated again and again with those in the midst of cultures and political systems characterised by oppression, exploitation and domestication of people's minds. The main aim of counselling and other pastoral activities in Africa should lead toward creating critical conscience and authentic liberating faith.

"Toute experience spirituelle authentique apporte une liberation profonde. C'est une renaissance: Plus le malade met sa confiance en Dieu, plus c'est une nouvelle vie qui commence pour lui; et ce qui est de l'ancienne vie, de l'instinct de mort, et du manque de reconciliation se resoud" (Laurent Fabre in *Lumiere et vie*(211:36, 1972).

The last factor is a reminder and a challenge. The African traditional counselling, healing and priestly ministry is consisted not only in healing the individual human being but also and foremost in the healing of the corporate group. The traditional doctor understood that sickness of the patient was an indication that something was rotten in the life of the corporate body.

The patient could only get better until all the injustices, tensions and aggressions in the group's interrelations had been brought to light and exposed to ritual treatment. Is not this a challenge to those of us in the healing professions? How do we deal with social, economic, political, international aggressions which contribute to the creation of national sicknesses and a rotten international community? How do we contribute to an international, an ecumenical pastoral counselling and spirituality that could help our-governments and churches toward repentance, mutual forgiveness, reconciliation and a supportive solidarity? How do we develop strategies, structures, liturgical celebrations, as Christians in healing professions, with Christ as the symbol of "the liberation of all the nations" (Rev.22.3)?

izes a total immersion of oneself in, and dramatization of the total well-being that salvation confers (Gaba: note 10, p. 1U9). It is equivalent to the Christian Amen, that is: let it be.

Emmanuel Y. Lartey

Ghana, 1989

Healing Communities in Africa

topics

- *healing*
- *traditional communities in Africa*
- *independent church communities*
- *implications for counselling*

Lecture at the International Seminar 1989

In our context healing means taking away from a person a disturbance in life which acts as a deprivation of self- fulfilment and which is considered an unwanted parasite. In whatever way we take it, the expected result is to release someone from a stumbling block to human fulfilment. This may be taken in a physical or spiritual sense Healing includes the aspects of suffering which affect even the moral and spiritual life of the sick person.

Emmanuel Milingo, *The World in Between*,
(London, C. Hurst & Co, 19 84, pp 24,25.)

Any attempt to examine the practice of healing in Africa has had to come to terms with the fact of the inability of modern scientific medicine as practiced largely in western countries to deal therapeutically and completely with the physical and psychological, socio-economic, political and spiritual needs of the African continent.

The once popularly held notion that the advance of western scientific education and medicine would bring to an end the so-called "primitive superstition" of Africa and the third world has simply not been fulfilled. Today western trained medical practitioners by and large are beginning to call for closer co-operation and integration of their activities with those of traditional African healers and diviners. In some instances the cost of the western medical enterprise alone has proved its inappropriateness as the sole means of health care delivery. To cite an example from Ghana, West Africa:

As at the end of March 1988 the population totalled 13.65 million out of which 4.37 million lived in urban areas and 9.28 million lived in rural areas. The total number of medical doctors in the whole country including both public and private sectors stood at 965 of which 779 (or 80.72%) and 186 (ie 19.28%) were in the urban and rural areas respectively. These figures give a national ratio of 1 Doctor to 14,145 persons. This is even more striking when we then

note that the ratio in the urban areas is one Doctor to 5,609 persons while in the rural areas it is one Doctor to 49,892 persons.

Of General Hospital beds there are 10,634 ie one bed to 1222 persons in the population. There are eight regional hospitals, district hospitals, 11 special hospitals, 35 mission hospitals, 74 health centres and 177 health posts. All this means that 86% of the medical health facilities are located in the urban areas, where only 31.28% of the population live.

These figures are fairly representative of the situation in many countries in Africa today. The distribution of medical health facilities is highly skewed against the rural areas. A model of a medical care delivery system which will actually meet the needs of traditional societies in Africa and elsewhere in the so-called Third World has been the concern of many.

The development of Primary Health Care programmes, community development systems and other attempts at holistic rural development schemes to promote health and prevent illness rather than merely to cure diseases has been the interest of researchers into medical 'care in Third World countries.¹ These models have attempted to take into consideration socio-cultural imperatives, demographic characteristics, insights from medical sociology and especially medical anthropology, as well as the nature and type of health problems located in African communities. Agriculture, nutrition, sanitation, water supply, sewerage and drainage systems and the inter-relationship between health and socio-economic factors have come to the fore in discussions on health care delivery in Africa.

One of the most interesting and in my view, important developments in the last few years has been a resurgence of interest in the place, role and function of the traditional priest/healers, herbalists, and that class of person who was erroneously and pejoratively described as "witch-doctor" or "fetish priest", traditional birth attendants and other categories of traditional medical practitioners in the health care delivery system in traditional and especially rural Africa.² This resurgence has by and large been a more healthy one. Researchers have tried to actually enter into the world of these practitioners to attempt to understand that world instead of the rather simplistic dismissiveness characteristic of certain missionary enterprises.³

Historically as well as contemporaneously there exist in almost every village or town, hamlet or community in Africa, traditionalists who have been involved in health care, spiritual and physical protection and the upkeep of traditional values, rituals and customs in the communities of which they are a part.

In response to the request to address myself to the topic 'Healing Communities in Africa' I have decided to attempt to discuss the activities of two kinds of communities in Africa today involved in healing. In both these communities there is evidence of *continuity* with the past as well as *change* as a result of socio-economic conditions, the impact of technological innovation and the influence of foreign cultures.

¹ Notably the Christian Medical Commission (C.M.C.) of the World Council of Churches (W.C.C.). See CONTACT (W.C.C.) Journal Nos. 29, 70, 71, 75, 76, 77, & 79 particularly. The August 1989 issue (No.110) examines a very relevant Community Primary Health Care Project in East Africa.

² As evidenced by numerous researches and television documentaries notably by URTNA. Also see Kofi Apiah-Kubi, *Man Cures, God Heals*. Totowa, N.J.; Allanheld, Osmun & Co., 1981.

³ For example, Eric de Rosny, *Healers in the Night*, New York, Orbis Bks., 1985 & Michael C. Kirwen, *The Missionary and the Diviner*, New York, Orbis Bks., 1987.

These two communities are:

- (i) The traditional healing communities and
- (ii) The independent indigenous Spiritual/Pentecostal Church Communities.

Let me say at once that these are merely convenient categories that I am choosing to use to describe vastly diverse groups. There are very many different types of traditional healing communities spread across the vast continent of Africa. Similarly, of the second I have elsewhere stated that "it might be that labels and categorisations rather than enhancing understanding of the groups as they are, serve to colour or influence the very reporting of them."⁴

In this paper I shall attempt to discuss these communities in general terms and seek to point out that they are or else have the potential to be;

- (a) Religious or theological communities.
- (b) Authentic integrative communities.
- (c) Sharing and Caring communities.
- (d) Suffering communities, and
- (e) prophetic communities

I The Traditional Healing Communities

In Africa, medicine has always been practiced by traditional priest-healers. Healing, exorcism, divination, diagnosis and the restoration to wholeness of ill or disturbed persons are seen as crucial functions of the priest. The practice of traditional medicine is derived from the supernatural assumptions underlying the traditional worldview. To the traditional African, disease and death are caused *ultimately* by spiritual forces. The universe is full of spirits which for one reason or the other may act for or against human beings.

The African then predominantly interprets the world theologically rather than in scientific terms. The spirit world and the physical world interact continually. The world of natural phenomena may be viewed by the African as part of spiritual reality for both worlds are real.

Traditional healing communities derive their legitimacy from shrines inhabited or visited by a "god" or spirit power. Like the pool of Bethesda in the gospel of John (5:4) which was imbued with healing p

Traditional healers are most often "chosen" or "elected" by a spirit associated with a shrine and a healing community. This usually occurs in the form of an initial possession followed by a slow recovery. The person is thereafter in contact with supernatural powers and can enter a trance in diagnosis of a disease and in prescription of a cure.

Augsburger, based on research in various traditional cultures,⁵ argues that the "calling" of a traditional healer may come through a rich variety of channels:

- (1) Inheritance of the role from parent or grandparent.
- (2) Appointment by relatives, elders, other healers or the spirits or gods.
- (3) Apprenticeship by seeking training from a healer, gaining entrance into a cult or guild, or gaining knowledge, rituals or charms through purchase or theft.
- (4) A crisis experience of possession, a vision, dream, trance or drug-induced journey.
- (5) Miraculous healing from an illness, injury, accident lightning or attack by animal.
- (6) Exceptional gifts such as high intelligence, emotional control or wise judgement.
- and
- (7) Disability or deformity.

⁴ E.Y. Lartey, *Pastoral Counselling in inter-cultural perspective*, Frankfurt, Peter Lang, 1987, p.135.

⁵ D.W. Augsburger, *Pastoral Counselling across cultures*, Philadelphia, Westminster Press, 1986, p.278.

"Anyone or several of these in combination may certify the person to the self and the community as a healer who can be trusted with illness and cure."⁶

In Ghana, especially among the Ashanti, relatives may call in a recognized traditional priest/healer to interpret a particular person's possession state. Once the traditionalist has been able to ascertain the particular spiritual agency at work in cases of selection for healing work, the final decision to permit a person to enter into training is left to the individual in consultation with the relatives.

The process of training involves a number of years apprenticeship during which the novice learns a great volume of songs, drumming, dancing, herbal remedies, incantations and treatment lore. This takes place in the 'shrine' - which acts as a Teaching Hospital - the centre of the healing practice, the place where clientele visit when treatment is in progress.

Twumasi explains that

"Although he (the novice) is not isolated from the entire village community, he must observe many restrictions and fulfill many obligations. In essence he is in a new community with a community."⁷

Both men and women are accepted as traditional healers and are *trained* separately at appropriate shrines. A novice initially spends time getting to know his or her trainer and proving his or her attentiveness, discipline and obedience. On ceremonial days he or she fasts. Taboos are placed, among others on gossiping, drinking alcoholic beverages, quarrelling or fighting, sexual intercourse during the period of training, adjuring spirits to kill or harm someone and going out at night to join other young men or women. He or she is under constant observation during the period of training.

Novices are besmeared with white clay and are not allowed to have a haircut. Their distinctive appearance with long, unkempt hair and rust-coloured cloth sets them apart and designates their calling.

They are taught the names of trees, plants and ferns and the spiritual properties of each. Also much of the instruction concerns the 'god' or deity the candidate is training to work with for he or she will be an intermediary between the people and the god.

Candidates are also taught the art of divination. Aylward Shorter has the following useful piece concerning divination out of his work in East Africa.⁸

"Divination is a form of revelation. It goes beyond mere diagnosis, the examination of the patient and the knowledge of natural cures and remedies, to include the analysis of dreams, the restoration of mental hygienic balance and the dynamics of human and supra-human relationships."

The heart of African traditional medicine is the restoration of harmonious relationships throughout the whole cosmos. Through ritual and symbolic suggestion as well as therapeutic interventions both herbal and psychological, African traditional healers seek to bring about harmony between the Supreme Being, the deities (or messengers and sons of God), the ancestors, humanity and nature. Their healing work includes social analysis, family therapy and spiritual restoration.

The traditional healer may exercise social power - the power of channeling, resolving or utilising social conflicts embedded in the tribe or community. They often function as conflict

⁶ Ibid.

⁷ P.A. Twumasi, *Medical Systems in Ghana*, Accra, Ghana Pub. Corp., 1975, p.27.

⁸ A. Shorter, *Jesus and the Witchdoctor*, New York, Orbis, 1985, p. 8.

experts who detect the active agents of conflict situations and exercise the power to control or direct them. The *nganga* in Zaire is seen as a great peacemaker and guardian of the community. He has wide knowledge of such things as the history of family lineages, the origin of villages, the relationships among clans, the roles and psychologies of each member of the community. He uses these data to restore or maintain the necessary equilibrium in community relations.

One fact which is often overlooked is that there are different specialists within the community of traditional healers. Among the Akans of Ghana there are at least three specializations: (i) *obosomfo* (ii) *okomfo* and (iii) *Dunsin yi*.

An *obosomfo* (lit. "person of the gods") is usually a medium through whom spirit entities work. An *obosomfo* may or may not possess any secret knowledge or powers of his own. In many cases his role is limited to introducing human clients to the spirits and performing the rituals the deities request. *Obosomfo* (plural) see to it that taboos are not broken with impunity and serve as mediums for the spirits when they wish to communicate with humanity.

An *okomfo* may serve similar purposes as an *obosomfo* but has added responsibilities. *Okomfo* means "dancer of the gods" and dancing is one of the main features of this office. An *okomfo* usually knows the use of herbs for medicinal purposes, and his role approximates that of pharmacist in that he or she dispenses medicine prescribed by the spirits. In most Akan communities, female *akomfo* (pl.) outnumber males. It is this group of specialists who have often been described as "fetish priests" or "priestesses" - and are noted for their vigorous, frenzied dancing. They are but one type of traditional healer and are by no means the highest in the traditional medical hierarchy nor the most powerful.

A *Dunsinyi* (lit. 'master of medicine') is usually more powerful than the others in terms of his knowledge and application of skills in dealing with the sick and afflicted. One distinguishing characteristic of this consultant is that unlike the others his body is never possessed nor does he dance for any spirit. A *Dunsinyi* instead works in co-operation with the spirits and sometimes even manipulates them. A *Dunsinyi* is a man or woman of knowledge in medicine and in Akan terminology "knowing medicine" includes the ability to utilize spiritual power for the purpose of saving or destroying physical lives. A "knower of medicine" must be able to cast spells, neutralize spells and protect against spells. In addition to his strictly medical functions a *Dunsinyi* often serves on the traditional council advising the traditional ruler (or chief) on matters of socio-political, economic and religious significance.

Research indicates that members of the public visit traditional healing shrines for two main reasons:

- (a) For protection from evil
- (b) For curative rituals

The traditional healing community then performs a preventative, protective as well as a curative function in the wider community.

(a) *A Theological Community*

It is evident that the traditional healing community derives its efficacy from beliefs in God, deities and the interaction between unseen reality and the physical world. Unlike western scientific medicine which precisely distances itself from the "supernatural" the connection between these two worlds is the key to the practice of medicine in traditional communities in Africa. Perhaps this is an area which particularly Church related medical enterprises need to explore further.

The ease with which discussions in Africa include as an integral part, the religious or theological aspects of life can be a necessary corrective to a more reductionistic embarrassment with the legitimate religious beliefs and experiences of human beings. However this must not be seen in escapist or evasive terms. Such explanations can easily act as defence mechanisms against a coming to terms with realistic human responsibility for the causation, prevention and cure of human illness.

(b) *An Authentic Integrative Community*

Traditional healing practices are often culturally congruent and internally consistent within the worldview and frame of reference of its clients. Practitioners of medicine be it scientific or traditional find it helpful when the patient shares enough of their beliefs and attitudes to make acceptable a professional or logical explanation of disease. It goes without saying that each society develops what appears to it as a reasonable explanation; not to provide such an explanatory model would result in an intolerable existence.

The community of traditional healers is internally consistent and finds external congruity with the basic worldview and belief structure of the people. It is therefore an authentic and potentially powerful healing community.

The question is, how can it provide the same for a rapidly changing and westernized Africa? The traditional worldview is being abandoned by many. It can therefore be the source of much sorrow and even psychological illness for those who try to live and work in a different ideological climate. Here again the response of the Church is called for in the recognition and articulation of an authentic African Christian theology which is integrative, pastoral and therapeutic.

(c) *A Sharing and Caring Community*

Traditional healing communities are places of learning, spiritual direction, apprenticeship, discipline and care. The shrine is a place where the distressed, the ill, the bewitched, the troubled and the bereaved converge. Here there is an attempt to bring people together in a sharing and caring way and to foster the growth of families within which there is harmony. Often the traditional healers diagnosis or the spirit's revelation is in terms of broken or distorted relationships. Here the patient and the healers enter into a therapeutic bond in which they understand and come to know each other as persons. There is much potential for wholeness here.

(d) *A Suffering Community*

In traditional medical practice the explanation of many illnesses are found in some antisocial behaviour on the part either of the patient or of some persons closely related to him in the family. A breach in social relations threatens the very survival of the traditional society because it is based solidly on mutual interdependence. For example, if a young person who is known to be disrespectful or insulting dies at the shrine, an adequate explanation is offered by his misconduct. Either it is argued that his ancestors had punished him with death because of his misconduct or it may be said that his own *okra* ("soul") had killed him because it felt disgraced by his conduct.

The pain of the healing community is faced both in diagnosis and death. This pain is shared with the wider community where the loss is located. The traditional healing community as a 'community within a community' bears as well as comes to terms with and sometimes overcomes suffering.

(e) *A Prophetic Community*

The priestly function of traditional healing communities as intermediaries of the gods, spirits and ancestors often results in their intervention in issues of social justice as well as environmental and ecological matters.

It is commonplace that in traditional Africa the gods and ancestors are the custodians or guardians of society's morality. There are times when the dancing of the *akomfo* and the divinations of the *abosomfo* indicate that some persons are being unjustly treated by others in the society. The diagnosis of the society's maladies is also the function of the African traditional healers. Ghanaian novelist Ayi Kwei Armah's acclaimed book *The Healers* points out that it was the traditional healers who foresaw the destruction of African culture and exploitation of the peoples through the advent of the European.

II The African Indigenous Independent Spiritual/Pentecostal Church Communities

My discussion of the African indigenous independent Spiritual/Pentecostal Church communities will proceed under the five rubrics I have outlined. Since there have been several studies published on these communities a description of their activities would not be necessary.⁹ Suffice it to say that most of the better established of these came into existence during the first twenty years of the present century (around 1920). They were formed and grew largely because of the failure of western mission-founded churches to accept or integrate "charismatic" experiences especially in the area of healing, into their faith and practice. These churches are broadly termed "Spiritual Churches" in West Africa precisely because of their emphasis on the spiritual gifts (pneumatikos) of 1 Corinthians 12-14. Dreams, visions, prophecies, tongues, prayer, healings and exorcisms are their stock in trade. Foremost in their faith and practice is divine or spiritual healing. In many respects they are phenomenologically similar to the traditional healing communities.

(a) *A Theological Community*

There is little doubt that the African indigenous independent churches are seekers, as much as the 'historic' missions-related churches, after ways to satisfy their people's spiritual longings.

In these church communities theologizing takes place, albeit informally and less systematical-ly than in a University or Seminary department, at various levels. The members and participants in the religious life of these communities are often grappling with ultimate issues which affect them within the existential reality of their daily living. Their interpretations of life are firmly based on their understanding of the Bible, their traditional beliefs and practices and their life experiences. At the level of local leadership, within the plurality of elders and pastors, theology is done in the attempt to lead and deal pastorally with the problems the people bring to the church. Where there are national leaders or founders of these churches, often, there is an attempt to indicate the basis of the formation of the group in terms of historical occurrences and narrative theology.

These communities are more often, than not vibrant, committed and participatory. In certain cases unfortunately there is a developing dependence on foreign categories, styles of speech and presentation which are not appropriate to the thinking and life styles of the people. However it could be that again this is in response to an increasing westernization of the African urban populace. This point leads me on to the next description of this community.

(b) *An Authentic Integrative Community*

⁹ See the numerous books and papers by Walter J. Hollenweger, and Harold W. Turner. Also articles in the International Review of Mission, (W.C.C.) esp. Vol LXXV Nos.297 & 298, also E.Y. Lartey, op. cit., pp. 131-145.

By and large, the Independent Churches in Africa draw upon culture, beliefs, values and life-style of the people of Africa. An attempt is made in their worship, teaching and mission to be authentic rather than to merely repeat or imitate outdated European practices.

Their healing potential lies in their taking seriously the worldview, cultural beliefs and values of the people they serve. It is possible for an uneducated traditional African to find acceptance, a sense of belonging and welcome in the activities of these communities without having to 'become a foreigner'. It is also possible for a distressed, ill and afflicted educated African to find a listening ear and a caring heart in these communities. Through an ongoing ministry of pastoral care and counselling, through pastoral visitation, prayer and healing services an attempt is made to reach out to all sections of the community with an authentic reality. However much more still needs to be done in seeking an integration between Christian beliefs and practices and traditional religious beliefs and practices. There is much potential here.

(c) *A Sharing and Caring Community*

In an in-depth study of the Musama disco Christo Church a Ghanaian independent church with branches in the USA and Britain, I was struck by the importance attached in this community to corporate harmony and a sense of belonging. Not only do troubled persons have a range of pastors, prophets, prophetesses and healers, to attend them but also there is an attempt through many group sessions, family meetings and retreats to treat people as belonging together.

Augsburger has argued that *faith* and *group support* are two universals in the healing process.¹⁰ These church communities seem to be very strong in both. Many Independent Church premises act as healing centres or even Christian "shrines" to which the ill resort. Sometimes the ill remain on these premises for days being cared for by church members while prayer (often with fasting) is made on their behalf by the leadership as well as the members. The sense of belonging, the sharing and caring manifest no doubt is of immense therapeutic value.

A Suffering Community

A true test of any healing community is its capacity to handle pain, suffering and loss. Healing and health do not imply the absence of suffering but rather a positive response to a potentially disruptive and destructive occurrence. It must be said that in popular African traditional thought any suffering is regarded as an evil to be overcome. In line with this thinking and also with some strands of Biblical thought, the African Independent Churches generally pursue a path of relief from any suffering as the most sought for thing. The "health, wealth and prosperity" teachings of certain American fundamentalist groups seem to have gained a foothold in certain of the African Independent Churches, regrettably.

However there is some evidence of a deeper understanding of the complexities of suffering and health in the attempt to respond corporately to the pain of individuals through counselling and the appointment of surrogates in the event of bereavement. The acceptance of divine prerogative in matters of health and healing is also strong.

This is potentially an area of weakness in the A.I. Church communities and one where growth can and should occur.

(d) *A Prophetic Community*

¹⁰ David Augsburger, op. cit., pp 281-282.

The African Independent Churches see no contradiction in terms for them to be deeply involved in socio-political issues. Very often the founders of these movements have had profound prophetic insights into the political situations in their respective countries. Heads of state in Africa have been known to seek the council of these founders and leaders, as have traditional rulers. Here their activities have not been dissimilar to that of the traditional priest-healers.

By and large their view is that:

"We recognize the place of dreams, visions, prophecies, signs and thought-formation in our dealings with God. God does speak unto His children through these forms."¹¹ and these revelations sometimes have to do with issues of social justice. In Ghana in the period 1977-78 a particular "prophet- founder" of an independent movement was arrested and jailed by the ruling military regime for prophesying the overthrow of the government - a prophesy which was fulfilled in 1979!

Conclusion

It has been argued that healing is very much a corporate or community affair in Africa today. In addition to the good work being done by 'western' scientific medical institutions and church and mission-related hospitals we have identified and discussed the activities of two indigenous healing traditions in Africa. A number of concluding remarks are now in order:

Attempts at Primary Health Care in rural communities in Africa are to be commended for encouraging health care in areas where scientific medicine has been very absent and thus helping to redress the imbalance in the distribution of medical health facilities.

Not enough recognition has been given to the existing traditional healing communities. There is still a conceptual and practical gulf between the various practitioners of health care in Africa. This disharmony results in a wastage of human and financial resources. The conceptual conflicts existing between traditional healer, prophet/healer, mission church agent and western medical practitioner are at the moment among the greatest drawbacks to a cohesive and effective health care delivery system. The ill are the sufferers in this destructive competitiveness.

There is a great need to harmonize the healing experience of Africa.

"We can bring in harmony and co-operation the herb and the root, together with the stethoscope and the tablet as well as our faith and prayer. For the God who gave man the herb is the same one who gave him faith and the brain to develop the tablet. Our task in our time is to bring all things together through Christ by whom all things must be united to the glory of God the Creator and Saviour of all."¹²

The contribution of healing communities in Africa to healing as responsibility and gift of the Christian community' could well be the affirmation of *relational holism* as the basis of health. Healing involves the restoration to wholeness of relations within, between and transcending human persons. The transcendent or spiritual dimension is also very important. And to the African, spirituality is seen as vitality, liveliness, health and wholeness; mental health means emotional, spiritual, social and communal well-being - to enhance this is our global responsibility but it is also already the gift of God to humanity through Christ.

¹¹ E.Y. Lartey, Interview with Independent Church Leader, op. cit., p.143.

¹² Joshua N. Kudadjie, "Reflections on the need to harmonize the healing experience in Africa: A pastoral concern." in E.Y. Lartey, op. cit., p.183.

Emmanuel Y. Lartey

Ghana / England, 1991

Healing: Tradition and Pentecostalism in Africa Today

topics

- *healing*
- *a case of healing in a traditional and spiritual way*

Lecture at the International Seminar 1991

Introduction

Most of the well-established independent indigenous Pentecostal churches in Africa today came into existence during the first twenty years of the 20th century. They were formed and grew largely because of the failure of western mission-founded churches to accept or to integrate “charismatic” experiences, especially in the area of healing, into their faith and practice. In Africa, medicine has always been practised by traditional priest-healers. Healing, exorcism, divination, diagnosis and the restoration to wholeness of ill or disturbed persons are seen as crucial functions of the priest. To the traditional African the most important activity of a priest is the medical one—the ability to diagnose correctly and to prescribe accurate remedies for various diseases. To separate this function from his other priestly activities, or to disclaim the authenticity of this as a valid service of a religious person, is to seriously detract from a priest’s acceptability and recognition with a traditional African. This appears to be what happened with the western mission-founded churches.

The independent indigenous Pentecostal churches are termed “spiritual churches” in Ghana and Nigeria by broad masses of the people precisely because of their emphasis on the spiritual (*pneumatikos*) gifts of *1 Corinthians* 12-14. Dreams, visions, prophecies, tongues, prayer and healings are their stock in trade. Foremost in the faith and practice of these churches is divine healing. In many respects, their practice of divine healing is phenomenologically similar to the activities of the traditional priest healers. This renders them culturally and religiously very amenable to the masses of people who find in them a congeniality and familiarity absent from the staid, silent, “orderly” form of worship and liturgy in the western mission-founded churches with their noninterventionist theology.

The Case of Kwame

The following account, though fictional, is true in every detail it affirms. The experiences of Kwame, a young evangelical Christian, are based on known encounters of people in Ghana today. They point towards important pastoral and missiological issues raised by the presence, faith and practice of the indigenous independent Pentecostal churches in Africa today.

“Agyieeee!!” screamed Kwame.

“What in God’s name is going on there?” asked Kwame’s mother, Akosua Serwaa.

“My arm, Mama; it’s as if there is fire and pepper in it....My upper arm, right up to my shoulder ... It hurts ... Agyieeee!”

“Here, let me massage it with Omega oil, the oldest and the best of the liniments in the world. That should take care of it,” consoled Akosua Serwaa.

Fifteen-year-old Kwame was a third former in one of the country’s oldest secondary schools. In fact, he was the second of his mother’s children, and the fifth of his father’s, to attend secondary school. Kwame was hard-working, studious and deeply religious. He was an active member of his school’s student evangelical group and even at his early age was often to be found insisting that people everywhere needed to be brought to faith in Jesus Christ for salvation.

“All you need is Jesus” was one of his favourite phrases.

The pain in his arm had started while he was at school. On a number of occasions he had dropped simple objects passed to him by friends because he had been unable to grasp them firmly. He had, however, ignored these, passing them off as mere coincidences. Now, the pain was unbearable.

One week later the pain was gone! But so also was any feeling, sensation or ability to move the arm. Kwame’s arm hung loosely by his side, almost completely limp.

Kwame at the healing shrine

He had resisted it with all his might. The very suggestion of it was repugnant to him. How could he, a Christian by persuasion, go and consult a “fetish” priest? Where is my God? Where is my faith? What will my Christian friends think of me? What sort of witness for Christ will I be? These thoughts had agitated Kwame’s mind with agonizing impact throughout the weeks when his older relatives, uncles, aunts, cousins, brothers and sisters and then his own father, had suggested it.

It was his second mother (his father’s first wife) who had succeeded in convincing him. Kwame loved and respected Mama Oye almost more than his own mother. In her calm and collected manner she had had a long conversation with him early one morning.

“Can you say categorically that genuine healing comes from God? Is it impossible for God to use any instrument or channel he chooses? You have been to the hospital to no avail; is it unreasonable to consider the native herbalist? This shrine is noted for the potency of its curative methods. You remember your uncle Yaw who lost his mind? Have you forgotten that it was Odasani (the herbalist) whose herbal remedies cured him? You say you study science at school, is it unscientific to try this experiment? What are you afraid of? Is there anyone, thing or power greater than your God?”

The force of her arguments and the warmth of her concern were more than Kwame could withstand. He agreed to go only under two conditions: (1) It should be kept secret; (2) Mama Oye would accompany him.

Under the baobab tree

Kwame awoke with a start. How long had they been there? How long had the drumming and soft singing been going on? Kwame wrapped the cloth tighter around his body and snuggled closer to Mama Oye. There were at least a dozen other people seated under the large baobab tree—the extensive and protruding roots of which provided natural benches for some and back-rests for others. What could have brought the others here before dawn, for the sun was only just beginning to rise? Fever, fear, bewitchment, infertility, impotence or infiltration from the spiritual world? Or was it the ever-present quest for protection from evil? Kwame's thoughts were interrupted by a murmur that spread through the crowd. Looking up towards the door of the solitary building in the compound he could see the man clearly. Odasani, the healer and medicine man was dressed in a thigh-length tunic of white calico. The long, uncut, matted hair and white calico marks on forehead, arms and feet were his distinguishing signs. Odasani half-danced half-walked majestically to the rhythm of the drums towards the assembled patients. The singing and drumming increased in tempo and volume. Suddenly he seemed to lose control of himself—he staggered, shook, his eyes rolled and his whole body seemed to be torn in contortions that emanated from within. Odasani pointed to an elderly woman sitting near Kwame. She rose and walked towards the shrine door aided by the attendants and some other people who appeared to have come with her. Two others, a middle-aged man and a youngish-looking woman also rose and moved in the same direction at the instance of the healer. Odasani turned to go but then equally suddenly wheeled around in Mama Oye's direction. He mouthed some words in an unknown language and then declared in Akan: "Mother, your son's illness will be cured. This is no case of witchcraft. It is not caused by anyone outside or within your extended family. Your son is deeply distressed within his own soul. He must appease his own soul and spirit. I will show him what to do...if only he will!"

The only thing that prevented Kwame from total embarrassment and uneasiness was the fact that no one had shown any signs of recognizing him, and he could not claim prior knowledge of any of the people assembled there.

After about half an hour Kwame and Mama Oye were seated on the floor in the shrine room. "Kwame must stay with me for at least four days. I will give him some herbal treatment—one oral preparation and one to place in his water for bathing. There is also much that he must learn concerning life. He is a brilliant boy. God's hand is upon him. The powers of evil are also after him. But he will prevail." Odasani had given his prescription.

"Can I stay with him?" inquired Mama Oye.

"That is not necessary but you can if you wish," replied Odasani.

Kwame's mind had begun to wander. He remembered his visit to the health post twenty-three miles from home. The nurses—how smartly dressed but oh, how impatient and sharp-tongued. There everything was spick and span and everyone had to follow the laid down procedure. After a two-and-a-half hour wait Kwame had spent exactly seven minutes with the doctor. Of course, the doctor was a busy man. He visited that particular station once a week and had three other clinics to attend apart from the big hospital. Besides he was a highly educated man having studied in West Germany and Great Britain. One cannot waste the time of such important people. But here Odasani was asking him to stay four whole days! Incredible!

"I will explain to him," it was Mama Oye. "Oh dear, I didn't hear what Odasani said," thought Kwame, "I really should check this frequent absentmindedness. For my age it's just too much."

After three days Kwame insisted on leaving Odasani's shrine. He had already begun to feel better. He could move his arm and feeling had begun to return to it. He had refused to drink any oral preparations though he had bathed in the water with the leaves placed in it.

Still inwardly torn and very unsure about the "rightness" of his visit, Kwame returned with Mama Oye under cover of darkness to their own family house. It was after they had settled down that Akosua Serwaa, Kwame's own mother, told them of the visit of her brother, the Rev. J. K. Baah, during their absence. The Methodist minister had been furious when he was told about the destination and purpose of the visit of his nephew. Kwame, relieved that he had not been present to face the wrath of his uncle but certainly still very confused, returned to his room and to bed.

Kwame at the "Faith Church of Jesus"

Two months had passed. Kwame should have been returning to his boarding school that very week when it came back again—the unbearable pain, followed by numbness and paralysis.

Kwame had often wondered about Prophet Agyeman and his healing church. Was it authentic? Was it Christian or did he use spiritist or hypnotic means to heal? What had first caught his eye was the signboard pointing people to the premises of the church. The words "This church is also a hospital" were printed boldly beneath the "Faith Church of Jesus," which was the official name of the church.

Kwame's close friend and schoolmate, Isaac Nyarku, was a regular worshipper there. Kwame was not sure whether he was a member of the church because Isaac's family were Presbyterians and they all attended the Presbyterian church in town, though Isaac, his mother and aunt were also to be found, especially at the Friday evening vigils, at Faith Church.

Kwame had heard Prophet Agyeman preach on two occasions and had found nothing he seriously objected to. But what put him off were the coloured candles, the incense, the Florida water (perfumed liquid) that were prominently used in the course of their worship. Kwame felt there was a very real danger that worshippers would put their faith in these externals rather than in God, the true object of worship. Moreover members seemed constantly to refer to the prophet as Teacher, Founder, Head Prophet or Master. This really disturbed Kwame. Shouldn't Christians place their faith in and owe allegiance only to one Lord, Jesus Christ himself? These thoughts agitated Kwame's mind. Only on the previous Friday he had heard that there was much speaking in tongues at Faith Church. That was not unusual for them; but in addition some members had actually "prophesied," bringing inspired messages from God to the people. This Kwame had never experienced before. That night many had claimed healing. In fact, the whole village had been moved by Opanyin Atta, who had been blind for some twelve years.

"My children, the Spirit of the Lord is present... Present in power to fill anyone who is willing and available... present in power to save anyone who repents.. present in power to heal any kind of infirmity and any kind of disease. Receive the word of the Lord."

The speaker was one of the elders of the church, a lady teacher well-known and respected within the community. It was after this that Opanyin Atta, together with others, had filed up to the front. Prophet Agyeman had laid his hands upon them and prayed, touching each forehead with his index finger, which he had previously dipped in olive oil. After each one had been prayed for he or she received sprinkling with Florida water. "I can see. By God's power. Aaaaah!!!!

I can see again!" Opanyin Atta, a man in his fifties, was rolling on the floor, shouting, weeping, overcome with joy!

The account had been given to Kwame by Isaac Nyarku. It was too much for him. But the evidence of Opanyin Atta, which Kwame verified by having a chat with him, was overwhelming.

That Friday Kwame was there with Mama Oye, Akosua Serwaa and other members of their household such as Kodjo Boafo, for whom this was probably the first service he had attended in twenty years. Unable to join in the loud clapping and dancing Kwame had to content himself with watching the others and listening attentively to the proceedings.

Prophet Agyeman's sermon was based on the text, Matthew 10:8; he declared: "Heal the sick, raise the dead, cleanse lepers, cast out demons. You received without pay, give without pay. Jesus gave his life for us. He wants us to have life. Do you have life? Or is sickness taking your life away from you? Are the powers of evil making you miserable? Have witches taken away your ability to have children? Has Satan and his agents taken away your peace, your joy, your life? Jesus can restore all things to you tonight."

But Kwame wasn't listening for he was distracted once again. This time his attention was with the church attendants who were just outside the wooden structure that was the chapel. Seven of them had surrounded a lady with heads bowed and hands laid on her. She knelt with arms uplifted. Her dark cloth indicated that she was in mourning.

"That's Ama Kesiwaa whose four-year-old daughter drowned in the well last month!"

"Oh yes, what a shame! It was her only child."

Kwame could only hear the voices of the gossips. But the sight was more than he could contain. Tears welled up in his eyes. Here were leaders of a healing church praying and comforting a bereaved mother. The whole atmosphere seemed charged with love and concern. The prayers, the singing, the clapping, drumming, dancing all seemed flavoured with an understanding and care that he could not remember ever having experienced with such force.

"Come, now, receive the touch of the Lord! Open your mouth wide and he will fill it. Trust him completely and rest. Receive your healing."

It was Prophet Agyeman. His Twi language was classic. Kwame moved up to the front together with others—there was a bit of jostling—and stood fourth in line before the prophet. Soon it was his turn.

"Son, relax—God is here with you. Don't be tense at all. He loves you. Go back home and be a witness to his healing presence. Be saved tonight. Where is the pain?"

"I have no pain anymore—that's the problem. It's my arm.

Prophet Agyeman pulled Kwame's arm and practically bathed it in olive oil. Then, twisting the arm, he prayed softly words that were inaudible to Kwame. Then came the sprinkling, and he was on his way while the prophet attended to the next person. Kwame could hear Prophet Agyeman reciting Psalm 91. The service, which had begun at 8.00 p.m., ended at 4.30 a.m. and the worshippers made their way back to their respective homes. Many had been physically relieved, many encouraged, many comforted—some unsure, some still wondering. "Ei, Prophet Agyeman di ole ade! He does well ... He has time for everyone." The comment was from a middle-aged Woman whose child had slept peacefully through the service on her mother's back, held simply by a piece of her cloth.

It was Saturday morning. Kwame climbed out of bed and went to the waterbpwl in the bathroom.

"Praise the Lord! Praise the Lord! Hallelujah! Mama, Mama!"

“What is it Kwame?” asked Mama Oye.

“Mama, I just washed my face with my own two hands together! I am healed! I am saved. Praise the Lord!” yelled Kwame. “I can go back to school now.”

“Give it a few days. Let us watch for a full recovery,” suggested Akosua Servaa.

Outside they heard footsteps. “Welcome Osofo. Auntie Akos, Wofa (uncle) is here.” Kodjo Boafo announced and then waxed eloquent. “Osofo write my name! I want to become a full member of the church. I never knew that you people could also heal. I thought it was only the traditional priests, and the magical wonder workers, who could protect us from the evil spirits but last night, Prophet Agyeman convinced me. I now trust in the One God of the Bible!

Rev J. K. Baah was indignant. “What is wrong with you people in this house? First you take my nephew, a Christian lad in secondary school, to see a fetish priest. Now my cousin-in-law who has refused to go to church for all these years speaks to me about a ‘spiritual’ church leader. Hey, Kodjo, don’t you realize that those so-called churches have missed the point? They think we can just return to the magic, superstition and sacrifices of our traditionalists in the name of Christ. Our Lord Jesus Christ is against such things!”

All you need is Jesus; all you need is Jesus,” Kwame was singing at the top of his voice a tune only he knew, as he half-danced, half-walked past his uncle, his mothers, his cousin into the courtyard of the house to dry his towel on the line.

Conclusion

There can be little doubt that the church was commissioned by Christ to continue a healing ministry that would point to and embody God’s continued care for the people in the world. Healing continues to be a sign of the kingdom of God among human beings. In Africa the indigenous independent Pentecostal churches have challenged the western mission-founded churches into a re-examination of the place of healing through prayer and caring in their mission to the world.

This is a challenge well worth heeding, not only in Africa but throughout the world.

Daisy N. Nwachuku

Nigeria, 1991

The Situation of Women in Africa in the Process of Adjustment and Change

topics

- *women in Africa*
- *male-female relations*
- *the women between traditions and modernity*
- *implications for counselling*

Lecture at the International Seminar 1991

Abstract

This discussion examines various concepts of change in the world of Women in Africa from the social, political, economic, religious and psychological dimensions, comparing the past and the present times. The consequences of structural adjustments involved in the change processes are analyzed in terms of their effects on the contemporary women, cutting across all classes. Utilizing the hermeneutic method, life stories of four women, and responses from personal interviews with twelve women from five African countries in the East, West and South, presented materials for critical analyses the factors which facilitate and those which hinder women's adjustments. Findings are vividly schematized in an adjustment paradigm presented in a historical periodization from the traditional to the modern era.

In all, the discussion shows that change in Africa is irrevocable and women have gained a lot of grounds positively along the way of progress in the areas of education, breaking into male oriented formal labor sector, increased articulated self-awareness at the cost of social prejudice, new images and symbols of female representation, re-ordering of social imbalance and collective and individual coping strategies. However, change resistant practices which still pose threats to women's adjustment to lull social justices, peace and economic survival in particular are assessed with reference to African and global responsibilities. Pastoral response to the women in transitory Africa are suggested.

INTRODUCTION

Many factors of change have shaped the situation of present Africa. There is the need to streamline right from the start that Africa is so diversified in its people, language, cultural heritage, traditional laws and customary practices that still exist and stages of national development that no African can claim to make authoritative statements for all Africa. Even within the same geographical region of north-south, east-west dichotomies, being Christian, Muslim, of African religion and also colonial history of who colonized who, for how long, when was

independence granted, and how all these factors penetrate into the whole fabric of life and situation of the people today. Therefore, the phrase "The African" is always an ambiguous term except when used within specific context and relativity. Within this frame of reference, we shall then examine people in Africa in their contexts; and when one talks of women issues, the situation of complexities gets, even further compounded like in any other continent.

I will try to address myself to situations which I believe are fairly common and obtainable only in patriarchal communities, because a lot happens very differently in matriarchal societies. Even within this delimitation there are bound to be variations which I am ignorant of. We shall adopt the life story method drawing issues for analysis from the real life contexts of the case studies presented. This will guard against the obvious error of over generalization which often comes with this kind of discourse. The analysis and interpretations would be given as a point of view leaving enough room for people to do their own interpretations in meaningful dialogues.

My story, Dilemma, and Discretion

Once, not long ago, a woman in her late 40s talked with me in Lagos, Nigeria's largest and capital city. For the period of conversation which lasted more than an hour, her main concern was why she should not be allowed by her husband and her in-laws to own her own property. Since she is a lawyer, I concluded that her preoccupation over property rights was an indirect effect of her profession on her private life. However, despite strong emotions expressed against customary practices and traditional structures, the fundamental issues underlying her concern were female oppression, denial of inheritance rights, general denial of fundamental human rights on gender basis and general downgrading of women; as she told me. But what are her alternatives?, I asked her. "I must fight, and continue to fight these issues", she said. From her professional expertise, she was determined to press for change in legislation on gender equality. But how far could she go from her chambers?

At another occasion, walking through the Princess Street of Edinburgh, Scotland's capital city, I saw a signpost which had this caption, "Royal Bank of Scotland, Ladies Branch". When I went in and asked what the additional phrase of "Ladies Branch" means, I was told at the counter that it was managed exclusively by women. I wondered if this was a response to a felt need or a reaction to a social issue of controversy. In my dilemma, one thing was clear to me and that was the language of change symbolized in the caption. "Ladies Branch" as a signpost, spoke a hidden language of an "equalizer" in the socio-economic structures of the city. I perceived this type of change as representing an attempt to re-order this social imbalance so as to give justice to where it had been denied previously.

The bank issue reminded me of a new ministry that was recently created in Nigeria called "Commission for Women Affairs". At its inauguration, there were some social eyebrows raised as to why the government should encourage a segregationist attitude in the society based on gender. Many people wondered if a non-sexist society was not the better way towards progress. Others saw it as a major breakthrough in the African socio-economic structure which will set the balance of justice in the right motion for women.

Apparently, I saw and heard the same language symbols and images in Nigeria's new Women's Department and Scotland's Ladies Bank branch. Therefore, I came to the conclusion that women issues are neither African nor Western. They are issues concerning women in the changing world. But I was still left with the dilemma of how far development or underdevelopment has altered positively the fundamental concerns which the Nigerian female lawyer swore to fight on matters concerning women.

Researching on the topic: Situation of Women in Africa and their process of adjustment to changes of modern times, is obviously wide in scope. I have therefore taken the discretion to discuss only some of the highlight concerns which come up very often either in open debates or in daily life encounters of women. In carrying out this research, I asked a male colleague the question “Why do women issues spark off a note of controversy as soon as the dialogue begins?” His reply was "because it has been driven to a negative extreme by women to the unfortunate threat of men". I was puzzled over his response and I am still pondering till now on how best to say what ought to be said so as to make the point.

The paper shall examine in general, changes in Africa from various structural dimensions, their impact on women, women’s response strategies to the changes and lastly pastoral response to women in the change and adjustment processes.

STRUCTURAL CHANGES AND SYSTEMIC ENTRENCHMENT

Women, children and the aged are always the target group to receive the first protection during crisis. The concept of weakness upon which security is provided, as good as it seems, is unfortunately the same concept that has led to structurally in-built barriers and prejudices against the very group meant to be protected. Although women, children, the aged and minority ethnic groups share the same social concerns world-wide, attention will be focused on the women in this paper.

Change presupposes a recognizable difference from a previous state, variation from an established standard or a substitute of one for another. Rather than seek to maintain the status quo, change digresses, diversifies, dilutes or even diffuses itself in order to incorporate new features and drop or replace the old ones. In other words, the phenomenon of change actually undermines the status quo in order to re-establish a new order, new state of affairs and new status. This chain of events calls for a complimentary process of adjustment relative to the needs of the organism affected in the re-ordering process at any given time. Where the adjustment is positive, growth in progress results; where negative, the result is either regression or disintegration leading to chaos.

Structural changes in the discussion refer to a re-ordering of those structures which are rooted into the systems of a people (social, political, economic and religious systems) against which change is required and for which adjustment is made. Within this frame of reference, the contemporary woman in Africa is an engendered specie who presently lives with structural tensions. A few of her tensions are as follows: Tensions between:

- Occupying the privileged place reserved for her in the home and yet attaining a recognizable position (in modern terms) outside the home in her own right and capacity as a person not because of a concession treatment given upon gender basis. These positions include professional posts, political appointments, and religious callings such as ordination into priesthood.
- Living as a grateful dependent bread consumer (Oriaku) at home and at the same time striving as an independent bread winner outside the home, alongside her husband in the labour force. This is the main source of psychological tensions for the men in the homes because it makes a drastic departure from the prevalent norm they have been socialized into, growing up in Africa or as Africans. Being a submissive "good wife" or "good woman", always non-confrontational, non-argumentative and non-questioning at home and at the same time being the power contending employee or power dominant female chief executive in managerial leadership position. The main

tension here lies in the traditional images of female-grace and male-aggression which become threatening work and home situations when disassociations and new associations of male-female imageries occur.

- Surviving from day to day in the industrial, individualistic, destructive, competitiveness of achievement and success oriented world and equally retaining the African model of female symbolism of generous, life-giver and mother of all.
- Living in the present realities of African continent as well as holding to her roots in the past to avoid alienation, while seeking to maximize the best of the past.

Remarkably, each of these tensions arise from the society as a system and these tensions are traditionally entrenched in the familial, socio-political, socio-economic and socio-religions structures.

The paradox and perhaps dilemma of the present situations in Africa for the woman is that while the society is fast changing its structures in principles, yet in practice, the same society expects the lesser in power or the power-less minorities (women, children, the aged and minority ethnic groups) to remain unchanged in their traditionally prescribed roles and functions. Consequently what results is dynamic structural changes on the one hand, in tension with systemic roles prescription engraved in the old structure on the other hand. At best efforts, most of the old roles are recycled in new patterns of communication, interpreted and conveyed as usual, from the dominant 'powerful' pace setters to the subordinate 'powerless' recipients of social, political, economic and religious interpretations. Therefore, since men are the dominant group in patriarchal communities, more often than not, they interpret situations to their advantage, perhaps more inadvertently than would otherwise be advertently done, even in a changed order.

In this state of conflict and tension, adjustment to the new emerging structures becomes great pains. Both the powerful and the powerless come under great role strain. In effect greater pains are faced by the powerless who are threatened by role sanctions in case of defaulters. In order to rebalance the status quo without resolving the conflict, what happens in reality is that the pains of the powerful get diffused, hidden or disguised into several behavioural response strategies some which carry within them death delivering symbols. We shall give two examples to illustrate the seriousness of this mechanism.

Firstly, the universal franchise is a political structural change in Africa that has granted women voting rights in principles. But in reality, women are deprived of exercising this human right by religious roles interpretations given by men in Muslim ethnic groups. To act otherwise is out of norm with the behavioural expectations in the Muslim community of faith to which the woman belongs. A persistent defiance of the old norm in order to use her new rights leads to alienation, and possibly ostracism.

Secondly, the introduction of universal primary education is a social structural change which grants the right of education and full development to every child. This principle is upheld presently in every African nation. But in reality, social preference goes in favour of the male child in a patriarchal community whenever the needs arises for economic decision on which of the children gets education in the face of scarce family income. Although not in all cases, but in the majority of cases, female opportunity for education is sacrificed for the male development especially in poor families. This decision is forced to occur in a fairly predictable male preference due to the system of inheritance, primarily land and cash crop property, and also due to the compulsive need to maintain the continuity of the family genealogy among the ethnic group which perpetuates the life of the community.

The male-female preference has been a sociological factor grossly misinterpreted and misunderstood by foreign anthropologists. The crucial issue which Western anthropologists fail to realize is that Africa is community oriented as opposed to city orientation. Even with modern urbanization, communities have survived and thrive along ethnicity lines which foreign anthropologists describe as "tribal". This is a misnomer that distorts the concept of life and community continuity which African ethnicity holds onto. A destabilization of continuity of life by any factor of change becomes a potential threat of annihilation of a community; hence, single life, single parenthood, and widowhood are perceived as social threats and resisted as vehemently as epidemics are resisted.

In a few extreme cases, a young female African, especially from the poor families may defy the role conflict, break loose from tradition, escape into the city, and resort to disguised prostitution to pay her way through education in the belief that paper qualification will enhance her employment opportunities. This adjustment process in turn earns the female a social stigmatization of low morality. The female in response, turns her back on the community and seeks marriage far from home. Adjustment in this case leads to broken lives and fragmented communities.

In general, the fate of a young woman in present Africa, whether from a poor or rich family is embedded in structural tensions that require costs. Choosing to be purely traditional implies a detachment from the irrevocable change processes around her. Choosing to be modernized calls for contending with emerging foreign lifestyles which are alien to her roots and frowned at, in her community among the very people she seeks to be fully accepted as a person of worth and integrity. In this dilemma, most women in Africa adopt what we may call in this discussion 'a synthesis approach' to adjustment.

Adjustment by synthesis is laden with risks of survival, approval and condemnation. It would be highly presumptive of women if not totally erroneous to believe that the burden of adjustments to change falls only on women. Both men and women face this responsibility. However, coming from a perception and feeling of powerlessness in terms of who prescribes roles in the society and for who, the burden of adjustment to social change falls heavier on women. Very often, the impact of contradictions faced by women in developing countries as they strive to adjust is usually ignored or minimized in importance.

REAL STORIES OF REAL PEOPLE

We shall now turn to real life stories of women under adjustment. There are four distinct categories into which many women in many African countries would most likely fit into. We shall rigidify each category with an identified life story. Although sharp lines cannot be drawn in certain areas of commonality yet, certain characteristics are unique with each of the four life situations. We shall examine the life story of Nkema who is an archetype; Ema, Ugo and Mazuku who are prototypes of Nkema.

The Vulnerability of Poor Women under Adjustment in Female-Headed Households

Nkema's Story:

We visited Nkema. The story of her life, the much we saw and heard from her account struck us with amazement, horror, challenge and admiration of courage, faith and hope of survival. Nkema is a 42 year old widow. She has six children, two boys and four girls, and they live in

a mud house belonging to her late husband in a semi-rural village, of the eastern part of Nigeria. She is a member of one of the Pentecostal churches in her village.

During the rainy season which lasts for six months, all her three rooms are flooded up to a completely worn out thatched roof. She and her children sit or sleep on raised platforms made out of wood logs as long as it takes to get the floors dry. Since most young men who engage in thatch making have fled the village for the cities, rural housing now makes use of zinc roofing in the place of thatches. Nkema cannot afford neither the cost of thatches nor the exorbitant zinc price.

In a patriarchal community, it is essential to provide her son with good economic standing, since he is the hope of the family Survival both in economy and progeny. She was thus compelled to pledge all available house property as collateral to Credit Unionist to pay his way through primary school. In order to provide him with a trade, Nkema gave away her third daughter aged eight, as a pawn to a rich mistress in the city, from whom she raised the necessary loan to pay for her son's apprenticeship in cabinet work. Her first daughter necessarily dropped out of school to assist her brother's schooling. The second daughter, frightened of her mother's and sister's plight, dropped out school since that would eventually be her fate, and desirous to escape from the vicious circle of poverty in the family she eloped with a young man into the city where both now engage in street hawking. She already had three children at the time of the interview, at age twenty-two. Not formerly married, the future of the three children born while co-habiting is questionable since the young man can decide to reject her and her children and choose his actual bride with whom to raise a "proper family". In effect, the stress faced by this young mother because of her adjustment strategy is worse than her mother's. She has no claims to a married home, no security of kindred or lineage for her children and no dignity among her own people in her father's family anymore because she brought the kinsfolk to shame by consenting to elope with a man without formal marriage. She seemed to be a failure already and her future is a great source of added worries to her mother.

As a woman, Nkema has no rights to property ownership especially family lands. Her case of widowhood symbolically referred to among this ethnic group as "the woman with shaven head" or "woman in black", makes her human rights limited to the barest minimum because traditionally she is now "mute". The loss of a husband was equivalent to loss of voice amongst the kinsfolk. Her right of speech could be restored if she has an adult male child. But at the time of her husband's death, her two sons were minors and administration of her family land reverted back to the overall head of the extended family household. Reclaiming the portion that belongs to her husband could be done by her first-born son at adulthood. However, some of such cases result in grim rivalries between grandsons, cousins and uncles, often ending with protracted law suits. Meanwhile Nkema's alternative is only to depend on the mercy of the family head for a piece of land for farming. She subsidises whatever she gets by purchasing other plots as a shared cropper. In addition, she and her children engage as daily farm labourers to rich land lords or casual labourers at building sites carrying mortar and brick.

Nkema's situation of poverty and vulnerability became more stressful due to her refusal to enter into levirate marriage with her late husband's next of kin as a sign of acceptance for continued male security within the family circle. This assertion of her right to self-determination earned her unsympathetic disregard and neglect. Her little boy, last of the six, who is seven years old faces infrequent primary schooling, which gets interrupted whenever he goes to help out in the farm or stays home to help in food processing. Gradually, he lost interest completely after only two years of schooling. Besides, little boy feels frustrated at teachers harassment

over coming to school with no textbooks, no writing materials, poorly fed and no school uniform.

For Nkema and her children, life is one long accrual of struggle. Their day starts as early as five o'clock in the morning either in the farms or construction sites and ends as late as ten in the night with late meals. Working between 15 and 17 hours daily, six days a week, food is routinely starch with poor soup. Economic survival looks hopeless as she experiences her son's lack of access to obtain a start-off credit with which to set up the much expected cottage cabinet business. From time to time, she looks up to the sky searching for God. In her own words she said "I wonder if God really hears the cry of people like me. But then who else have I, if not God?" With these words of self-assurance, she lives on day to day with hope of deliverance some day.

Nkema is representative of millions of female-headed households of the rural African poor masses who are mostly women, children and young jobless adults. The most vulnerable poorest of the poor among this lot could be found among widows.

In reference to Women in Africa in general who belong to this category, it is estimated that more than 100 million population of Nigeria are women. Some countries in the Southern Africa would have higher percentage due to high toll of men's death in the civil wars, for example, Angola. Within the population of women, about 80% still live in the rural areas and between 60-70% are engaged in agriculture. These women, even the non-widows work very hard to maintain their families either through farming, petty- trading or through street vending, carrying heavy wears on their heads, and walking miles daily go earn a living. Added to the onus of finding bread, it rests upon the women and their children to walk miles in search of drinking water and cooking fuel.

Back home at nights, the gruelling tasks of labour intensive food processing for the next days, cooking for the night meal, serving, bathing the little ones and washing the dishes still rest traditionally on the woman and her children. Thus, the average working hours for this category of women range from 15-17 hours daily except for Sundays. Several recent studies have indicated that this common fate befalls many women also in Asia. (Ogbuagu, 1990; Commonwealth Studies, 1989; Mohammed 1987, Ode,1990; Nigeria Population Bureau, 1986; Women Under Racism 1990; and Women of Africa Speak Out, 1989.)

Women, Work, Conflict and Tension under Adjustment

Ema's Story

Ema, 35 years old, lives in a city of the South Eastern part of Nigeria. She is a medical doctor, married, with four children. Her husband is an accountant in the city bank. Married late due to prolonged schooling, their oldest child is eight years and in primary school with the second child. The other two are in a nursery school. All the four children attend high fee-paying private schools which takes a heavy toll on family income earnings.

Ema spends long and hectic hours at the hospital. After office hours, she engages in private practise and has registered for professional examinations in paediatrics. Torn between the hospital, her private clinic, her study room and her anxiety to qualify as a consultant paediatrician, her marriage relationship comes under great tensions very often which drives her to seek therapy in a family counselling clinic. Health wise, stress of over-work was beginning to show on her blood pressure even at age 35 years.

Ema's internal conflict gradually heightened at the increase of the hospital management board's harassment on her either to succeed in the professional examination or be thrown out from the teaching hospital. At home, the insufficiency of income to match the family life style has caused a drop in their feeding habit.

As immediate coping strategy, her car was grounded on agreement between the couple while the two would use her husband's car in order to cut down on costs. However, this adjustment measure has led to unpredictable quarrels now and then over whose time schedule controls the car. Her husband as a banker habitually comes home late at night after the books are balanced. Ema's frequent emergency calls back to the hospital creates great absences. Their children are neglected by the couple due to work.

Her husband and the children feel abandoned while they are home and she is out, and they complain bitterly. Ema feels torn apart by working hard for the comfort of everybody and yet faces severe and unsympathetic criticisms of her self-sacrificing efforts to be a hardworking, good wife and mother. Finally she decides to abandon her career interest and ambition to become a paediatrics consultant and drops the idea of examination in order to salvage her marriage. In principle this meant loss of her job at the teaching hospital. Taking up a fresh job as a general practitioner at a state general hospital left her feeling unfulfilled in her career.

Meanwhile, Ema's husband faces promotion freeze at the bank due to the national economic plan of Structural Adjustment Programme (SAP). The economic programme was adopted to meet the International Monetary Fund (IMF) conditions imposed to combat Nigeria's debt crisis. Stepping low in her post, with husband's stagnant salary and rising inflation, the burden of economic crisis falls on Ema as the home manager. In order to keep the children in the private school, Ema takes up family cottage poultry.

As a medical doctor, she was able to get her employer to sign as collateral for an agricultural loan to start the poultry. This additional income generating project puts further stress on her own personal welfare and increased the family work load. Her husband does not feel obliged to help out, neither in the poultry nor with domestic chores since he believes that all these are traditionally women's work.

There is also a lingering unresolved issue of what percentage of Ema's salary and the proceeds from her poultry should be turned over to her husband as the head of the family. Ema does not mind turning over the money but demands proper accounting of the family finances. Her husband feels it is not traditionally acceptable for a wife to demand such rights from her husband in the home. The in-laws encourage him to "be a man" in his own home irrespective of his wife's status. This interference adds to the subtle tension. Ema still has to worry about paying back the agricultural loan.

Caught up in the dilemma of work, wife, mother, conflict and stress in running a home which is neither in African nor Western life style, frustrated career future, Ema lives with modern tensions and stresses of her times. To women like Nkema, Ema, a "woman- doctor" appears to be well privileged with education, status, power, wealth and good life. But to Ema, life seems as questionable as it is to Nkema with the same old "woman stories" recycled in new patterns. As a Woman in Africa who has embraced change fully, Ema is caught in a double bind. She seems not to have properly accepted as well as organized the traditional expectations made on her as a woman whose place is in the home, a producer, mother and community organizer on the one hand while she seems almost strangled by the demands of modernization, profession and attainment on the other hand. She lives in the continuous conflict of being appreciated as a wife of status, a mother of children and a community organizer ready to cure all diseases;

and yet, severely grudging for having so much power and autonomy as a wife. Ema's personal life, welfare, marriage, time and income all come under daily pressures of adjustments.

Much of the same story can be told of thousands of Africa's growing middle class of literate, professional women now in all walks of life in the cities and villages. While they seem to have embraced change, they also seem to share the same traditional fate with the rest of their women folk like Nkema. Such dilemmas cast a spell of looming frustrations on this class of women which keeps them in an on-going readjustment for synthesis of a different type.

Crisis of Upper Class and Women under Political Change: Victims of the Powerful

Stories of Ugo and Mazuku:

Between the extremities of life experienced by Mkema in the rural informal sector and Ema in urban formal labour sector we see several variations.

Ugo

Ugo, a 35 year old wife of a company director in Nigeria has two little children and is a full-time housewife. Born in a rich family and married by a rich man, her husband refuses her the right to work in the belief that she does not need to slave for a meagre salary, although she holds a Bachelor's degree of Arts. She and her children are well provided for and the domestic chores are done by paid company staff.

However, Ugo has an identity crisis of being reduced to a consumer status all her life in an age when her peers are making their marks on national history in all areas of life. She therefore secretly seeks therapy on how to deal with self-awareness, self-assertiveness, values clarification, sense of worth and how to recapture and project her integrity. She feels extremely westernized to a point of nostalgia and longs for the life of simple folks in her village, with less protocols. The political instability in her country adds to her stress because she fears that if there was another coup d'etat, surely her husband would be among the top men to be killed or arrested for imprisonment.

Her husband cannot understand Ugo's point of boredom, He considers her ungrateful and her fears irrational. He cannot tolerate the implications of a working wife who neglects home, rushes out of the house in the mornings and returns late in the evenings. He also has great conflicts over a woman who feels she is a breadwinner which empowers her to contend for rights, power and authority in rivalry with her husband in the home. His slogan is "behind a successful man there is a woman, and never in front of him". Although he is an engineer his concept of male-female headship remains traditionally African and non-negotiable.

Ugo has no sympathies from neither her parents nor peers who fail to understand her. At the time of the interview she had withdrawn into self-alienation and was under great fear, anxiety and stress. Her marital relationship was under unspoken tension and her life seemed crushed under a great sense of power and money set over her, and she was under the burden of how to cope with her own sense of powerlessness which no one else could hardly believe. Ugo represents women in the few millionaire and upper class families who are faced with the struggles of being both traditional Africans as well as westernized elites with great financial powers among the masses of their poor, illiterate and hungry village kinsfolks. The contradictions of blessings and crisis keep them in constant search for a more acceptable life style. The rising number of divorce cases in Africa come from Ema and Ugo's class.

Mazuku

Mazuku uniquely differs from the other three women. She is 40 years old, from one of the southern African countries, single, mother of a teenage daughter and chief executive to one of the international companies in her country. Her life story flows from her experiences in the political struggles of her country for independence especially between the black majority and white minority rule. She grew up in reservations, bitter towards racism and rebellious against association with white governments. Yet, one of her puzzles is that her two best friends in life are her two white teachers, one in the high school and the other in the university. She said in deep reflection "I know it is the racist system I hate, not people" The book *Women Under Racism* narrates several life stories of women from all over the world similar to Mazuku's experiences.

Mazuku is also bitter towards her own people because of the way the guerrilla war soldiers brutalized the local defenceless women and forced them to provide food and clothing needed to sustain the guerrilla operations. She hates the slogan "Forward with the cooking stick" as being the only way women's war efforts were remembered after the independence. "They did more than cooking", she said, "but men find it hard to let women share in any credits."

She remained single because most men, her peers, died during the war of liberation. She talks dearly of the young widows whose husbands were war victims. She felt she needed a child of her own and so had just one daughter but thereafter did not consider the relationship would last a good marriage and so ended it. She is sworn to fight some aspects of her culture and some aspects of the new social changes which she believes are oppressive to women, such as the concept that a woman is incomplete and cannot be remembered as an ancestor if she has not married nor has no children; the statutory law that forbids child adoption by a single woman and the African attitude that despises adoption as an alternative for a childless couple.

She finds a puzzling challenge in the return of the younger generation to spiritism and ritualistic sacrifices of cleansing from blood, a strong old African purificatory rite performed for a young man who took part in bloodshed of any war. She admits that Christianity has not quite succeeded in breaking through to change African spirituality totally.

Politically, professionally and socially well placed, in a position of leadership, Mazuku sees her situation as that of providing models for the young generation of women in transition in her country. Her joys derive from the strength in the African Women to cope with life in the presence of severe adversities. But her tensions and tasks are found in her fights against lingering cultural attitudes and practices of oppression and exploitation of women, political wars, racist attitudes, and even oppression of women by other women. Mazuku represents thousands of Africa's women today who are both victims and beneficiaries of political, economic and social changes of a continent in transition.

FEMALE FACES IN ADJUSTMENT AND CHANGE IN AFRICA

Our stories

We can each find ourselves and our stories in these four women. Each of the four categories is also symbolic of the many facets of life and change a female child born in Africa today is most likely to face. Nkema symbolises the courage and fortitude among the masses of illiterate rural and urban slum women who seem to survive from day to day in situations that might prove unbearable to others. Ema typifies the majority of literate, professional, self-aware and growing power class who have both financial and communication powers; and have competitively gone into the labour force vigorously combining all the basic roles of producer, mother, home manager and community organizer. Ugo's struggles highlight the am-

bivalence of African affluence of the old style among chiefs and rich land lords and the new elitist financier in the Western style. Mazuku incorporates innovations that modern female adjustment and change introduce which would have been social taboos in the Africa of old such as being single and yet child bearing, struggling in public power sharing, questioning the old order and yet clinging to it in fear of losing roots.

Collectively, women in Africa today are *women* in transition. This means women in poverty as well as wealth, in illiteracy and education, women oppressed and women oppressors, admired as well as hated, women in war and peace, in power and also powerless and women in freedom as well as in bondage. We might perhaps be better called women in paradox situations. Our collective stories therefore present complexities that call for closer analysis.

Our Collective Adjustment Strategies

Historically, women taking action collectively against social injustices is not new to Africa, at least as new as the past few decades have projected it within the context of Western feminism. Without acting under the nomenclature of "feminism", African Women possess enormous social and political powers as a group to exert great political and social changes. In this collective capacity they function as effective community organizers and builders. The incidents of Aba Women's Riot which led to the Women's War of 1929 succeeded in nullifying the British imposition of poll tax on unemployed women (Nwagwru 1973, A pan and E po 1988), and the Zimbabwe rural women guerrilla which helped to bring black majority rule are good examples. The traditional strategy of collective response also extends to having support networks teams for collective labour, financial help, teams such as childbirth assistance teams, bereavement teams etc. Joys and crisis are collectively shared and people like Nkema draw great survival strength from this support system.

This indigenous adjustment strategy has evolved in recent times into several women action networks, non-governmental groups (NGOs), economic co-operatives, credit union groups, professional groups and even women evangelistic groups. Some of these are formed on ethnic, social, religious, economic or professional commonalities. Irrespective of their basis of formation, they all have one common goal of action which is supporting the general cause of women to speak up with one voice, resist negative changes and make demands for improvements through political religious and social pressures, lobbying, media propaganda, street protest march and dialogues. Some of these actions are well documented (Women in Nigeria, (WIN) document 1989; All Africa Conference of Churches Continental Conference (AACC), 1989; World Council of Churches (WCC) Women Decade Links; and Oxfams GADU). In many African Countries the network groups have become a strong negotiating platform in the government and the church.

Self-help Individual Adjustment Strategies

In addition to collective response to social changes, there has also been widespread sharing of self-help strategies among rural and urban women in Solidarity. The following are some highlights.

- Team bulk purchases of grocery which maximises spending derived from wholesale purchases.
- Neighbourhood cold storage system where more financially established women in the neighbourhood make their home refrigerator available to poorer or younger women to

store their food items. This friendship aid strengthens the support system and healthy community building.

- Free public seminars organised by the support groups on women health issues such as causes of cancer, maternal mortality, home management, wise budgeting, new adaptable recipes, creativity and inventiveness to combat the negative effects of income cuts on family health, nutrition and social amenities.
- Personal readjustment of welfare, preferences, refurbishing of cars and wardrobes instead of buying new ones in order to ensure family survival.

SITTING ON THORNY EDGES: UNRESOLVED ISSUES

Women in Africa still sit on some thorny edges of unresolved issues despite the tremendous progress made. It will be wrong to underestimate the enormous grounds gained in changing women's situation for a more wholesome life. Realistically, Alastair Scobie's book titled *Women of Africa* (1960), featuring on the cover page a young South African maiden with well beaded neck and bare breast, jubilating in the moonlight betrothal dance as being all her life aspiration, reflects a past historical era. Scobie's *Safari into the private lives of Women in Africa* has seen the process of irrevocable change beyond African female naivety and maiden euphorias.

The exceptional woman university graduate, bank executive, minister or company manager of Scobie's 1960 is now a commonplace occurrence in many African countries. These women of means, high status and intellect are asking serious questions about serious issues which still pose major hindrances on women's way to full human integrity, justice and peace in the community. Some of these change resistant hindrances seem to flourish in a context where social prejudices die hard because they are culturally and traditionally sponsored. Women of today seriously press for major structural changes. Some areas of severe hindrances have been drawn from the life stories of the four case studies presented earlier. These issues are reposed in table one.

Table One

Change Resistant Social Prejudices against Women still present in Africa

Social Prejudice	Modern Interpretation by Women
1. Denial of property rights on gender basis especially land and house.	1. Sexism.
2. Denial of female heir on grounds of custom.	2. Social injustice, abuse of human rights
3. Ignoring women in decision making and high policy boards.	3. Female downgrading ₅ and female marginalization.
4. Overlaboured woman as symbolic approval of "good wife".	4. Female exploitation.
5. Male child preference in matters of decision.	5. Abuse of fundamental rights of the child.
6. Assault on infertile and non-child bearing woman.	6. Female abuse, stigmatization.
7. Battered woman as male prerogative.	7. Female assault by male chauvinism.

8. Resentment of single woman as community reproach.	8. Female abuse, stereo-typing and stigmatization.
9. Mal-treatment of widows.	9. Social injustice and female abuse.
10. Sexual harassment as male right.	10. Female assault.
11. Subtle or obvious male preference in employment opportunities or professional role.	11. Sexism
12. Women appointees only in the absence of men.	12. Sexism, female marginalization, stereotyping and general downgrading of women.

Opinion of twelve women from five African countries (Nigeria, Zimbabwe, Botswana, Tanzania and Ghana) who are currently residing in the United Kingdom for at least the past two months, was sought on vital change issues in their countries and their personal response strategies. Table two reports of their responses. Figure one gives a schematic paradigm of African Women's adjustment process in general, over a historical period.

Table Two

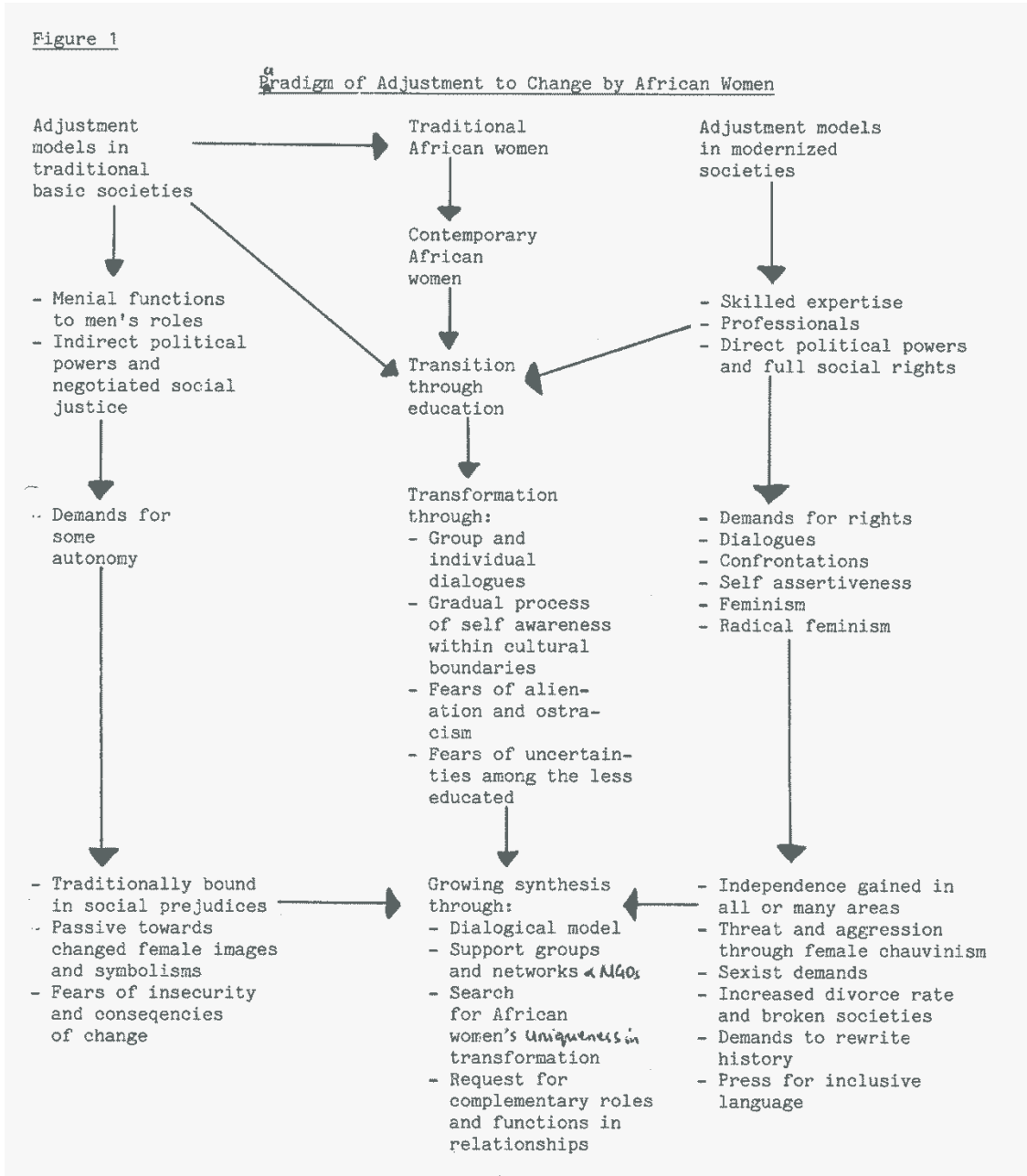
Change Issues for Some African Women in Britain

Issues:

Generally, what particular situation of women in your country today would you want to see changed and to what?

Opinion:

- Recognition of a woman as a person of worth and capabilities beyond child bearing and motherhood.
- Full social acceptance of human rights of the woman.
- Full decision making powers in public and family recognized.
- Full female representation in public affairs, policy boards and employment sector.
- Equal education and employment opportunities
- Equal rights for political and administrative participation.
- Improved general health of women.
- Husbands to offer more help to relieve the burden of domestic chores and also help from technology.
- Appreciation single parents and granting them full maternity and child benefits.
- Equal rights of male-female participation in the official life of the church



Freedom, Coping or Adjustment? Question of Clarity

There is the need for the society as a „hole and the women themselves in particular, to re-examine what the struggle is set to change in Africa and what alternatives are being suggested.

Whereas some women feel they have never been in bondage and so do not understand women's fight for freedom; others feel that what they need is a little help with how to cope with many social and technological changes coming upon them rapidly. Yet, other women see adjustment as part of life process which needs no special attention other than growing with the times.

The growing complexities of perceptions and opinions even among women themselves on what the issues are, calls for clarity. Part of lock of unison in women's voices across the board come from the unclear differentiations of what is expected of a truly modern African as dif-

ferent from a traditional African. Working out the dynamics of this differentiation or possibly a merger of the two, and resolving the split personality into wholesomeness is perhaps the most crucial issue facing the women in Africa today. This carries with it political, economic, social, religious and psychological costs which have been vividly exemplified in each of the lives of the four women.

A second issue for re-consideration is that of "power sharing" which lies at the root of all human struggles against injustice. The African society of men and women need to re-examine these questions: Who holds the power? Do those who hold the power use it to empower the powerless to rise to their full human integrity? Are the current power holders willing to share? At what proportion and in what areas? Are the current powerless willing to let go the pains of past hurts and rise to build together a future healthier society? Perhaps, as community builders, the goal for women in Africa should be to press for changes which have both male and female faces. If the case has been against dominant male society, tilting the pendulum to the other side of female domination turning the male tables over, would be a counter productive adjustment strategy. Therefore, in pursuing women issues, a balance is needed and should be sought.

A Nigerian women university vice-chancellor Grace Alele Williams (1990; 3) summarises the issue of balance by saying this:

Our society like most progressive societies must seek harmony in the home and community, on the basis of complementary roles between men and women ... The problem of freedom which is the main task of history whether of an ethnic minority or of a religious group or even women, is a question of unequal relationship to social life. A progressive society is one which is neutral to all its constituent elements and that accords them the same rights and opportunities. The Nigerian woman must continue her uphill task to contribute fully to the development of Nigerian society.

PASTORAL RESPONSE TO WOMEN IN AFRICA

The pastoral response to women in Africa from the African church has a history of threading a cautious path purposely, not wanting to rock the male-female boat which is usually driven by men. In this situation, pastoral response has at times spoken out in solidarity with the women against social injustices done to them. But at other times, pastoral response has connived at issues when as a ministry identified with care, it should have spoken out or acted out. Sadly, there is yet a worst situation and that is times when pastoral care had gone into collusion with sexist traditional sanctions and customs, for example, its present position in the ordination of women into priesthood. Therefore it can be said that pastoral response to women issues in Africa has been very much conditioned by the social climate within the African context.

There is the need for a much more defined and committed line of action. The launching of the WCC decade of churches in solidarity with women in several dioceses has helped to bring about a more focused and committed effort of the church to women issues.

So long as human rights deprivation and social injustices against women in small or large scale continues advertently in inadvertently, pastoral care in Africa owes the community of Christian faith active assistance in dealing with what still lingers on in the society as oppressive elements against women. Pastoral care can still play two effective roles at this stage.

Firstly, the church needs to step up its old type advocacy role by continuing its crusade against lingering change resistant, death delivering structures, speaking out, loud and clear

from the pulpit. Such sermons that seek to refine the identified customs and make them better for a healthier community, would then empower pastoral care givers to address the issues practically. Practical actions from the church care team would in turn empower as well as strengthen women in the adjustment efforts.

Secondly, in the present situation of heightened social tension between male dominated systems and female demands for either re-ordering, reversals, or inclusion, pastoral care should act as the 'enabler' of both males and females towards healing and wholeness in one community. By taking up the facilitator's role pastoral care would foster complementary and peaceful co-existence strategies. This new process of adjustment involves both sexes, leading to building a new community of faith where both men and women are truly themselves in the image of God, joint heirs of God through Christ and partners in grace through faith (Romans 8:17 and I Peter 3:7).

These two intensified roles would of course be carried out in addition to the usual individual and group counselling services.

A holistic stewardship of care fostered by pastoral care ministry would recreate new and positive male-female images and symbolisms in the language and thought pattern of a new community which is in the process of emerging from Africa's current transitional period. It will, in effect, forestall in the new African society, the unnecessary extremities to which sexist rivalries, arguments and debates in contemporary male- female relationships have been driven in the modern world.

Pastoral response in Africa will fall short of its responsibility if it does not strengthen the power of the poor (in this case, women), to become the subjects of their own action rather than remain objects of action and concern for the powerful (in this case men).

One World, One Situation, One Adjustment Process

The task of building a complementary wholesome community of men and women in Africa relative to the modern age is not entirely an African affair. We are in one world which continues to undergo changes with inter-connections. Therefore adjustments can be made easier when we live mindful of each other's situation in our hemispheres.

That is to say, so long as the international debt crisis remains a burden on the developing countries especially the poor nations of Africa, so long as global pollution, global warming and earth impoverishment is on the increase from industrialization; so long as the despotic African military leaders and rival coup regimes continue to be armed by the Western powers and Western arms factories; and the political and new trade alliances of the post cold war and new economic order continue as if there were no victims involved. Women of the world, especially women in Africa will continue to face threatened and shortened life spans in their survival adjustments. It has become critical as well as incumbent upon us, in our North-South mission partnership to remind ourselves on each side of the hemisphere that we all have one common holistic stewardship as God's people. We women from the poor nations of Africa need to constantly remind you, our brethren in the industrialized nations of the North, to draw fresh and deeper insights into how your political, economic, social and religious decisions as well as actions intentionally or rather unintentionally affect us in the south, especially the poor, "nameless" and "faceless" rural masses of women and their growing children. Very often, a well intended decision in the industrialized north can cause greater poverty and social injustice to the women in the south. Here are three examples to make this point much clearer:

1. The shipment of contraceptives to two-thirds of the world to control population in

Asia and Africa which is then administered on rural women who do not take pains to get regular check-ups and do not understand the full implications of such health hazards, has resulted into increased cancer cases and maternal mortality.

2. The shipment of farming technology appropriate for Western agriculture instead of appropriate technology for both large and small scale farming in Africa has resulted in the marginalization of small scale women farmers who labour for subsistence. It has also led to retrenchment in large factories where women are first to go because they are less skilled in machinery.
3. The IMF debt and loans conditions placed upon debtor nations through Structural Adjustment Programmes (SAP) leads to retrenchment or wage freeze of husbands. This has invariably put heavier burden on women whose lot it is to place bread on the table for the many mouth to feed. Being nearest to their hungry children, women come under severe emotional trauma in these poor homes.

As partners in one world community of faith, we need to re-examine the changes and decisions made in our countries to see how these affect our brethren in other countries, we must make real life physical and spiritual inter-connections with one another.

While we remind you of these issues, as part of our joint stewardship, we do expect that you would also remind us in Africa continuously to rise to our own fate and action not in the western fixated life style and mind set, but to continue in our adjustment efforts as truly Africans responding to changes in our own social context. Our culture abhors male-female confrontations, and we have kept this in constant view. Our adjustment challenges therefore are such that as women in transitional period, we must thread our path cautiously, seeking through meaningful and friendly dialogues for co-existence and complementary roles, a re-ordering of our present societies into fairer and just structures. As a community oriented people, we seek to continue our adjustment processes without being reactionarily confrontative or disruptive of the home stability which is already in a volatile situation. Through firm and yet peaceful means we are to continue to address the issues that still adversely affect us in such a way that the emotional health of life in our communities will continue to grow positively and progressively in a wholesome direction.

CONCLUSION

Women in Africa believe that a continued process of male-female dialogue on change and adjustment issues of our times, no matter how long it might take, is the only sure process that will directly and effectively speak to combat the issues of female poverty, marginalization, stereo-typing, deprivation of social rights and general downgrading attitudes which are still endemic in our modern societies.

Since change and adjustment are universal phenomena, and women issues are also of universal concern, you need us in Africa to come with our life stories for sharing and we need you in Europe with your own stories too. That is to say, in conclusion, we need each other in a newly emerging mission partnership in the community of faith through Christ, as we learn together from sharing as partners in one faith, one mission of adjustment, in our one world which is continuously in a changing process.

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Marital Relationship and Counselling Needs in West-African Context

topics

- *marriage*
- *children in the marriage*
- *marital concerns*
- *implication for counselling*

Lecture at the International Seminar 1992

Introduction to the concept of marriage

The concept of marriage in West Africa emerges from a world view dominated by progeny linked to a cyclical nature of life. There is a need for the family name and identity to continue through descendants, offsprings. There is simultaneously, a need for expansion of network of descendants. The latter has historical importance in location of a relation for help or to reside with anywhere in a country or West Africa outside the area of origin. Thus marriage is basically a joining together of families, descendants into clan relationship. This relationship is sealed by the production of offsprings. This concept of marriage therefore affects the process of inception of marriage and conjugal relationships.

Marriage is a serious matter and decided on all levels by the whole family with parents of the individual serving as pivots. Individual choice and the factor of love are given limited part to play in the decision process. Quite often, the individual's opinion on love or reasons for choice are listened to but not accepted as the major premise to base the marriage on. He or she is often given careful explanation of the implications of marriage as relates to family name, tradition and customs. Most often the family reasons supersede those of individual wishes in several ways. The submission of individual wishes to the group directives is inevitable in a communal society since no marriage can occur without the presence and active participation of the entire families on both sides. In other words, a parent in West Africa cannot simply agree to hand over his daughter to a man no matter how wonderful and well established he is, nor to receive a woman into his home as a daughter no matter how sweet and hardworking she may be. The presentation must be done by a family or an acceptable family delegation. Thus, even where a marriage is concubinage, the specified token gifts and rituals must be observed,

especially where there are offsprings from the relationship, before the marital relationship is recognised. This also establishes legitimacy of the offsprings in paternity.

Marriage is not considered a rushed affair where individual partners meet; decide to get married, inform the parents and set a date for the wedding. It is a protracted process that often takes an average of 12 months or a year. The process can be speeded up but none of the steps and rituals involved in the process can be omitted. The steps involve the individuals concerned informing their parents. Where the parents are interested they inform family heads and important relatives. When all are interested, a date is set for the first step, which is, bringing the individual to see the parents on either side. The next step is for formal knocking on the door of the woman's family or presentation of the request for hand in marriage by relations of the man. The steps go through rituals of postponement of decision dates to the official permission to carry drinks to inform the family of the intent. Other steps before the official betrothal include personal invitation to important family members to announce the intent of marriage and request their presence. All steps and each visit involve money, drinks, offers and gifts exchange. The official betrothal ceremony involves a dowry or a cash gift to the girl's family. Many of these gifts are compensations to those who cared for the woman as a child. The final wedding ceremony is therefore a culmination of series of rituals. The process is costly, and the steps provide a courtship period for the couple. This is the recognized courtship process. Premarital and extramarital relationships are restricted and often rejected in marriage.

Patterns of marriage

There are two broad patterns of marriage in West Africa. The first one is customary or traditional type as opposed to church type. The second one is polygamous as opposed to monogamous marriage. The first type involves a decision to accept the marriage as established after completion of traditional customs or to impose another dimension, if a Christian, and have a church wedding as well. Some have a public registry marriage instead of a church wedding because of the financial costs involved in the latter. It is necessary to recognise that the certification aspect (legal documentation) of church and registry marriages make them attractive and therefore a requirement to West African marriage ceremonies. The actual marriage is in existence formally at the end of the traditional rites. Thus the white wedding can be later, even during pregnancy or after a child has been delivered. The high costs of marriage means delayed marriage age for young stales, in order to be in a position to afford the marriage, especially through stable employment.

Polygamy is part of the West African culture. It is practiced with styles. These include spacing the periods when a new wife is acquired, and having a commonly shared household or setting up separate households for the wives of the marriage (Kalu, 1981). It is more or less one general design of marriage which serves as an umbrella for several marriages or marital relationships to exist within it. The wives know each have a different marital relationship with the husband, by virtue of rank, seniority or attitude of the husband. Where there is a commonly shared household, there is the need to submit to the senior wife's authority in addition to that of the husband.

Generally, whether in polygamy or monogamy, most West African men resent undue control or scrutiny of their daily movements. It is part of their right as head of the marriage and household. They acquire the headship through patrilineality and the fact that they initiate and perform most of the marriage rites to establish a marriage. In addition, delayed age of marriage of young males and early marriage of females, means husbands are older and evoke the respect accorded to elders in the society.

The complexity of marriages within a marriage as exists in polygamy means that other symbols become important for assessing the marriage. Food for instance has symbolic roles to play in all West African marriages but more so in polygamous marriages. There is an adage that the way to a man's heart is through the stomach. If a woman is interested in a man she invites or sends to him delicious meals. Similarly, a man giving a woman money to cook for him is a sign of interest that could lead to marriage. More than half of West African women ultimately find themselves in polygamous unions (Ware, 1983).

Thus in polygamy, cooking and sleeping arrangements rotate together. The wife who cooks for the husband any day or week sleeps with the man (Abu, 1983). The lactating wife does not cook for the husband since she is not expected to sleep with him. Most women add their own money to the one given for food to be able to present reasonable meals and good soups to their husbands. When a wife is dissatisfied with the husband this shows in the content of stew or soup prepared for him. When a husband is dissatisfied with the wife he withdraws or cuts back on food money. Food money is symbolic of love and peace in the marriage. When a man is not eating the wife's food at home regularly or heartily, it is a sign of eating elsewhere, that is, another woman's food. It is grounds to suspect marital infidelity or a move to acquire a new wife. The frequency of reception of gifts from a husband and his interest in the children of the marriage are also symbolic of how healthy the marriage is.

Children in the marriage

The nature of and essence of African marriage involves the presence of children within the marriage. Without the children, the size of descendants is curtailed and there is risk of the family name of the particular childless descendant dying, whether he is a male or female. In patrilineality, it is important to have at least one male issue. Thus in most West African marriages, children are considered essential and both sexes are welcomed, with a desire for at least one child from each sex. In Nigerian society, the pressure is for male offsprings.

This situation affects the number of children produced in a marriage or seen as desirable as well as attitude to childlessness. The average number of children in a family was 6 in 1966, with a low average 5 and 9 high of 7 throughout West Africa (Ware 1983). A childless male or female is under a great deal of cultural pressure. A married woman may be offered a child by her sister to take as own or she may marry another woman in order to have children through her (Amadiume, 1986). Women spend a greater proportion of life in marriage than men and about 50% of women in Nigeria spend over 60% of their adult life pregnant or breast-feeding because of early marriage customs (Ware, 1983). However, child rearing is not considered a full time occupation to exclude all other activities by the women and their husbands. Thus, it is these women with 6 to 7 children that still provide 60 - 80% of agriculture labour in Africa. The combination of child-rearing and economic roles leaves little time for the women in West Africa to take on public roles as well (Ware, 1983). The taking on of public and political roles is at the expense of the other two roles, and the risk of a supportive house help system exclusively being in charge of child rearing (Kalu, 1987). West African society defines the financial cost of child rearing as responsibility of the father and the other tasks as responsibility of the mother, older sibling and relatives.

At the death of a spouse the care of the children go to the family of the man. If the wife is the living spouse, she and her family assist. If the husband is the living spouse he takes full responsibility of the situation. Thus it is common for widowers to marry within a year but not for widows to marry even after two years. Widows risk the loss of financial responsibility for the descendants, children, by the deceased spouse's family, as well as accusation of witch-

craft, or a role in the death of the deceased and general group pressure (Kalu, 1989, 1990).

Thus, ultimately, the traditional concept of marriage (as alliance of families the patterns of marriage and the priority) to progeny and therefore having children act as background to most of concerns and issues in marriage and marital relationships in West Africa. Their understanding is essential to marital counselling, since they are part of the nature of marital relationships. Some common areas of counselling needs are companionship and intimacy, childlessness, budget, financial management, and control, food and housekeeping dynamics.

The study on marital concerns

A study is carried out to explore the dimensions of some common concerns in marital relationship. The questionnaire seeks information on age for a woman to get married, place of preference for the wedding, reasons for choice of spouse, length of courtship, marriage type preference, adequate number of children in a marriage, sources of joy in marital relationship and of knowledge on marriage.

The subjects

The questionnaire was administered to 150 volunteers. One hundred and twenty-seven adequately filled questionnaires were processed.

This consists of 63 male, 64 females of which 60 are married persons and 67 are single. The respondents were mainly school teachers, (14) public service or government workers (69) and others (14).

Respondents fall into three age groups. They are about 80 in the 21-33 year age group, 44 in the 34-47 year age group and 3 in the 48-59 year age group. The respondents were from several ethnic groups in Nigeria. About 58% were Igbo, 12% non-Nigerians, 6% Yoruba, 3% Efik, 20% Benue, and 10% Hausa.

Findings

Table 1: Mean Age for Woman to get married

	Mean	SO
Society's expectation	19.3	6.1
Society's latest age	29.3	9.7
Personal preference	23	3.7

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In Table 1, respondents consider society's expectation is for a woman to get married by the age of 19 or latest age of 29. However, there is a general preference for a woman to get married by 23 years age.

Table 2: Percentage response on Reasons for Choice of Spouse

Reasons %

Same home town	7
Love	89
Parental choice	7
Family approval	32
Commitment	19
Enjoyable relationship	40
Premarital pregnancy	6
Good job	21
Wealth	11
Anxious for marriage	3
Same ethnicity	8

Respondents choose spouse based on love (89%), enjoyable relationship (40%), family approval (32%) and good job (21%). Commitment to the other person may also be considered (19%). Wealth (11%), ethnicity (8%), parental choice and common hometown (7%), premarital pregnancy (6%), anxiety to get married (3%) are low on choice as reason for getting married.

Table 3: Percentage of response on areas of joy in marital relationship

Area	%
going to places together	56
separate interest	6
share ideas often	84
joint future investment	71
joint ownership	59
joint bank account	34
separate finances	23
documented ownership	7
share bedroom	59
separate bedroom	19
live and work in same town	61
live where nan works without a job for spouse	22
hugs and kisses	41
praise for efforts	55
control of shared car	9

sexual satisfaction	61
sexual fidelity	66
husband doing chores	25
share of house chores	28
choice in contribution to house budget	39

In Table 3 areas selected as sources of most joy in marital relationship are, sharing of ideas often (84%), planning for joint future investment (71%), sexual fidelity (66%) and sexual satisfaction (61%). The sharing of same bedroom (59%), joint ownership of property (59%), going places together (56%), praise for efforts (55%) and hugs and kisses (41%) also give some joy in relationship. There is low response on having husband share chores (28%), having to choose contribute to house budget (39%), joint bank account (34%), separate finances (23%), living together without a job for spouse (22%). These obviously are not exciting sources of joyful relationship.

Table 4: Percentage of response on sources of general beliefs on marriage

Sources	%
Cultural practices	40
Bible/Scriptures	43
Religious practices	29
Mother	19
Family members	17
Friends	13
Books read	9

The percentage level of response on sources of personal beliefs guiding marriage is generally low in Table 4. There is close to 60% non response for each source. The sources indication are bible (43%), cultural practices (40%), religious practices (29%), mother (19%), family members (17%) friends (13%) and Books (9%).

Table 5: Percentage response on preferred length of courtship

Length of courtship	%	Marriage type	%
Less than 6 months	34	Monogamous	71
Less than 2 years	46	Other wives	15
Above 2 years	11	Common law	14

Table 5 shows that 71% of respondents prefer monogamous marriage; 46% prefer a courtship which is less than 2 years and 34% prefer one that is less than 6 months.

Table 6: Percentage response on major sources of knowledge on marriage

Sources	
premarital counselling	1
wedding day exhortations	15
advice from close friends	16
advice from parents	24
counselling by priest	13
professional psychological counselling	11

Table 6 shows that sources of knowledge utilised in marriage come from parents (24%), advice of intimate friends (16%), wedding day exhortations (15%), counselling by priest (13%), professional psychological counselling (11%) and premarital counselling (1%).

Table 7: Percentage responses on number of children adequate in a marriage

at least one	6
at least three	30
a maximum of five	51
as many as husband wishes	4
as many as wife wishes	1

About 51% of responses consider a maximum of 5 children as adequate in a marriage, 30% consider at least three children as adequate and 6% consider at least one as adequate.

Discussion and Implication of findings for counselling

Table 1 shows that people's knowledge of the mean age that society expects a woman to get married (19.3) has not changed over the years.

It is close to the Nigerian rural average of 18 and Yoruba 20 (Ware 1983). The responses show that the latest age expected of a woman to get married is 29 years. Thus, a woman of 30 years and over will experience discomfort in being considered by the society to be an old maid or one unlikely to get married. The personal preference on age for a woman to get married is 23. This could influence direction of pressure on girls to get married in future.

The responses in *Table 2* indicate a direction of pressure on the prevailing tradition of considering marriage as basically an alliance of families. About 89% of responses emphasise importance of love in the choice and 40% emphasize enjoyable relationship. Parental choice (7%), sharing same town of origin (7%), premarital pregnancy (6%), and general anxiety to get married (3%) are considered poor reasons for choosing a spouse in marriage. It is therefore likely that love and good relationship between a man and a woman will serve as guide to the selection of spouse and initiation of rites in the desire to get married. However, the 24% of knowledge on marriage being from parents (*Table 6*) and 40% of beliefs on marriage being based on cultural practices (*Table 4*) indicate a definite role of the family in choice of spouse. This will influence counselling of those who want to get married only on their individualistic terms.

Table 3 show that intimacy in sharing ideas often (84%), planning jointly for future investments (71%), sexual fidelity or marital faithfulness (66%) and sexual satisfaction (61%) which involve sharing bedroom (59%) are key areas of joy in marital relationship in contemporary couples.

This is also an influence of monogamous marriage preference (71%) since polygamous marriages involve having separate bedrooms. Marital couples also value praise for efforts (55%) to keep the marriage joyful and healthy. This is an area of challenge in counselling especially where suspicion prevails from receiving a large dosage of cultural ideas/practices (40%, *Table 4*) and advice from friends (13%, *Table 4* and 16%, *Table 6*).

Table 7 shows that the average number of children desired in a family is still a high figure of five (51%). This average has persisted from 1966 (Ware, 1983) through the 1980's (Kalu, 1987). The childless couple will therefore continue to face a lot of pressure and will seek counselling. *Table 4* shows that most beliefs in marriage are guided by scriptures or bible sources (43%), cultural practices (40%), and religious practices (29%), that is, customs and rites. These will influence types of information presented to marital couples in counselling sessions. This also explains the escalation in demand for marital counselling programmes with Christian councils in West African countries.

Parents (24%) and close friends (16%) are still the most utilised sources for counselling in marital issues (*Table 6*). Counselling by priests (13%) and professional psychological counselling (11%) are little utilised. This is a challenge to professional development in the area of marital counselling in West Africa.

Pastoral Counselling Directions

The cultural perception and expectations of marriage in West Africa affects the type of models used in counselling. Theoretical schools from Psychoanalysis, Behaviourist are utilised within particular models which suit African persons. The approach is more communal than individualistic as obtains in Western cultures. For instance, individual therapy often yields as time goes on to palaver group therapy which involves counselling of extended family facilitated by a professionally trained therapist and guided by family elders. This usually ends with a celebration (Masamba and Kasenga, 1992). Therapy sessions are on "demand feeding" schedule and need to get to a reasonable level at the earliest opportunity to keep client satisfied. It is important to note that psychic manifestation of marital problems are common in West Africa partly because problems are accumulated over a long period of time. The early prescriptions include divinations, appeasing spirits and ancestors. These operate alongside physical manifestation of explosive anger, hostility, not talking or communicating with each other, fatigue, fear, restlessness, poor eating habits, over critical attitude, assault, battering and threats.

Thus counselling which involves spiritual healing or bible based and also involving deliverance from malevolent forces are in great demand in West Africa. There is a trend towards increasing involvement of ministers of the gospel and church members exercising Holy Spirit gifts in such areas of counselling. The goal for seeking counselling and the directions in counselling in West Africa is to help the marriage to stay or avoid divorce. Divorce is a last resort in marital breakdown efforts. Marriage failure is a sign of having failed one's family, clan and ancestry.

Conclusion

The West African cultures are still communal family oriented and this exercises different pressure on marital relationships. Marriages are meant to stay for the desired links in ancestry to be maintained.

The marital couple is aware of this and therefore their concerns in the marital relationship are modified to cope with this reality. The family is the major source of identity, fulcrum for operation and succor in times of difficulties. This is a major guiding principle in counselling in West Africa.

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Pastoral Care and Counselling in Africa

The case of Ghana

topics

- *changing society*
- *youth and marriage*
- *migration*
- *family planning*
- *counselling programmes of the churches*

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Introduction

Ghana is situated on the West Coast of Africa with a population of 17.5 million. Formerly known as the Gold Coast, the Country obtained its independence from the British in 1957 as the first black Sub-Sahara African Country to attain an independence status. Ghana's population comprises many groups with a variety of cultural values which affect various aspects of life of the people.

The country has a mixed economy, and there is a dominant traditional agricultural sector, characterized by small-scale peasant farming, which absorbs about 60% of the total adult labour force. The problem of poverty is exacerbated by the high population growth rate, which is around 3% per annum, and places a burden on the majority of families, as well as on the national economy.

The 1993 National Church survey shows the following Religious groupings in Ghana:

Christians	61%
Muslims	18%
Indigenous Religions	21%

With the foregoing as a background, the paper attempts to examine how the Ghanaian has handled life stresses; look at some of the current stress areas in Ghana; observe what the Church, specifically the Christian Council of Ghana has done about some of the stressful issues and conclude with some future dreams of pastoral care and counselling.

Traditional approach of pastoral care and counselling

Families in Ghana, as all families in the world, face daily pressures and stresses. The degree of stress often differs from place to place or from one generation to another. Regarding unpredictable and accidental happenings like lightning striking somebody, a car accident, sudden death, sudden sickness, etc., many Ghanaians and Africans believe that nothing happens to people by chance. Hence, there is a cause to every misfortune. Thus, some mishaps that occur to people are supernaturally caused and they need supernatural (diviners and fetish) diagnosis to bring assurance and healing.

For example, when a 70 year old man died, the family thought the death was unnatural. They consulted an oracle and the diagnosis was that 3 people in the family with the power of witchcraft killed the man. And that the dead person was saying the 3 people would follow him soon. Within the space of 2 weeks, 2 members of the family died. The elders had to consult the oracle again to 'protect' the supposed remaining 'victim'.

Moral lapses such as drunkenness, cruelty, etc. have caused great strain in many families leading to separation and divorce. In all cases elders and parents have attempted to bring spouses together. It was common for the family head of the aggrieved partner in an arbitration to "place his foot" on the case and urge the niece or daughter to go back to continue the marriage. There has been traditional respect for the elderly and often people are forced to suppress their feelings and pain to obey their elders.

Concerning general incompatibility the traditional Ghanaian culture handled it better than what we experience now. People mostly lived and married from the same ethnic groups in the same area. Parents and family elders from either partner in the marriage had known each other and their respective children well. Therefore, selection was done adequately and to the satisfaction of the couple concerned because dad or uncle knew best.

Let us now turn to Ghana presently and examine some of the pressures and challenges families are facing.

Challenges in the changing society

The average Ghanaian is directed by three voices: Voice from the past/tradition, modern voice from the Western World with its changes, and religious voice (either Christianity or otherwise). Often there is no problem or stress or crises when one faces an issue and all the three voices are in agreement. However, when there is dissonance in the voices problems erupt.

The issue of polygamy can be used to illustrate this point traditionally, and religiously. Traditional marriage allows the man to take another wife or wives. While the Christian teaching is against polygamous relationships.

Again, sometimes cultural practices and beliefs from one tribal or ethnic group in Ghana differ from one another as night is from day. An example is the descent systems in Ghana: which have two systems of inheritance - patrilineal and matrilineal descents. The patrilineal allows children in a marriage to inherit their father's property and wealth. The father therefore makes sure he provides for his children even while he lives. The matrilineal descent enables children to inherit their maternal uncles - mother's brothers or family. Children from such descents are therefore sponsored in school or apprenticeship by their uncles, with fathers doing very little for them.

Below are some of the specific challenges facing the young couple.

The youth and mate-selection

Traditionally, choice of a spouse was the work of parents or elders of the extended family. Marriage traditionally was considered to be a communal event - the union of families. Thus such decision about marriage was too important to leave in the hands of children alone. Now, urbanisation and especially education cause many young people to be beyond the influence of their parents and elders of the extended families. The choice of a marriage partner is now largely within the hands of the youth. However, for marriages to be completed, the choice by the youth must receive the consent and approval of parents and relatives. It is here that the youth face conflict and stress. First, his or her choice may not come from his or her tribe, and second, the social, educational and professional position of the person chosen may be far below the expectation of parents. Consequently, there is undue pressure to abandon the spouse or deliberately calculated attempts to disrupt the marriage resulting in stress. The extended family system in Ghana is going through some changes presently.

Modern conditions such as industry, modern urbanization, private property, wage earning, and easier mobility are contributing to the decrease of pressure or stress from the extended family. In urban centres the nuclear family in which a man, his wife and children alone live together, is on the increase. There is however, conflict and stress in this new arrangement too: the extended family expects couples to take on traditional responsibilities such as provision of the needs of nephews, nieces, younger siblings or ageing parents.

Mother-in-law and sister-in-law also insist on their rights as members of the family. One experiences a lot of joy and happiness until the extended family visits; then there is a lot of stress.

Migration

Rapid and unplanned movements of people is also a source of stress for many people. In a developing country like Ghana, both internal and international forms of migration are common.

In Ghana, harsh economic conditions have compelled people to move from the rural areas to the urban centres or from the country to another country for “greener pastures”. Migration has social and emotional effect on the migrant, the remaining spouse, the children left behind and society as a whole.

The migrant and the remaining spouse both deprive themselves of physical, emotional, financial and sexual benefits. These can lead to marital infidelities, marital breakdown or infection of STDs or AIDS.

Children also need the two parents to have a balanced growth. The pressure on the child in our contemporary world is too much for one parent to handle. Ghana’s internal migration to regional capitals puts severe pressures on the already inadequate services and facilities in these areas. The scramble for the inadequate facilities causes stress for many.

Female and male marital roles

In Ghana and in most tribal societies in Africa there are traditionally assigned sex-typed division of labour. For example, women are supposed to bear and nurse children, cook food, fetch water and keep the house clean. Men must hunt, fish, build houses and do the hard work on the farm, such as felling trees in preparation for a new farm.

Conflict and crises come when both the husband and wife are professional persons and are engaged in wage-earning ventures. Who cares for the child, maintains the home or cook food? There is the case of this medical doctor (wife) with an engineer as a husband. In Ghana there are 582 medical officers in the public service. If that equal number are in the private sector, then we have one medical officer caring for about 17,000 people.

With this sort of demand on the life of a medical officer, there does not seem to be any time for household chores. But naturally, this husband would insist that the wife cooks his meals even though they may have a house help. Thus, this busy and highly sought after wife, mother and specialist doctor finds herself constantly under stress in an attempt to play all her roles adequately.

Urban life with husband and wife both careerist has created the situation where couples depend on house helps to take care of their small children and also do all household chores. There have been cases where the female adolescent house helps have become the “mistress” of the husband because they had taken over the running of the house for too busy mistresses.

Fertility and family planning

Ghanaians traditionally want many children. Currently, the total fertility rate is almost 6. Reasons for this high level of fertility are various socio-cultural practices and beliefs, low level of contraceptive usage and low level of education of females.

The economic situation of the country cannot tolerate a high fertility rate. On the other hand, there have been some separations or divorces when a marriage produced no offspring. The divorcees feel cheated and unloved and the ensuing pressure under which they find themselves causes them to engage in unlawful acts such as stealing babies.

Normal developmental crises

Early this month a lady spent over Cedis 30,000 (about 1/3 of her monthly salary) on medical tests later to be told that there was nothing wrong with her, that the results on the blood and urine samples showed her to be very healthy.

The lady is 46 and it seems she is beginning to experience menopause. There are many women like this one, who have little or no information on what changes occur during mid-life or old age.

There are people who are moving from one prayer camp to another, from one fetish to another just to find answers to personal and family crisis. The inability of the priests and spiritualist to find permanent solutions to their problems is another source of stress for many.

Other issues

The average Ghanaian faces serious economic problems/challenges. In the urban centres there are youth without employment, engaged in prostitution, teenage sexual affairs, involved in drug use and other social vices.

Sometimes, instead of facing these issues rationally people tend to blame others and attribute their problems to supernatural causes. There is a recent case of a grandson who clubbed the grandmother to death because he was told by an oracle that she had be-witched him. Many people who find themselves at the receiving end are bound to experience some degree of stress.

Christian Council of Ghana's Pastoral Care and Counselling Ministry

The Christian Council of Ghana is an ecumenical body made up of 14 member Churches and two affiliated organisations. Some of the member churches are: Presbyterian, Methodist, Salvation Army, Baptist, Evangelical Lutheran and Mennonite Churches. The affiliated organisations are YMCA and YWCA. The Council responds to societal needs through its four specialized Departments, namely: Church and Society, Development and Environment, Church Relations, Theology and Research, and Finance and Administration.

The Department of Church and Society has four main units, namely:

- Women and Children's Programme
- Youth Programme
- Relief and Rehabilitation Programme
- Family Life and Welfare Programme.

The general purpose of the Department, in addition to spiritual upliftment of the Churches through its activities, is to create awareness in individuals, equip them with requisite skills for empowerment, development and transformation. One of the prime foci is to reduce stress and poverty and enhance the quality of life of people.

The Family Life and Welfare Programme (FLWP) handles Population and Pastoral Care and Counselling issues of the Council. The Programme was set up in 1961 as an ecumenical response to the need to in strengthen the integrity of the Christian family and to address certain common problems regarding Christian living. The three foci of the FLWP since 1961 have been: Family Planning, Family Life Education and Family Counselling.

Let us take a closer look at the area of 'Family Counselling' for example:

Family counselling

Coping with the problems associated with the rapid rate of change in the world has not been easy for many individuals and families in Ghana. Some of these changes, which are contrary to some of our traditional norms, have sometimes created stressful situations for many people. Thus, the need for counselling.

Our churches and communities need counsellors who can help people to understand and cope with their varied needs. The counselling training programme offered by the Christian Council is meant to help along this line.

The Counselling Programme has been evolving through the years since 1967. It started with the training of Family Advisors then to a 3-Part Structured Training Programme of Family Counsellors. The programme was structured not only to train people in basic counselling skills but also to equip them to lead in seminars, workshops, talks and rallies in the churches' programmes on family living. The 3 Phase Programme took 3 years to complete. Phase I was a two-week course, mostly, on family life education with some introductory counselling topics. Phase II followed a year later. This lasted for one week. Finally, the phase III took place in a year's time after the Phase II and it was also one week. In the intervening intervals, trainee counsellors were encouraged to meet monthly with other counsellors and through talks, discussions and role plays, deepen their knowledge on Family Life Education and Family Counselling.

Since its inception, over 800 family counsellors have been trained. The Christian Council is currently the only organisation which offers formal structured training in family counselling to both governmental and non-governmental organisations.

It is being proposed to separate the Family Counselling Course as it exists now into two: purely Family Life Education and purely Family Counselling. Phase I will be Family Life Education (FLE) to interested church leaders, individuals and representatives of organisations for 3 weeks. Phase II would be more selective, admitting only those who have the requisite qualification to undertake family counselling. A new training programme is being prepared.

Over the years, the course has affected the lives of many positively. Here are a few examples. Men who felt they had learnt a lot sponsored their wives the following year. Some wives also encouraged husbands to attend. Some Moslems were converted after listening to morning and evening devotions. A man learnt of ovulation, went to teach his wife whom he had been married to for nine years without a child and she got pregnant. They have a child now. Many marriages at the verge of collapse have been turned round. Many participants with personality problems have also overcome such difficulties through the individual counselling provided to all participants during the course. If these significant changes have occurred in the lives of participants, then one can imagine a greater impact the course has on the many people who receive counselling from the 800 trained counsellors.

A look ahead

The future of this programme looks very bright, once the following have been put in place:

The Christian Council, with assistance from donors envisages training of selected past students or beneficiaries of this programme to become facilitators or tutors, locally or abroad.

With the separation of Family Life Education from Family Counselling, the varied background of the participants will be narrowed to make instruction easier.

The Christian Council has contracted experts in various fields to write papers which will be put together as a source book for use by both tutors and participants as reading materials. A course outline has already been designed.

Emphasis is being placed on biblical implications of topics treated since the programme is mostly church based.

Individual churches who can afford, have requested for and been provided with local training programme based on the same contents of the training syllabus. The number of these requests is on the increase and the committee has put resources in place to accommodate such requests.

Plans are also afoot to provide two training sessions a year for both programmes. This will double the number of counsellors trained every year. There is the need for funding.

The local associations are being encouraged to meet regularly. Current topics in counselling and family issues can be discussed or presented at such meetings. The executive of the Marriage Counsellors' Association are working around the clock to inaugurate the association early next year 1996.

Tutors who have lectured over the years are being encouraged to put their ideas together in the form of booklets for participants' use.

A programme involving 3-5 families coming together as a support system in the local churches can be a substitute to the traditional extended family. Family Counsellors and educators are to be equipped to facilitate the setting up and running of such family growth groups in the church.

Conclusion

Africa and other developing countries have some advantages as we look towards the 21st Century. We can learn from our traditional past and also from the industrialized world. We have the chance to choose what can help us best in coping with this constantly changing world with its stressors.

The resources are around us. It is our responsibility to ask-seek and knock till we see people's lives enhanced.

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Charles K. Konadu

Ghana, 1996

The Case of Mrs. Afua Nimo, Ghana

A 35 years old wife in conflict with her husband and her family

source: Intercultural Pastoral Care and Counselling No 1, 1996; pp 40-41

The setting is the office of the presenter which is situated at Osu a busy suburb of Accra. It is the official residence of the Christian Council of Ghana where both individual and group counselling is provided by professional staff. There is a Unit especially designed for dealing with Family and Marriage concerns. Afua Nimo got to know about the counselling facilities through one of the qualified workers of the Council whom she met while executing a national assignment.

Afua arrived for the first interview one afternoon and provided the counsellor with this information:

“At age 35 I work as a bilingual secretary, my dream-come-true job. I have wanted to be a career girl all my life thus I studied hard in school in order to become professional I met my present husband about eight years ago when I was in my final year at the University. We got married while I was serving the nation at Nsia, where he worked. After National Service, I was allocated a two bedroom house in Accra and found my new job and position a dream one: very fulfilling and challenging, one that makes an educated person proud and respected.

My widowed mother found my new position to be God’s smile on her grieving after the death of the husband and her struggle to educate me and my sisters. Probably, the reason why I feel excited about my current professional status is that our father died early and his relatives took little or no notice of us, making our future seem gloomy during our school years. Watching mum struggle to pay our school fees and provide other needs was quite overwhelming. When I look at my mates, they seemed to have everything they needed. Next to them, I felt very poor and neglected.

After my National Service, I got a job in Accra about 250 km away from my husband, with one of the prestigious governmental institutions as a Bilingual Secretary. I started negotiating with my husband to seek for a transfer from his employers and join me in Accra, since his employers had their head office in Accra. The decision to join me in Accra took my husband years to make. During this period, I invited my mother and two sisters to live with me in my two bedroom house. I was lonely and considering the poor conditions under which my family lived in the village, I thought city life would bring some relief to my ageing mother. Another

major reason I invited my mother was the care she would give to my two small children while I was away to work.

Most evenings, I shared with my mother, the days experiences and on occasion, marital problems I had with my husband. Mum, mostly during my absence (I spent the weekends with my husband at Domiabra where he lives) discussed these problems with my sisters. I realized later that all of them spoke ill of my husband and quickly jumped to conclusions.”

Subsequent interviews revealed that Afua was able to convince her husband Yao to move into the city only to be abused and tortured emotionally and subsequently, physically abused by his sisters-in-law in full support by the mother-in-law. The family split and Afua’s depression and guilt feelings worsened.

“Yao finally agreed to my proposal to come and live with me in the city, to my utmost excitement. So he moved into my two bedroom house, already occupied by me the children, my mother and sisters. My difficulties started then. At age thirty-five I feel I have wasted most of my life. I have always dreamt of a degree and good job and a happy family. But here I was with my husband on one side, quarrelling and fighting with my mother and sisters on the other. Several incidents of misunderstanding occurred within the period of two years. One day, while I was gone to work, my sisters with the approval of my mother abused Yao physically over a trivial incidence. (she sobs).

I was very hurt when I get to know of the abuse, especially since I was trying hard to keep my marriage, a job and family going, I reported the case to the police who arrested and jailed my mother and sisters over night. The case was however settled at home. The elders who were present at the arbitration ordered mum and sisters out of the house.

Mum lived with friends she had made in the neighbourhood. The sisters joined other relatives in the city. The biggest shock came within two weeks when Yao arranged with his employers for a transfer to Domiabra. He left with our two children. On occasion when this topic was discussed Yao was very adamant on his stand. He insists that he married me and so he decides where we will live.

One of my problems is that I am lonely, now that I live alone. I also get tired on Mondays when I travel to Accra very early at dawn in order to get to work early before my boss gets in. (He is very understanding though). I am scared of loosing my husband since my absence for the whole week is telling on the family. I have seen some signs of other women in the house. Thus when I come back to Accra, I feel terrible anxiety much of the time, particularly at night. Sometimes, I get so confused, I feel like running but I just can not move. It is awful because I often feel as if I am loosing all that I have worked for - good job, husband and relatives. Much of the times, I feel guilty that I have not worked up to my potential, that I have been a failure to my mother and sisters who have not visited me for two years now. My mother consented to receive support from me after family elders mediated.

I am tired at feeling like a looser and I know that nobody is going to change my life for me, I must make a decision, a choice which is going to change my life for the better. My friends tell me I am dumb, because if they were in my shoes, they would have stopped the weekend visits if my husband who earns less than I do cannot swallow his pride and join me in Accra. I cry myself to sleep many nights, feeling so terribly alone and filled with anger and hatred. I don’t know what to do with my life. Please help me. ”

Issues

After several sessions which have been merged into the above case, four major issues have become evident:

1. The extended family wields an enormous power on this marriage even in an era of technology advancement and changing role of women in families.
2. The Ghanaian culture expects the man to accommodate his wife and family, thus it was odd for Afua, the professional worker, to want to accommodate her husband.
3. Afua migrated to the city for economic, social and other reasons.
4. There is pressure on the professional woman/wife (Afua) in the developing world as a setting.

Explanation

1. Even though the nuclear family is gradually replacing the extended family in Ghana, there are still traces of the enormous power that it has over marriages that fall within it. Even though Afua may be educated and professional, she crumbled under that power when she allowed mother and sisters to live in with her. There were difficult times when she was torn between backing her husband and family. The family knew that Afua contributed far more to the housekeeping expenses than her husband. To them, he became a powerless, toothless husband who should be instructed and directed always.

Education, urbanization, industrialization, religious dogma and Western way of life and marriage are some of the factors that are contributing to shift the Ghanaian extended family and the relationships to the nuclear family systems.

In Ghana and elsewhere in Africa, marriage transaction and relationship are regarded primarily as an alliance between two kinship groups. Thus, traditionally, kinship ties are superior to marital ties. In contemporary time this dilemma creates conflict and stress for many people as they attempt to resolve the issue: The subordination of marital ties to those of kinships or vice versa.

Again in Ghanaian culture this caring of one's parents in their old age is an enshrined responsibility. Hence the education of children is to afford children to look well after their parents in their old age. Afua's therefore torn between her responsibility to the mother and husband.

Some years back, regarding conflicts among in-laws, the norm has been conflicts between a wife and her husband's mother and sisters. It was assumed that these sons were the sole providers in the home (husbands were literate with high education and lucrative employments). Son's education and employment were supposed to raise the status and conditions of the extended family. Conflicts usually ensued when the wife was seen to be enjoying what the extended family considered to be theirs. The reverse is now true with many married professional women, and especially with the case of Afua.

2. Gone are the days when women's work was confined to the home. In Ghana now, women are found in many professions even at the helm of leadership. Women are given accommodation just as their male counterparts as part of their benefits. If these accommodations are better, more comfortable, easily accessible, the best logic is to move in with the professional wife. Very few professional women are enjoying this privilege. There are many others who

have to be content with the homes of their husbands. This is because some cultural practices are still strictly adhered to by even educated and some elite in the society. Yao felt intimidated, weak, useless and unsure even at his manhood. What worsens his position is the fact that he has two daughters, a sign of the woman being stronger than the man. The neighbours would usually show their dissatisfaction of female house owner. His colleagues at work may question, discourage and at times mock at him for succumbing to a dominant wife.

3. The third issue deals with migration of married people both internally and externally. Because of the economic situation in the country, many marriages have been affected by this separation. Most husbands (and at times wives) left their spouses to look for greener pastures. A lot of them ended up in other relationships which were referred to as temporary. Ghanaians went to Nigeria, Liberia, Cuba, Saudi Arabia, now Germany and Europe.

Families left behind deteriorated, children became wayward, pregnant and social misfits because the task of raising these children became the sole responsibility of only one parent - the single parent. Internally spouses leave rural areas to find better paid jobs in the cities despite government's efforts at decentralization. Some leave with hope of later inviting the other members of the family as soon as they got employed and found suitable accommodation. However, these dreams, often never come true when the migrators are hit in the face by realities of city life.

However, an unidentified factor, the migration of most educated or brilliant females in the rural areas who struggle on to become professionals is another area of concern. This group of women are increasing in numbers and have to struggle for the few men, jobs, accommodation and other facilities and social amenities in the city. Afua cannot get the type of job she holds in Accra in Domiabra, where her husband lives. And so are many other Afuas who have left the village to semi-educated or uneducated female lot.

4. The fourth issue deals with the pressure on the professional woman/wife and in this case pressure on Afua as a woman, wife, mother and professional. She has to fulfil her household duties of cleaning and cooking. So she spends most of the week-end making sure that she stuffs the freezer with soups and stews. She washes clothes for the family and tidies up the home. She has to do the children's hair and mend clothes. After all these, she must make time to be with her husband and fulfil a wife's role. Back in the city, she has another home to take care of and has to make sure that her work is not affected by any of these other pressures. What happens when her children are sick? when husband has to travel out to work? who imparts the motherly virtues as example for the children to emulate?

To help Afua, she has to reassess her values, needs, goods, aspirations and priorities. She must be helped to make a decision as to which of the priorities is most important right now.

Julian Müller

South Africa, 1997

Intercultural Exchange

A discovery of being different

topics:

- *concepts of culture in social sciences and in family therapy*
- *narrative and constructionist approach to intercultural pastoral care and therapy*
- *the attitude of “not knowing” as a prerequisite in intercultural encounter*

Intercultural Pastoral Care and Counselling No 2, 1997; pp. 4-8

Personal experience as a South African

The earliest story of my life that I can remember is a birthday story. It must have been either my third or fourth birthday, I am not sure. On that birthday I received as birthday present from my parents a box with a few toy cars in it. I remember that I was overjoyed and that my first intention was to show this wonderful present to my best friend. We lived on a farm and my best and only playmate at the time was Daniel, a black boy, a little older than me. He and his parents lived on the farm and they were our servants.

So, I ran outside to show my present to Daniel. I remember that he was sitting on a little bench in a room in the backyard. Proudly I showed him 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 must have been a commotion, but I got my cars back. Perhaps my parents intervened. The fact is that I got the cars back.

This is a personal little story from my childhood and I would like to use it as a basis of reflection on the South African society.

1. The story of South Africa is one of involvement and even enmeshment of black and white people. Like the little boy who ran to share his birthday joy with his best friend, most people in South Africa would be able to tell stories of how they shared moments of joy and sorrow with someone of another race.

Black and white South Africa don’t exist as two completely separated and isolated worlds. Although the apartheid policy was a form of social engineering which forced people apart in different neighbourhoods, different schools, different churches, etc., it couldn’t stop people’s involvement with each other. Economical realities forced people towards each other, at least in the work situation. And today South Africa is very rapidly changing towards a totally integrated society – a process which started gradually long before the laws of segregation were repealed.

2. A second point of reflection on my childhood story: As in Daniel and my relationship, most South Africans grew up with definitive and even rigid role distinctions and expectations. Although Daniel was my friend, he knew and I knew that he was the servant and I was the boss. And because of historical reasons all the bosses are white and all servants are black in the South African community. Therefore we grew up with the stereotype that a person's colour equals his/her value and status in society. When people are framed into these roles because of stereotypes which developed in our minds from childhood, one cannot easily get rid of such presuppositions. I must admit that within the South African context, it is up to this day not easy for me not to put myself in the boss-role when communicating with a black person. I think that I and many other South Africans try hard, but find it still an effort, a struggle to become free from the roles inflicted on us through our upbringing.

3. These are structures of society with a long history. The roles into which Daniel and myself fitted so easily from childhood, were the inheritance of generations before us and the way in which they structured society. The way in which the South African society developed was not the result of a criminal government which one day sat down and made a list of vicious laws. It developed through centuries and what the Nationalist government wrote in the law books from 1948, was only the legalising of social practice through many years. The development of this legalisation process represents indeed the deepest point of inhuman and unchristian discriminatory practices. But the fact is that it is deeply rooted in the history of our community.

4. This story represents most probably also a difference between the African and Western experience of personal property. According to the western capitalistic mind, personal belongings and property are individualistically earned. The African, on the other hand, has primarily a communalistic mind. 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.

It is against this background of personal bias, a history of social injustices, and conflicting cultural expectations in the South African context, that I would like to try and contribute to the development of theory which can be of value in our praxis of intercultural interaction, especially in the field of pastoral family therapy.

Approaches to culture in the social sciences and in family therapy

In recent literature, a number of different possible approaches to intercultural therapy were described:

The essentialist view

According to this view (Krause 1995:364) cultural differences are considered to be much like other differences, i.e. differences based on gender and age. Culture is seen as an overwhelming influence which determines the individual's behaviour and thought. According to this view, the individual does not really operate as an agent constructing and making choices about his/her 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 mould 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-culturally (Krause 1995:365-6).

The universalistic view

The universalist approach (Falicov 1995:373) takes the position that persons and families of different cultures are more alike than different. This school of thought argues that there are basic similarities which are to be found in all cultures, for instance the concept that all children need love and discipline and that parenting always involves a combination of nurturing and control.

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

The particularistic view

This position is the opposite of the universalistic one (Falicov 1995:374). According to this approach persons and families of different cultures are more different than alike and no generalisations are possible. The uniqueness of each family is stressed and often idiosyncrasies of a certain family are referred to as “a culture unto itself”. As was said by Falicov (1995:374): “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 sociocultural context.”

As is the case with the universalist view, this approach also doesn't regard cultural training as very important, because the family's interior, which is always unique, is held solely responsible for all of the family's distress.

In discussing this view, Inga-Britt Krause (1995:364) calls it: culture as an idiom of differences. The popular use of the word “culture” shows a preoccupation with diversity, choice and identity. “Culture becomes an idiom for the expression of all kinds of individual differences and appears to encompass everything.” (Krause 1995:364)

The ethnic-focused approach

According to this position families differ, but the diversity is primarily due to the factor of ethnicity (Falicov 1995:374). The focus here is on thought patterns, behaviours, feelings, customs, and rituals that stem from belonging to a particular cultural group. This school of thought would see culture as a symbolic expression, and “a symbol is some form of fixed sensory sign to which meanings has 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 system” (Augsburger 1986:61).

In this position there is a real danger in oversystematising and stereotyping the notion of shared meanings. It might be assumed that ethno-groupings are more homogeneous and stable than they actually are. We are actually talking here of an epistemological error: “...clients are seen as their culture, not as themselves” Bateson (1979:30) warns also that “The map is not the territory, and the name is not the thing named.”

Ethnic values and identity are influenced by various factors. There are variables within the group (education, social class, religion, etc.) and then there are the phenomena of cultural evolution and the effect of influences stimulated by contact with the dominant culture. Perhaps the most im-

portant limitation is the assumption that the observer, the person who describes the other culture, can be objective and has no effect on the conclusions being made about the group observed.

A narrative approach to intercultural pastoral therapy

Over and against these four approaches, I want to propose the narrative model of intercultural understanding and communication.

The narrative approach implies that the therapist places him or herself in a not-knowing position. And that position calls for "...a kind of conversational questioning that leaves room for the client's story as told by the client in the client's own words, unchallenged by preconceived therapeutic knowing" (Boyd 1995:220). "The process of therapy 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" (Goolishian and Anderson 1987:536).

In spite of the well intended and well phrased theories introduced by Augsburger (1986) in his good book, concepts like *interpathy* and *transspception*¹ are too much coloured by a knowing position and do not reveal the same epistemological position to be found in the not-knowing position of the narrative approach. The idea that a therapist is capable of moving over to persons of the other culture in a process of transspception, is already arrogant and knowing. It reveals something of an asymmetrical communication, of a messianic role in stead of a partnership role. It consists of a movement initiated from here to there, while the narrative approach wants to experience the sensation of being drawn into the other's world, of being drawn over the threshold of a cultural difference.

The narrative approach to therapy is clearly and in detail described by authors like Anderson and Goolishian (1988) and Michael White (1995). Anderson and Goolishian (according to Boyd 1995:221) 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." Seen from this point of view, intercultural therapy seems no longer a complex and rather impossible task, as long as the therapist is honestly willing to learn from the person from the other culture. "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" (Boyd 1995:221).

The "tools" which fit this approach to therapy are: responsive-active listening; a not-knowing position; conversational questions. The aim, as in all therapy, is change, but change within this perspective can be defined as "...the evolution of new meaning, new narrative identity, and new self-agency." (Boyd 1995:220). The narrative approach has a capacity to "re-relate" events in the context of new meaning. We can refer to this kind of therapy as "being in language".²

When working in this school of thought, it becomes increasingly difficult to view culture on the basis of the previously mentioned approaches. Culture must be seen as a much more immediate and ongoing process and not as something static which is handed down unaltered from generation to generation. The broad definition which Falicov (1995:375) gives, is perhaps one which fits into this paradigm: "...those sets of shared world views, meanings and adaptive behaviours derived from simultaneous membership and participation in a multiplicity of contexts, such as rural, urban or suburban setting; language, age, gender, cohort, family configuration, race, eth-

nicity, religion, nationality, socioeconomic status, employment, education, occupation, sexual orientation, political ideology; migration and stage of acculturation.”

When the combinations of “simultaneous memberships” and “participation in multiple contexts” are seriously taken into account, the groups that emerge are much more “fluid, unpredictable and shifting, than the groups defined by using an ethnic-focused approach” (Falicov 1995:376). It thus becomes much more difficult to make generalisations about culture groups and much more necessary to take on a not-knowing position.

In discussing the phenomena of cultures, cultural similarities and differences, Falicov (1995:376) refers to two important concepts:

Cultural Borderlands, a concept which refers to the overlapping zones of difference and similarity within and between cultures. This gives rise to internal inconsistencies and conflicts. On the other hand, it is the borderlands that offer possibilities of connectedness. Falicov (1995:376) refers to the poet, Gloria Anzaldúa 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. We can think of a family narrative which encompasses multiple contexts rather than a single label (Mormon, African, Afrikaner, Boer). The philosophy here is to emphasise large categories – a philosophy that supports inclusiveness and a diversified unity.

With these concepts in mind, I again want to strongly argue the not-knowing position of the narrative approach as the only acceptable approach in an intercultural therapeutic situation. I agree with the approach and words of Dyché and Zayas (1995:389): “We argue that one should begin cross-cultural therapy with minimal assumptions, and that one way to learn about a culture is from the client. This argument seeks to balance the cognitive model of preparation with a process-oriented approach by exploring two therapist attitudes: cultural naiveté and respectful curiosity.”

The ideal is for therapists to be participant-observers. Rather than working with historically constructed descriptions only, the therapist should learn from a present and current cultural community (Falicov 1995:385). As is shown by Goolishian and Anderson (1992:27), all human systems are linguistic systems and are best being described from inside by those participating in it, than by so called objective observers.

Narrative pastoral counselling: a social constructionist approach

Narrative therapy can be described as the rewriting of history and auto-biography (Boyd 1996:215). And this rewriting takes place through the mutual conversational co-creation of new stories. This is a view of pastoral counselling which takes seriously our “radical embeddedness in history and language.” “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 *dhabar* of the Old Testament creation narratives and the *logos* of John's gospel and the early Church Fathers” (Boyd 1996:215).

To focus on conversation in this way directs our attention away from the inner dynamics of the individual psyche or events in the external world (Boyd 1995:216). Instead, we are more free to be attentive to *words in their speaking*, words we create and by which we are created.

With reference to an article by Gergen (1985), Boyd (1996:218) summarises the social construction orientation as follows:

- a) what we take to be experience of the world does not in itself dictate the terms by which the world is understood,
- b) the terms in which the world is understood are social artifacts, produced of historically situated interchanges among people,
- c) the degree to which a given form of understanding prevails or is sustained across time is not fundamentally dependent on the empirical validity of the perspective in question, but on the vicissitudes of social processes (e.g., communication, negotiation, conflict, rhetoric), and
- d) forms of negotiated understanding are of critical significance in social life, as they are integrally connected with many other activities in which people engage.

To take a narrative approach is to look for a “negotiated understanding”. When a new negotiated understanding is reached, a new narrative has been constructed. By taking this approach, culture is no longer seen as a determining factor, but as an interesting “borderland” from where new “ecological niches” can be developed. Then human beings become inventors of and inventions of culture. The prerequisite is of course that we take on the risks of the borderlands and give ourselves for intercultural interaction. As Augsburg (1986:25-26) puts it: “This change comes from encounter, contact, and interaction, not from programmatic education or social engineering. It occurs on the boundary, not in the cultural enclave. ... The capacity not only to ‘believe’ the second culture but to come to understand it both cognitively (‘thinking with’) and affectively (‘feeling with’) is necessary before one enters cross-cultural counselling.”

The way we interpret our world, the rights and wrongs of our life, the good and bad, are all products of our social (and therefore cultural) embeddedness. “There is no recounting of the history of a country ... apart from a narrative loaded with interpretations of interpretations which are by-products of human relationships.” (Boyd 1995:218).

The South African context

Although things have changed much for the better during the past few years, the poem by a black South African, Oswald Mtshali, still describes the situation in our country:

WALLS

*Man is
a great wall builder
The Berlin Wall
The Wailing Wall of Jerusalem
But the wall
most impregnable
Has a moat
flowing with fright
around his heart*

*A wall without windows
for the spirit to breeze through*

*A wall
without a door
for love to walk in.*

Oswald Mtshali, Soweto poet

These walls of fear are part and parcel of the South African scene and history. The following story shows how in an ironic, but tragic way, it shapes our lives (Malan 1990:226): “This is a parable of fear obscuring fear that 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 rose, 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 leaving cows unmilked in the barns. 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 a vision from their worst 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’ guns.’ ”

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 difficulties sometimes bring us to the verge of despair, but with a narrative, not-knowing attitude we can make growing progress in the “borderlands” and develop new “ecological niches” where being different can be experienced as the most fulfilling part of existence. This is the joy of becoming part of someone else's story - like it is to know the joy of fish in the story of the old Chinese philosopher Chuang Tzu (as quoted by Rosenbaum and Dyckman 1995:41):

*Chuang Tzu and Hui Tzu were crossing Hao river by the dam.
Chuang said: "See how free the fishes leap and dart: That is their happiness."
Hui replied: "Since you are not a fish how do you know what makes fishes happy?"
Chuang said: "Since you are not I how can you possibly know that I do not know what makes fishes happy?"
Hui argued: "If I, not being you, cannot know what you know it follows that you not being a fish cannot know what they know."
Chuang said: "Wait a minute! Let us get back to the original question.
What you asked me was 'How do you know what makes fishes happy?'
From the terms of your question you evidently know I know what makes fishes happy.
"I know the joy of fishes in the river through my own joy, as I go walking along the same river."*

Notes

- ¹ "Transsppection is an effort to put oneself into the head (not shoes) of another person... Transsppection differs from analytical 'understanding.' Transsppection differs also from 'empathy.' Empathy is a projection of feelings between two persons with one epistemology. Transsppection is a trans-epistemological process which tries to *experience* a foreign belief, a foreign assumption, a foreign perspective, feelings in a foreign context, and consequences of feelings in a foreign context, as if these have become one's own." (Maruyama et al., cited by Augsburger 1986:30)
- ² Anderson and Goolishian (1988: 378) use concepts like "language", "in language", and "linguaging" to refer to the process of the social creation of the intersubjective realities that we temporally share with each other.

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The Effect of Social Change on the matrilineal system of the Ashantis of Ghana

topics:

- *traditional patrilineal and matrilineal family systems*
- *concept of marriage*
- *polygamy*
- *counselling programs in Ghana*

source: Intercultural Pastoral Care and Counselling No. 2, 1997; pp. 46 – 51

Presently I live and work in Accra, the capital of Ghana, some 300 km from my home town in Ashanti. I live together with my wife and three children. In the home I was raised up my mother with her children lived together with the following people: Mother, two sisters and their children, mother's sister with daughter and children. My father lived some 100 meters away with the following people: mother, two brothers, two wives who stayed in their respective homes with their children. My father died a pagan while my mother became a Christian when I was 15 years old. I am the 8th child of the 9 children of my mother. My father had 15 children. None of my parents had formal school education.

Presently, none of my mother and the sisters are living together. Two are living separately with their respective daughter in Kumasi, the capital city of Ashanti. The other one is with the daughter in USA. None of my siblings are living together. At my village home now, only one of my cousins is living with her children.

What is written above is not unique about where I come from. It is a fraction of the story of the Ashanti people. What follows is a bit more of the Ashantis and the changes going on in their matrilineal descent system.

The Ashantis of Ghana

Ashanti is one of the 10 political regions of Ghana. Ghana is situated on the West Coast of Africa with a population (according to UNFPA'S Population Card, in October 1996) of 18.06 million and occupies a land mass of 238,000 sq. km. Ashanti occupies the central portion of Ghana with a land mass of 25,123 sq. km. The population of Ashanti in 1984 was 2.1 million. Projected to 1996, it is approximately 3.2 million.

Formerly known as the Gold Coast, Ghana obtained its independence from the British in 1957 as the first black Sub-Sahara African country to attain an independent status. Ghana became a republic in July 1960. The country has gone through a series of military rule. A multi-party democracy was established in January 1993 as the 4th Republic of Ghana since 1960.

In the book, *Asante and its Neighbours 1700 - 1807*, J.K. Fynn noted that the history of the Gold Coast in the 18th and 19th Centuries “is largely the history of the consolidation and rise of the Ashanti kingdom and its relations with the neighbouring African and European people.” Ashanti is one section of the people known as the Akans in Ghana. During the second half of the 17th century various Akan speaking people were organised into a military union, aiming at political and economic expansion. By the early 19th century the Ashanti kingdom “was indisputably the greatest and the rising power of West Africa” Fynn states.

The region is rich in forest lands, mineral and vegetable products. The region is considered to be the richest in the country. Farming stands first among the occupations of the population. Cocoa has been a major product in the Region. Timber extraction is also a wide-spread industry in Ashanti. Another leading industry is gold mining. Gold is the main basis of the reputation long enjoyed by the rulers of Ashantis for their wealth in gold. There are also crafts-men, gold- and silversmiths. There are also cloth- weavers, basket-weavers and wood carvers. These carvers can make wooden drums and carve gold ornaments.

The Ashantis cherish a history of powerful kings and successful military adventurers. Ashanti was fundamentally a military union. Thus military power provided the basis of the kingdom and it was by direct military action, rather than by any process of registration or negotiation treaty-making that Ashanti achieved its political and economic success.

One of the notable kings of Ashanti was Osei Tutu. He was also the political and spiritual head of the Ashanti nation. With his friend-priest, Anokye, they worked to weld Ashanti into a powerful kingdom. The priest was his Royal Adviser, seer and designer. The Priest promulgated the mysterious appearance of the Golden stool for the Ashantis. It became the emblem of the new kingdom, the symbol of its authority and the “Soul of the nation” of Ashanti. The Golden stool was supposed to contain the spirit of the whole Ashanti nation, and its strength and bravery depended upon the safety of the stool.

The Ashanti state was at the height of its powers in the early 19th century and became a major threat to British trade on the Coast, until it was defeated in 1873 by the British force. The Ashanti was finally annexed by the British in 1902 to become part of the British Colony of the Gold Coast.

The Ashanti’s everyday life, like most of the people in Ghana, is a communal life. Every household is a complete communal unit. All amenities are shared in common. Ashantis traditionally bear each other's burden as much as their own and by custom and practice are their brother's keeper. This was seen in the discipline of children and the eating from the same bowl by women and also men in a household. Guests also have special and prior attention in every Ashanti home. Custom demands that one treats and devotes time to the comfort of guests.

Regarding the religious beliefs of the Ashantis, they believe in the Everlasting Creator of all. He is known as the unchangeable One. However, as kings linguists, so they believe the Mighty King has linguists in lesser gods who serve him. Also the Ashantis' religion involves not only the living but the dead and even those to be born. Divine powers are believed to exist in rivers, stones or rocks and trees and sacrifices are made to them.

To the Ashantis, life and religion are indivisible. Daily activities fail or succeed not because there are natural forces but because there is a universe of spirit-power on which success depends. Thus in times of calamity like illness, death, bad omen, people need to consult the divine person who know the reasons behind the calamity. Again, life is seen to be under the protection and the judgement of spirit ancestors and gods. The Ashanti believes in the continuance of life hereafter.

Let me end this section with some remarks to the status of women in Ashanti. The Ashanti has high regards for women. “We are going to consult the old woman” places the woman as the final arbiter in all decisions in the Ashanti community. The woman is the custodian of all knowledge and treas-

ures of the community. Queen mothers have held powerful positions in Ashanti. In fact wars have been started because the Queen mother said the war should be fought although the men and the chief would have settled for a lesser option. The final battle between the British and the Ashantis leading to the annexing of Ashanti to the Gold Coast was led by a woman. In Ashanti there is little distinction of sex in the social grouping or organisations.

Some cultural and traditional practices in Ghana are similar in many tribal and ethnic groups. However, there are some that are as different as night is from day. Matrilineal and patrilineal descent systems are examples of the latter. Let us look at them.

Descent systems in Ghana

In a rapidly changing society like Ghana, people face varied challenges, especially, in the area of marriage and family life. People are usually bombarded with varied pressures: pressures of tradition, pressures of modern living and pressures of religious beliefs. The society continues to be more heterogeneous, as ethnic groups with their distinctive cultural norms and practices intermingle with others in marriage and other union.

Basically, there are two forms of descent in Ghana: patrilineal and matrilineal. The patrilineal descent system traces descent through the male with people inheriting group membership through their father; whereas the matrilineal descent system traces descent through females, with people inheriting group membership through their mother. Crossing tribal or ethnic lines to marry, for example, traditionally could pose a problem especially with the problem of inheritance and succession. Now industrialisation, urbanisation and education have changed demographic patterns in Ghana. Urban centres and towns are virtually ethnically very heterogeneous. How then does the Ghanaian handle these changes?

In traditional Ghanaian society, membership in a lineage conferred rights of access to farm lands and other resources of the extended family. These rights differed, depending on whether one resided in matrilineal society.

Let us look a bit more closely at those descent systems: patrilineal and matrilineal. We shall focus finally on the matrilineal system and observe how modern changes in the society are affecting such system.

The patrilineal family

Examples of patrilineal societies in Ghana are the Ewes of the eastern borders of Ghana, the Ga at the coast, the Tallens in the North and many other tribes of the North. The common ancestor of the patrilineal descent is a male. The family is made up of the following:

1. A man's children - male and female.
2. Its paternal brothers and sisters.
3. Children of his paternal brothers.
4. His paternal grandfather.
5. paternal brothers and sisters of this grandfather.
6. The descendants of the paternal uncles in the direct male line.

A male parent, therefore, belongs to the same family as his children.

In patrilineal societies, residence is almost invariably patrilocal. A couple after marriage will either live in the compound of the bridegroom's father or in a house he himself has built. The Gas of Gha-

na, also a patrilineal group, provide an exception to the above. Their residential system, is duo-local. Here a husband and wife continue to live in their natal homes after marriage. Succession and inheritance pass in the male line in patrilineal societies.

Detailed application of the patrilineal system of inheritance differs considerably from place to place, the general rules in respect of ancestral or lineage property are fairly uniform. Lineage property is for the exclusive use of the lineage members and personal property, land or otherwise, passes from father to sons and daughters. As a rule, sons take precedence over daughters.

Traditionally, people tended to marry individuals from their own tribal or ethnic group because there was little mobility and industry was centred in people's own locality.

The matrilineal descent system

As mentioned earlier, in the matrilineal descent system a person traces descent through the female, with the person inheriting group membership through the mother. This system is practised by the Akan speaking peoples in Ghana, the largest ethnic group in Ghana which Ashanti is one. Prof. Nukunya of the University of Ghana has rightly said that "the key to the understanding of Ashanti society is matrilineal descent which forms the basis of their descent groups and interpersonal relations."

The matrilineal family is generally made up of the following:

1. A woman's children, male and female.
2. Her maternal brothers and sisters.
3. Children of her maternal sisters.
4. Her maternal grandmother.
5. Maternal brothers and sisters of the grandmother.
6. The descendants of the maternal aunts in the direct female line.

It is seen that a father does not share the same family as his children.

One important aspect of matrilineal system is that it is the mother's brother who performs the functions normally reserved for the father in patrilineal societies. Often a father has his residence with his matrilineal group while the mother stays with the children in her descent group. Thus, the fact that the father and child do not belong to the same descent group and also do not stay together often greatly limits the father's role in terms of authority and discipline.

Is there any explanation of the Ashanti matrilineal descent system with its inheritance and succession? Usually three unconfirmed postulates are given to support the Ashantis matrilineal system position, namely:

- a) No cock has its chicks following it. Hence it is natural for children to follow their mothers.
- b) It is only mothers who know the father of their children. Thus, there is no way the husband could tell if the child the woman is carrying is really his, and finally,
- c) There is a story about a chief who was struck with a strange disease. When the gods of the land were consulted they demanded a human sacrifice for pacification. The chief conferred with his wife that one of their children be sacrificed but she refused to give up one of the children. The chief's sister after being consulted wholeheartedly gave one of her children. He was cured and when he was dying willed that because of what the sister did for him, his property should go to his sister and her children.
- d) Ashanti concept of a person is used to explain the matrilineal descent. It is believed that at birth a person receives his lineage ties through the mother's *mogya* (blood) and from the father *sunsum*

(spirit). It is believed that the blood is about 85% of the person, hence the maternal ties. In addition to the blood and the spirit the person receives the soul from the supreme Being.

Now let us look at some aspects of family life in the matrilineal descent system:

Concept of marriage

In Ashanti, like many other ethnic groups in Ghana, a marriage is regarded primarily as an alliance between two kinships or family groups. It is only in the secondary aspect that it is considered as a union between two individual persons. Marriage is the normal state among adults in all rank of Ashanti society. Almost everyone unless handicapped by physical or mental illness is expected to get married upon the attainment of adult status.

The mate selection

Since marriage is considered to be a communal event as shown above, decision about marriage is thus seen to be too important to leave in the hands of children alone. Traditionally, choice would come from the young person's locality. From the above, marriage based on romantic love or intimate friendship and acquaintance before marriage was not practised.

Purpose of marriage

Procreation as the chief end of marriage was emphasised. In the matrilineal descent system as well as the patrilineal system, the importance attached to the procreation and ownership of children was vital. Thus in Ashanti barrenness or sterility is an ominous situation. It is considered a valid ground for divorce. Often families put pressure on husbands to either seek divorce or take on additional wife if the original wife is incapable of having children. In fact many children in a marriage is a sign of pride, no matter the quality of children. For example the birth of a tenth child to a woman is considered heroic. The father receives a congratulatory ram from the wife's family and he becomes the envy of his peers for that accomplishment.

The Ashanti corporate life

The extended family forms the matrilineal descent system. The individual finds his true identity within this system and the community. The matrilineal family is seen as a source of support for its members. As we have seen earlier, the support system is quite wide and each member sees her self as supporting to sustain the system.

The individual has obligations and responsibilities towards the members of the family. The family is also the individual's strength and security which he can turn to anytime he is in difficulty. Illegitimacy is unknown in Ashanti. Children born outside marriage and adultery still belong to the matrikin, and hence get some sense of belonging. And since fathers usually did not care for their children such children born outside marriage have uncles to care for them.

Polygamy

In Ashanti there is toleration and even approval accorded to polygamy. A marriage according to Ashanti law and custom is potentially polygamous. In its form and subsistence there is no legal impediment to the contracting of another marriage by the husband. The possession of a number of wives is normally a mark of importance and success in life.

Youth sexuality

Premarital chastity was valued in Ashanti. Premarital pregnancy was frequently considered very shameful. Girls were not expected to have sexual relations before their puberty rites were per-

formed. These took place shortly after they had had their first menstruation. Girls usually married shortly after this ceremony and thus entered their first conjugal unions as virgins. Thus pre-nuptial chastity was highly valued.

The above constitute some of the basic features and character of family life as found among the Ashantis. We now want to consider some of the changes which have occurred as a result of modern influence. Factors such as colonialism, Christianity, money-economy, urbanisation, education and other social factors which have affected the matrilineal descent system will be examined.

The present state of family life in Ashanti

Direct and systematic colonial administration exerted lasting changes on Ghanaian society in general and the Ashanti in particular. It could also be seen that colonialism gave support to other agents of change, namely, Christianity, formal school education and money-using economy. Specific areas of change are considered as follows:

Forms of marriage

Traditionally there was one basic way of contracting a valid marriage in Ashanti. The distinctiveness of this marriage as discussed earlier, is the presentation of gifts by the family of the man to the girl and her family whom he wished to marry. The marriage rites are termed customary rites and they gave legality to the marriage. The gifts could be in the form of drinks (Whiskey, Gin) cloths, money, and ornaments. These days the marriage presentations and gifts are abused by families, especially when the girl is highly educated. As mentioned earlier, customary marriage is potentially polygamous. To remove this polygamous factor and make marriage more acceptable to the colonial government and the church, marriage under the Ordinance was introduced. This is marriage contracted according to the provisions of the marriage Ordinance. The most important features of this form of marriage are its monogamous nature and the fact that it cannot be dissolved except by a valid judgement of divorce. Many educated women like this form of marriage because it gives security to them and the children. Some men shy away from it because of its monogamous nature, and the huge expenses in contracting it with its Western wedding rites. Some Christians prefer to have marriage under Ordinance in the chapel so it could be combined with formal blessing of the union in the name of the Lord by the Minister. The licensed Minister thus performs both a civil and an ecclesiastical duty during the ceremony.

There is another reason why some people stay away from Ordinance marriage apart from its monogamous nature, that is, some Ashantis and others feel that it is an alien institution, involving consequences inimical to the spirit and traditions of the Ashantis. What is being referred to is that Ordinance marriage puts emphasis on the nuclear family, rather than the extended matrilineal family. As a result of this, a man's loyalties are primarily directed towards his wife and children. This again is reinforced by the Christian teaching of 'one flesh' nature of the marriage union, emphasising the spouses primary loyalty to one another. This is clearly seen to counter the tenets of the matrilineal descent system.

As noted earlier, under matrilineal descent system, children and wives are not considered members of the father and husband's family as far as rights to his property is concerned. Customary laws of the Ashanti do not give rights to widows, sons and daughters except where the deceased chose to make a will in their favour. It is not uncommon to have lineage heads and sisters of the deceased locking out widows and their children from their matrimonial home only to protect properties of their deceased kinsman.

By their good behaviour children of a deceased father may be given the right of sojourning or residing in their own father's house. Ordinance marriage with its Christian implication and other recent laws (to be discussed later) try to remedy the issue so described.

Choice of a spouse

It has been said earlier that traditionally, choice of a spouse was the work of parents or elders of the extended family. Marriage was considered a communal event and a decision about a mate was too important to leave in the hands of children alone. Conflicts are being created now between some young people and their families in the area of mate selection. Urbanisation, formal school education, ease in communication and transportation have made family control over many young people very minimal. Changed demographic patterns have created an ethnically heterogeneous society. Thus young people meet in urban centres and college and university campuses and fall in love. Often parents are unhappy about such relationships because most parents want marriages from their own ethnic groups. Another factor of modern changes that affect mate selection is the question of the two forms of descent systems in Ghana. Because of limited mobility the traditional Ashanti married from Ashanti. Things are different now and the challenge of marrying from an ethnic group with varied descent system has inherent problems.

Urban life

The growth of towns has brought with it many alterations in social life as well as many social problems not associated with the traditional social organisation.

The modern life style of the towns and cities and related factors have weakened the hold of the extended family on the lives of its people. For example, one of the major alterations in towns and cities is the living arrangement. Here, most urban couples have common residence, separate from that of either family of orientation. It is noted that in such neutral territory, the conjugal family is a more cohesive social unit. And because fathers are staying together with their own children the children's education and welfare are catered for. The other side of the coin is that in urban centres marriages could be unstable because the traditional support system and restrictions are removed.

The following are some of the results of urban living.

- a) A prevalence of premarital and extramarital sexual relations. Here, the traditional restrictions and restraints have been removed. Money economy also contributes to this picture.
- b) there is also greater incidence of inter-tribal/ethnic marriages since the pool of eligible partners has increased. This often creates problems for the extended family.
- c) there is improved communication, educational and health facilities.
- d) youth problems are common especially unemployment and drug usage. The traditional system ensured that the child's upbringing was a collective effort, involving all members of the extended family. In towns and cities the young person is unknown and people careless of what happens to him.

Male and female roles

In Ashanti and as in most tribal societies in Ghana and Africa there are traditionally assigned sex-typed divisions of labour. For example, women are supposed to bear and nurse children, cook food, fetch water and keep the house clean. The men must hunt, build houses, and do the hard work on the farm, such as felling trees in preparation for a new farm. The problems arise when with improved education and a changing economy more women find themselves with career and formal employment. In a marriage of two career couple, who does what?

Many couples now use house helps to support the family in domestic duties. These house helps thus became the new agents of socialisation for the child. Often these house helps have little or no formal school education, and they spend the greater part of the working day with the child. Many cases of child abuse have resulted in such arrangements. Again, career demands on the couple plus harsh economic changes in the developing world have caused many couples to limit the number of children they can comfortably care for. This limitation of children by means of artificial contraception goes counter to the traditional Ashanti concept of many children for the family.

Coping with modern changes

The paper will end with discussion on what is being done or could be done by the government, the church and others to cope with the changing nature of the Ashanti society:

Social change is inevitable and a necessary part of life. The change results in complex challenges and stresses for individuals, families, communities. Governments, Religious bodies and other groups continue to battle with the product of change to see how its effect can be minimised, removed or coped with. The following strategies are noteworthy.

Government's legislation

Throughout the history of Ghana, from the colonial period up to independence and since independence, there have been four main systems of rules and laws which govern the inheritance of property when a person dies intestate. The rules which would be applied depended on whether the person was married under the marriage Ordinance or under the Moslem family law marriage or Customary marriage expressed in Patrilineal and Matrilineal systems of inheritance.

For example, at customary law, for either matrilineal or patrilineal, there was very little protection for the surviving spouse if the husband died intestate. Neither spouse had a right to the property of the other. Children in a matrilineal system, as we observed earlier, were worse off. They have neither right to maintenance nor inheritance.

The Government of Ghana in 1985, therefore, passed the Intestate succession Law (PNDCL III) with a view of removing the anomalies in the existing laws relating to intestate succession. The idea was to provide a uniform law that will be applicable throughout the country irrespective of whether the deceased comes from a patrilineal or matrilineal community and the type of marriage contracted. The provisions of the law are aimed at giving a larger portion of the deceased's estate to his spouse and children than was the case before the law.

The Church is to take advantage of this Law and educate her members about these provisions. Also individual family members are to be encouraged to make wills.

Church's family life education and counselling programmes

The Christian Council of Ghana is an ecumenical body made up of 14 member churches and two affiliated organisations. Over the years the Council has tried to catalyse the churches to respond to societal needs through its specialised Departments, namely, Church and Society, Development and Environment, Church Relations, Theology and Research. The general purpose of the Council, in addition to spiritual upliftment of the churches, is to create awareness in individuals, equip them with the requisite skills for empowerment, development and transformation. Some of the prime foci is to confront change, reduce stress and poverty and enhance the quality of life of people.

The Christian Council of Ghana for the past 30 years has tried to strengthen the integrity of the Christian family and to address some of the issues raised through her Family Life Education, Fami-

ly Counselling and Family Planning Programmes. Some of the challenging problems of matrilineal inheritance can still be tackled through above named programmes.

The following can also be strengthened and promoted.

- a) *Awareness Building* through Seminars, workshops and the setting up of Counselling and Christian Education Services in the Churches.
- b) *Capacity Building*: Counselling Programmes to provide basic skills in effective communication and how to deal constructively with marital and other conflicts.
- c) Provision of relevant *literature* which address some of the issues raised.
- d) *Advocacy*: Mobilise church and communities to form pressure groups to speak against some of these cultural practices that dehumanise people. The need also to speak out on human rights for children and women is to be promoted.
- e) Institutionalising *Premarital Counselling* and making it a pre-requisite before blessing marriages in the Church. In this way some of the issues of say, intertribal/ethnic marriages, child bearing, inheritance and succession and the changing nature of sex roles would be addressed before the marriage takes place.
- f) *Family/Couples Support Groups*. Such groups could be a substitute to the traditional extended family which has lost most of its functions in the wake of modern change.

Conclusion

What has been said about the Ashantis, an ethnic group forming about 18% of the population in Ghana, can be generalised to cover the whole country. The Ashanti society, like the bigger society of Ghana, is rapidly changing.

Individual, family and national concerns resulting from these changes are often complex and unyielding to simplistic solutions. People in our churches and communities need knowledge and understanding to grapple with these changes. The Church can continue to examine the problems and evolve Biblical based solution to help people cope with such life issues.

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Cameroon, 1998

Violence in the Family

The polygamous family in Cameroon

topics:

- violence in families
- structure of family
- polygamy

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The African continent has not been spared the problems of profound crises which shake the very foundations of human relationships. Ever since the beginning of time, crises have been dealt with and resolved within the families themselves. And the present political, cultural, religious and socio-economic situation once again imposes on the members of the family, the immediate parents, the Church (the Pastor and his wife and the whole congregation) the heavy task of accompanying the relatives who are experiencing difficulties. The methods used so far have been those of proximity, a tender, sympathetic and understanding ear, confrontation between the protagonist and, finally, narration which reflects the point of view of the person who is complaining.

If we have found ourselves exercising more or less empirically a ministry which was not ours initially, it is due to the lack or, more exactly, the limitations of structures, the lack of institutions and the lack of a literature which could have helped us to act in the same way as it is done in the countries of the North. The limited means put at the disposal of everyone tend to tremendously curb the intervention of specialists.

Before I continue with this presentation, I wish to express our gratitude to the organizers of this important seminar. They have not hesitated, in spite of the numerous difficulties – financial ones, ones of communication, and otherwise – to invite us to come and participate, as an African woman, a Christian, a Pastor's wife confronted with the various forms of violence which are being experienced in the African continent these days.

Violence in the African context

Africa South of the Sahara has for centuries been experiencing the most sordid and abject violence. African history is characterised by slavery, colonisation, neo-colonialism, the systematic and anarchic exploitation of all its resources, diseases and epidemics, wars and genocide, etc... The list goes on and on.

The multiple forms of violence which are rife on the continent at all levels and in all domains can henceforth be analysed, understood and resolved by the theory of René Girard. Africa is experiencing violence; Africa is all violence. If violence is therefore inherent in us or, in other words, if we “are” violence, “all our relationships are governed by a mechanism of imitation and rivalry which continually fuels violence”.

It is necessary to re-read the history of mankind. And Professor James Newton Poling raised the issue rightly.¹ All human and social sciences ought to question themselves. The deterioration of social and family values, the lack of a clear distinction between Good and Evil which we are witnessing in our societies (said to be heading towards modernity) provoke violence in everybody. Nothing and nobody are spared. If there were still to be a difference between a being said to be “normal”, and another one who would have thoroughly experienced violence, it would only be a matter of degree or opportunity offered to one and not to the other.

Girard’s theory sheds extraordinary light on the problems of our African families. It is based on the discovery of the miracle that “the collective murder of the emissary (victim) brings back calm” (Girard, p. 346). Men are doing everything to perpetuate and renew it by “thinking” it. “Myths, rituals, kinship systems ‘thus’ constitute the first results of this ‘thought’” (p. 346).

In order to give a response to Professor Poling, we particularly got interested in the kinship systems as they enable us to highlight the existence of the “differentiated unity” of our societies. For this purpose, we have dealt with marriage in the polygamous form.

The human relationships which exist in an African polygamous family are extraordinarily diverse and require an analysis deeper than the one we can offer you within the framework of an answer to Professor Poling’s outstanding presentation. It is a network whose complexity is only outmatched by its amazing richness. The management of these relationships requires thorough mastery and intelligence. It would be very imprudent to make any generalisation at this stage.

The structure of a family

In our opinion, conflicts necessarily arise when there is a mismatch between the members, when there is an accumulation of “crises of violence”, “crises of desire”, when all the protagonists aspire to the same thing, when they “desire the same object”. Yet, Cameroonian culture, Islam, and Cameroonian law, allow men to build polygamous families. Within the framework of our reflection, we are going to present you with a rather typical case:

Mr. MBA, 45 years old, a State Employee who was recently “retrenched”, is married to three wives. ADA, the first wife, is 40. When she was getting married to MBA, she was 20 years old. Five years later, as she did not bear any children, MBA decided to take another wife named ONDO. She is the second wife. At the time of the marriage, ONDO was 15 years old and MBA was 30. They have four children: Ella (13), Andémé (11), Essi (9), Mekui (87). A few years later, MBA, aged 43, decided to marry OYAN (18) who gave birth to a child, Olo, who is now 2 years old.

a) According to A. R. Radcliffe-Brown, MBA is the head of three "elementary families" defined as one man + one wife + children in the first degree:

¹ Rose Zoe-Obianga refers to lectures presented at the 11th International Seminar on Intercultural Pastoral Care and Counselling, which focussed on the question of violence and the theory of Rene Girard. The lecture of James N. Poling is reprinted in this workbook in part 4, chapter A.

- 1) MBA + ADA + 0
- 2) MBA + ONDA + 4 children (Ella, Andémé, Essi, Mekui)
- 3) MBA + OYAN + 1 child (Olo).

b) And these three elementary families engender three special kinds of social relationships:

Parents + Children:

- 1) MBA + ADA + 0
- 2) MBA + ONDO + Ella, Andémé, Essi, Mekui
- 3) MBA + OYAN + Olo
(MBA + ADA + ONDO + OYAN) + (0 + Ella + Andémé + Essi + Mekui + Olo)

Children of the same marriage:

- 1) Ella + Andémé + Essi + Mekui
- 2) Olo

Parents:

- 1) MBA + ADA
- 2) MBA + ONDO
- 3) MBA + OYAN

To the above should be added all the collaterals (2nd and 3rd degrees).

The social prohibitions of incest and exogamy mark the three relationships which make up the triple elementary family we are analysing. And as the separation is real between the *alliance*, the *filiation*, the *consanguinity*, all the children of MBA are indiscriminately the children of ADA, of ONDO, of OYAN. Marriage would be forbidden between MBA and all the five children, as well as between the five children themselves.

Diagnosis of violence

When the crisis occurred, that is, when MBA was “retrenched”, the network of relationships is already saturated with contained violence. The various unions were already pregnant with traces of imminent violence. We can observe a remarkable and extraordinary play of various levels where desire is outstanding. The rivalry between the protagonists of this type of family stems from all these desires which “converge towards the same object” and “mutually impede one another” (p. 217).

a) *The desire for more positivity*

In getting married successively to three wives who are younger and younger each time, we can talk about Girard’s hypothesis of desire. And in the final analysis, this ‘desire of the being’ which MBA is seeking in his three wives is what they incarnate in his eyes and in their own, that is, the way the women are: the strength of their eternal youth, their beauty, their life. And, on the other end, what he himself is, a man who has succeeded in life and gives proof of it by accumulating so much positivity in his family alone.

With ADA, MBA would not have succeeded in maintaining an abundant life. The birth of ONDO’s four children and of OYAN’s son puts him back on the track of a future the aspects of which he can control. He will no longer be absent from the future generations. Thanks to their actual youth, ONDO and OYAN recall ADA’s previous youth and beauty. And, in accepting them near her and her husband, ADA benefits from this positivity which can still be found in them (ONDO and OYAN) and which is already fading in her (ADA).

b) *The consequences*

The five children are, par excellence, the expression of any positivity in our societies: youth, beauty, life strength, and hope for the future. If there is a crisis, it is because the threads which maintain the bank in place have suddenly frayed. Money, strength, power, work are shaken in their respective

bases. MBA is “retrenched”. He no longer represents anything. He has lost part of his imposing bearing, part of those characteristics which used to make him desirable. And, being aware of this diminishing, he thinks that he is no longer an “object” of desire. His wives and children, in the disarray they experience so dramatically, send back to him the image of a non desired thing, of a non being. Everything is falling apart, the call for help is ringing out.

A rather interesting and curious phenomenon is now occurring. Each wife is going to start to “manage with her own children” and MBA is going to waver between the three elementary families he has raised himself. And, more often than not, the Church closes its eyes, as it is unable to understand what is happening.

Being himself a son from a polygamous family, MBA is perpetuating something he received from his parents. ADA, ONDA and OYAN, three wives who had become desirable for one man alone, bear in their family the seeds of the violence of a mimetic desire. By organising and integrating themselves in the religious community of their town or village, they will defend themselves with all their energy against any shortcomings or weaknesses on the part of MBA, who, as we already have seen, represents the object-being of his wives. The polygamous system therefore maintains, perpetuates and defends itself, although it is absurd to the “modern people” that we are.

Two questions

Following the presentation of the case we are studying, we would like to come back very briefly to two questions raised by Professor Poling: the issue of violence and gender, and the question of the role of Jesus Christ.

a) Who is responsible for polygamy – men or women?

As a matter of fact, this issue has been raised in our country and the discussion is under way. It would appear that when women accept to become a 2nd, a 3rd, etc... wife of a man, they socialise and therefore integrate violence in their relationships. Thus the oppressor and the oppressed seem to delight in such behaviours. The group comprising the wives may, in the face of the man, express a certain type of power; the same also applies to the children who are very often aware of their priceless value to all the parents and the society at large.

b) The question concerning the role of Jesus is very relevant to us Africans.

The World Council of Churches recently conducted a world-wide study on “Gospel and Cultures”. Africans have strongly affirmed the value of their cultures, even though they recognise that the Gospel can enlighten and even transform them. It is therefore up to us to make a choice as Professor Poling has rightly demonstrated. In the case of a polygamous marriage, it is possible for us to steer clear of a network whose negativity we quite know.

Deep inside himself MBA must know that he cannot become younger by getting married to so many younger and younger wives, by begetting so many children. He is very much aware of the fact that he is not strengthening himself in any way by accumulating so many young forces within his family. Yet, as we have already said, the desire is there, alongside the object we have referred to as positivity and which MBA and all his wives – who are all his accomplices – are seeking relentlessly.

Professor Poling’s honesty and humility must be underscored. He leaves the door open to the only God capable of redemption when we no longer understand anything, when we cannot find a solution to an important problem such as that of violence within a polygamous family. On the Cross, Christ said: “Forgive them, for they know not what they do”.

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Nigeria, 2000

Creating Communities through Pastoral Care and Counselling in the Fragmentations of Urban African Life

topics:

- African spirituality of community life
- African urban life
- caring communities

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Abstract

Communities provide essential foundational structures for human interaction and life sharing in togetherness. From the beginning, the primary intention of human life in communal living is that communities are life giving, life sharing and life supporting. This research investigates how the very essence of communities, which is building life together, has been fragmented, in the process of urbanization. The factors responsible for the fragmentations within the context of city life in the African milieus were explored. The need for creating and re-creating communal life in the cities and the strategies were also explored together using pastoral care and counseling as the central intervention tool.

Introduction

“And the Lord God said, it is not good that man should be alone; I will make him a helpmeet for him” (Gen. 2:18). Wholesome life implies caring and sharing together. From the biblical perspective, God's intention is that human life be shared in community of people and nations beginning with the nuclear family as the smallest unit. Community life is inclusive. All living things live in families, colonies and communities.

The community compositional dimensions are conceptually and empirically independent. That is to say, communities can be found displaying all sorts of combinations of characteristics. Within a metropolis, it is possible to find a highly sophisticated middle-class group, who are highly familistic while another community may be impoverished or low in familism. Thus, the compositional variables are several and it is difficult to find completely homogeneous communities. There are always some individuals or families that may choose to deviate from community norms.

This paper has a dual-focus. On the one hand, it seeks to understand modern cities as a context within which human life suffers fragmentations in all dimensions. On the other hand it is concerned

about the Church impacting the cities through pastoral care and counselling to the effect of creating communities of life despite the presence of fragmentation factors.

The search for community life in the intercultural context of the city life through pastoral care was focused around the concept of “our oneness” in the Body of Christ. Apostle Paul writes: “*Endeavoring to keep the unity of the Spirit in the bond of peace. There is one body and one Spirit, even as ye are called in one hope of your calling; One Lord, one faith, one baptism, one God and Father of all, who is above all, and through all, and in you all.*” (Ephesians 4:3-6)

In this sense, we, being one Body, are called into one God’s community. In the biblical perspective, one major characteristic of community of believers is that we all share the same hope of our calling into eternal life by experiencing salvation through personal faith in Jesus Christ.

Theoretical background

From the sociological concept, Parelius and Parelius (1978:330) define communities as socially meaningful territories. Within the context of this operational definition, it is implied that a community can contain a wide variety of interdependent institutions and social groups. Communities can be young or old. For example, a typical community might include a number of businesses, churches, service clubs, schools, young people as well as old-timers who have lived within the confines of that territory all their life.

From the psychosocial context, a community offers to its residents their agreed boundaries and unique characteristics. In this sense, residents often develop strong emotional attachments to the areas in which they live. Often, such sentimental feelings lead to communities thinking, believing and behaving in such ways that convey the message that they are better than the others nearby. The consensus efforts often exerted by members in a community to defend itself against encroachment in a given metropolitan area or in a given rural setting are clear indications of the existence of social hierarchy of prestige among communities.

Studies by Gerald Suttles (1968) in the United States of America revealed another very important variable in understanding the concept of community life. This is the variable of social cohesion. The cohesion of a community in this sense refers to the strength of its normative or moral order, and the degree of consensus on basic values and rules of behaviour that exists among residents. That is to say, a community is uniquely itself by its nature of homogeneity or heterogeneity of the population in terms of social rank, ethnicity, and life style (Parelius and Parelius, 1978).

There is yet a third concept of meaning to be explored. This is the concept of independence as emphasized by social ecologists. Studies by Donald Bogue (1961:524-533) reported that the degree to which the community is self-sufficient and self-governing, containing all the basic institutions and resources necessary for the residents to maintain themselves indefinitely determines a community. Although it is impossible to maintain total independence in contemporary urban African communities, in terms of economic, political, entertainment, medical care, police protection, general securities and other matters, yet, the issue of self-sufficiency is centrally a very important factor of consideration.

In summary, understanding the concept of communities within the context of this research involves three related variables and these are social composition (i.e. rank, ethnicity and familial life style) social cohesion and independence.

African theological background

The spirituality of community life

In African theology, the Supreme Deity (God in heaven) rules over every community. He does this together with several other smaller deities (gods). Each of these deities is charged to superintend over an activity in the community e. g. fertility, harvest, fishing, healing etc. Among these gods, there is one named god of the land (ala), governing the territorial space of each community. Its shrine represents the major altar of the land, its priest is the chief priest of the land and it's people and leads them in worship and purificatory rites. Thus, a community comes under the surveillance of the god of their land with ancestors as agents.

The spiritual fragmentation of city life is then symbolized in non-ownership of the city land by one specific deity, since urban dwellers come from several lands. By implication, the city land has not one major *altar* but several *imported altars*, and no chief priests, but priests of various cultures of both foreign and indigenous religions.

Community life in the African sense: ancestral lineage

The immediate past and present African sense of community life was and still is that of being *his brother's keeper*. Theologically, psychologically and socially, the African *was and is, because his brother was and is*. The *male link* familistic theory reinforces the African spirituality of ancestral lineage and worship. *He is the son of his father, who was the son of his own father. Therefore, he lives because his father lived.*

Thus, the African community life is deeply embedded and rooted back to his ancestral linkage. He is primarily a member of a community whose smallest unit is not the nuclear family but the *extended family* (Mampolo and Nwachuku, 1991). He lives not in a house by himself and his wife and children alone, but he lives in *a compound of houses* within his kindred of the same ancestral lineage. The kinsmen affinity extols the male child preference around which, in most cases a compound can exist. He lives for the advancement of the kinsmen (*Umunna*). He succeeds for them and makes them proud. Likewise, his failure brings them communal shame. His worldview is communitarian and this includes a troop of ancestors at the background.

In summary, the African is a community-based person. (Lartey, Nwachuku and Kasonga, 1994). Extreme individualism, which extols western narcissism, capitalistic competitiveness and rivalry, was despised in the eyes of the African of old. But what is the situation now within the melting pot of interculturality of city life? This dilemma creates part of today's *schizophrenic image* of the urban African.

The umbilical cord theory of African community-based life

Nwachuku (1995), noted that contemporary Africa, there is still the element of community mystery built around the placenta of a newly born baby in the rural village communities. When a baby is born into the compound, the umbilical cord is cut. When this falls off the placenta, the waste cord is ritualistically buried at the base of a symbolic family tree. This gives a rite of passage and perpetually identifies the individual as a member of the larger family comprising the ancestral clan. The *fetus' helplessness* experiences the collective protection as first experience of communal love and the umbilical cord tie serves as symbol of membership to the body of kinsmen (the *Umunna*). The ritual thus introduces indelible concepts of belonging and acceptance. Thereafter, the child has a claim on the clan lineage and its inheritance. These in turn produce a sense of connection, orientation, and rooted acceptance of the individuality of the member, and the sensitivity of his existence.

Today, city born children do not experience this community rite of entry. In its place there is the naming and christening ceremony.

Taking the approach of replacing idolatry and ancestral worship as spirituality of African community life with the biblical baptisms, confirmation and women dedication after child birth, there arises these questions: how can the city church emerge in reality as a community strong enough to be a substitute? How can the new symbols of community life and care in the church rendered to a city born child or an adult urban dweller offer enough spirituality to the church member in order to replace the old symbols?

Spirituality of community life and African theology: past and present

In the context of the ethnic social composition made up of all ethnic kindred (the *Umunna*) in the immediate past, the kin communal feeling induces the social cohesion. This also goes with being independent of other communities around in their political, economic and security services. Thus, there evolved a perpetually strong collaborative partnership between the kinsmen. This was sealed in the rural villages at the ancestral worship with blood sacrifice during cultic rituals, purificatory rites and ritual worships to celebrate births, weddings, deaths, festivals of seasons, harvests and victories, with moon light stories and dances. The degree of kin togetherness was evident in all men drinking wine together from one drinking horn at assemblies and household gatherings. Women cooked within the compound and children ate together. Suspicion and fear of witchcraft was minimal.

The living was sensitive to the cries of one another while the dead watch in surveillance of the living. It was one community of the living and the dead who were yet living; though dead. Life together was both living and worship. The worldview was and still is cosmological. Theology was natural and practically emphasized in living a good life for yourself and your brother. The evil man, the witch and wizard (*Onye nsi*) was known and punished. The thief was killed and the rebellious son disowned (Nwachuku, 1996).

One is tempted at present to believe that all was or is well with the idyllic characteristic of the rural village community existence. Although these were obvious facts, in contrast to the urban social environment especially in Africa, with Nigeria as case in point, there continued to evolve a gradual degradation of human life even in village communities. The mythical image of rural atmosphere and the all-embracing involvement of community life leave one in dilemma why there is the continuous rural migration to urban cities, which offer an insensitive social life in contrast. The fragmentation of life by poverty, neo slavery, illiteracy, under development and unemployment seem to vex the mind of a growing new generation that could no longer contain the rural life. Despite urban challenges, rural population chooses to flee to the cities.

The urban question

Sule (1994:3) describes urban attributes as seducing rural migrants to flock the cities because of the glamour of electricity, pipe-born water, better housing facilities and promise of higher income, for better life.

Defining urbanization, Wirth (1938) noted that the concept carries with it the assumption of size, density and heterogeneity. These attributes produce such a wealth of stimuli on the inhabitants of cities. Thus, they either develop protective responses by making their social contracts more formal than informal, more particular than general, more secondary than primary or more critical than natural. Consequently, this led to a growing specialization of roles, or where controls failed, led to a

state of "anomie" and to a state of social disorganization, vices, depravity and misery as are found in modern urban centers of today.

This aspect of urban social environment has attracted not only the attention of social ecologists but also that of pastoral care givers and counsellors. The conceptualization of the relationship between cities and what they do to community life has been sufficiently underscored by the evidence of fragmentations of human life.

African concept of urban life and communities

The concept of communal life permeates the rural communities as part of African basic philosophy of life. This transcends the western concept of urbanization in terms of kindred disintegration. In this sense, urban dwellers in all Nigerian and all African cities still *carry* over the idea of kindred togetherness unto city life. Thus, urban dwelling congregates along parallel lines of ethnicity, local government areas, regional, state and village groupings. When once any new city migrant arrives, he or she looks for a house near his people.

Nigerian cities therefore polarize in enclaves dominated naturally by major clan, ethnic, tribe and national lines, e.g. *Ibo quarters, Housa quarters, Yoruba quarters, Efik quarters etc.* In a city within a state, the groupings follow ethnic lines. Naturally, the boundaries expand beyond ethnic lines to embrace state boundaries in cities outside the state. Outside Nigeria, the tribal boundaries yet expand to include all Nigerians, no matter the state or tribe.

The sense of affinity strives to maintain certain symbols of togetherness in the cities by certain social activities such as:

1. Building a civic hall of meeting known by their name e.g. Ibo Hall, Yoruba Hall etc.;
2. Institutionalizing ethnic unions and making membership almost mandatory for everybody from that particular village or group e.g. Ibo Union, Yoruba Union, etc.
3. The assemblies serve as both support and censor to monitor good behaviour, progress or failure, as well as show support and solidarity in weddings, burials or emergency needs.
4. Yearly, during Christmas festival, which serves as holidays for Africans, over 80% of urban dwellers in their urban-based unions return to their village communities to organize community development building projects in liaison with the rural unions. That is to say, ethnicity and kindred have not yet been drastically fragmented in Africa by urbanization.
5. However, city fragmentation of human life to an African takes a different dimension from that of the Western World. The issues of fragmentation in African cities are greatly evident in terms of poverty, slum dwelling, over crowding, diseases, hunger, begging, homelessness, unemployment, illiteracy, low standard of living, widened gap between the rich and the poor and marginalization of majority masses.
6. Generally, it also shows consequences of the national debt burden on the poor masses of the citizens, and these are debts incurred by the government to urbanize and industrialize for the comfort and leisure of the rich and the governance. African theology and pastoral care must address these issues in recreating African urban life.

It is therefore, evident that both development and fragmentation are neither Western nor African. Life fragmentation is a human factor. Although western modernity has impacted African community life in the urban societies faster than would have occurred, yet it cannot be argued that urbanization is purely western. For example, the Yorubas of Nigeria had always been urban dwellers, yet with very strong communal ethnic orientation wherever they are located, whether in the past or the present.

The fragmentation dilemma and our African stories

It has been established in the preceding discussion that primarily, fragmentation is a human factor enhanced by city structures and social environment. But somehow, the African is still unaware of the changing social environment in essence. So, we Africans struggle to live in the reality of the fragmentation dilemma and city schizophrenia. Caught in social transition, we still live in the daily schizophrenia of being African and Western, rural and urban, elite and illiterate, rich and poor, sophisticated and simple, informed and ignorant, independent and dependent, religious adherent and syncretism, Christian and idolater. Our daily struggles with fragmented life are reflected in the brief stories below. All names are imaginary but real life stories.

Ahmed Ali

Ahmed, a professing Moslem youth goes to Lagos to write the Federal Government College Common Entrance Examination. He arrived the famous city of Lagos excitedly being his first time. But his joy was soon gone, when he observed several lunatics along the road. Why are they so many here, he asked? He soon discovered that many Lagosians face disorganized life and people break down in health with the fast pace of a big city life. Why is this so in Lagos? Why is every body moving so fast, even cars? To Ahmed, these are questions without answers. His dreams and excitement about Lagos soon die off and he faces extreme nostalgia of his rural hamlet in the village. He longs earnestly to go home for fear of running mad too. In actual fact, the people he saw were not all lunatics, but normal people, homeless and living under the bridges and fly over structures. Everybody ran and rushed to take a bus or taxi. In short, life was maddening in itself. Lagos looked more like the biblical city of Gadarenes with many demon possessed by legions. Young Ahmed did not want to run made soon. So, he resolved to return to his village.

Franca Joe

Miss Franca Joe was born and bred at Abuja, the Federal Capital of Nigeria by Christian middle class Nigerians. She had never visited the village and relatives. Rather, she spends her holidays overseas. Once, her father was pressurized by his kinsmen to bring his children home to know their roots. During one Christmas season, Franca's parents took them home (the village). At lunch, some relatives who were present when meal was served were invited to share with them. Franca was shocked at the ease and joy with which the two visitors gladly dipped their hands together into the meal served for her father and drank from the same cup, sharing childhood age grade stories and jokes in reminiscence of the "good old days". Franca was disappointed at the regular invasion of their privacy. Relatives moved straight into the bedroom to greet and share their joy at seeing them. She longed to go back soon, so as to escape from every body's eyes and intrusion. "Here", she said, "everybody wants to know what you are doing. There is a lot of intrusion", she complained. She hated the idea completely and was glad to get back to the city life, where she could be "herself".

Bob and uncle Mike

Mr. Robert had been sent overseas for further studies. His Uncle Mike financed him. On graduating, Bob decided to reside in New York. After several years, Mr. Mike specifically invited his nephew Bob home, for a family meeting. When Bob arrived Nigeria, his first shock was over Uncle Mike's slum dwelling in the ghetto. He, his wife, five children and four relatives were living in two rooms. Bob would neither sit down, eat, nor drink any substance. Mike felt very much humiliated and rejected.

Furthermore, Bob proposed that the family meeting be held in his hotel room. Mike and the rest of the family members felt further insulted. The family elders turned down Bob's offer with vows and curses, swearing never to be involved with him as a family member any more. After few days, Bob

flew back to New York. Since then, there had been a total break down in communication between Bob and his uncle Mike and family elders. Kinsmen were shocked at Bob's behaviour towards his uncle Mike who financed his education.

All our African stories have both unique and same meanings to life. That is, African life in modern times is severely fragmented. However, the fragmentation of life means different things to different people within their specific context of village and city life.

Creating caring communities

Suggestions for congregations

Present Jesus Christ and the salvation he gives in the all sufficiency power of the gospel as God the creator, giver of life, Saviour and sustainer of life. He is enough and able to save unto the utter most. He needs no other help of ancestors or other symbols. This knowledge is fundamental to the African convert because many Africans who go to church still practice syncretism.

Pastoral care givers should strengthen believers in Africa as a worshipping community, to see beyond the immediate ethnic community and see the church as one big family. They should equip the believers with practical strategies, in a dialogical community model, with which to work towards a realisation of hope.

Meaningful worship and bible studies should be understood. There should be interpretation of the worship process and messages to local language where English is used as medium of communication. Anybody in the community should be able to participate in one language or the other in a community church. (see Nwachuku, 1995).

Care counsellors could mobilise the local congregation to bring hope, love and practical help to the community together with the gospel, in personal contact through door to door evangelism in the neighbourhood. Care efforts must be backed up with active follow-up till results are seen. This strategy creates friendship, love and support with a semblance of familism.

Each local congregation should have a baseline data bank on the disabled in the community and creatively reach out to meet their needs. The help needed includes advocacy in government policies and social welfare services.

Church members are encouraged to invite on regular basis families or couples from the same local congregation into their homes to share a meal. This helps to break down the cold walls of impersonal relationship found in city churches.

In All African Churches there are lively men's, women's and youth fellowships sharply demarcated. More joint fellowships across the board will bring closer and minimise the gender biases, gaps and differences.

The church should spearhead development projects and poverty alleviation programmes encouraging combined efforts such as community tree planting, farm plantations, cottage industries, animal farm projects ie. poultry etc.

Suggestions for working with youth

Churches in Africa have not yet recognised the importance of recreational facilities especially for the youth as part of their needed services to be rendered. Church-based clubs such as sports teams, music, drama, art, educational and several other types of clubs will provide a very reliable support body to the Christian youth. They will also provide good peer role models for the city adolescent exposed to several confusing models.

The African Church and city life face serious problems of generation gap which is on the increase. It could be helpful to initiate Seminars where parents and youth meet in regular dialogues over life skills management and shared concerns over conflicts at interaction. This forum will help bring closer in a steady manner the generation gap which keeps many of the neighbourhood youth outside the church.

In Africa, vocational and employment development seminars are uppermost on the hierarchy of needs of youth due to high rate of unemployment, mass retrenchment and ill prepared retirements. The Church caregivers need to give regular seminars and workshops in this areas. This is an area where the state government has been very silent.

Suggestions for working in neighbourhoods

The situation of portable water is one of the most life devastation factors in African cities. Every urban church should provide and service bore hole water in her premises. Clean water, purchased at regular period of supply from the church will be a great hope restoration to her community. Local streams in African rural villages especially in the heat, provide rallying points of recreation with children singing and swimming together in water games. These lost good images of shared life would be recreated if the bore hole water point at the church is initiated and maintained as on-going essential service of care for the people in the community.

Caring believers should find out the interest and needs of the neighbourhood and run seminars on them. The church should initiate regular open seminars and workshops to inform as well as create awareness on needs of the hour as the case may be. It should also aim at recapturing lost and decaying moral values of community life.

From time to time, the church could organise a people's open forum where the neighbourhood adults meet to evaluate the development progress of the entire community, dialogue over point in time issues of general concern i.e. crime rate and securities and initiate further ideas and action for communal good. This recaptures and recreates the lost village kin's meetings. Neighbours are encouraged to have a personal contact and face to face dialogue with one another.

Generally, in the process of counsellors reaching out to create and recreate communities within the city population, the strategies also recapture re-orientation to love, helping attitude and unity of spirit, which are lost in the impersonal nature of city life. Through newly created care and support communities, new neighbourhoods of inter-tribal and intra-group friendliness emerge across frontiers. Likewise, new sense of openness, trust, sensitivity, consideration and connectedness is generated towards bridging the gap between the rich and the poor which is very evident in city churches and neighbourhood.

Conclusion: the Water of Life to quench a city thirst

Who would give a cup of cold water to quench a city thirst to a nameless African city woman whose life has become so fragmented in the big cities of Lagos, Kaduna, Port-Harcourt, Aba and Abuja? She has become so fragmented that she can no longer freely move about in the city except at noon? Her biblical counterpart was named by her city – the Samaritan woman. She had become both nameless and faceless in trying to cope with battered life in the city. At the point of the biblical story, her face and her name (the Samaritan Woman) were worthless. There are many “Women of Samaria” today in our African cities, “many men sick with palsy, and many Gerasene demonics moving about with legions”.

Both they and their cities are fragmented and disconnected with community reality. They need healing, and so also do their communities, in order for a reconnection of life to exist once again. African theology of the year 2000 and beyond must seek to encourage a practical daily theologising for dai-

ly care and restoration of lives broken by our cities; broken with poverty, hunger, corruption, oppression, abandoned street children, wars, and diseases. The church in Africa must theologise with care and counselling strategies such that deliver life in ways that seek to quench not only the thirst of a woman caught unaware at the city well at awkward time. But such theologising must also seek to quench the thirst of the community where the well is situated.

This is the model of the Good Shepherd. He healed both the spiritual and physical thirst of the woman and also healed her city. All Samaria came to see the Lord for themselves. We all in Africa and our sisters and brethren in the West must seek to see the Lord through the eyes of His loving care.

We all have our individual thirst in thirsty cities. Our cities and we need healing from living waters of life. We must be connecting points like the woman of Samaria, to reconnect our life and our cities back to God's Community. Here is a general invitation unto wholeness of life that we all seek in our churches and cities today: "And he showed me a pure river of water of life, clear as crystal, proceeding out of the throne of God and of the lamb. And the Spirit and the bride say, Come. And let him that heareth say, come. And let him that is athirst Come. And whosoever will, let him take the water of life freely." (Revelation 22:1 & 17)

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Stephan de Beer

South Africa, 2000

Nurturing and Building Community

The challenge of pastoral care in urban South Africa

topics:

- *theological method for an analysis of urban processes*
- *responses of the church*
- *pastoral practise*

source: Intercultural Pastoral Care and Counselling No 6, 2000; pp 16-22

Introduction

We live in a world that is increasingly urban – for the first time in history more than 50% of the world's population live in cities. More than 75% of the people of South Africa live in urban areas. I live in Pretoria, the capital city of South Africa, which is growing at a tremendous rate, as is Johannesburg, Durban and Cape Town. Some of our larger urban communities have doubled within the past five years; yet, the church-at large has probably not yet come to terms with the reality of the urban challenge.

In Genesis 1 we are called into close communion with God and each other. We are called to be good managers of God's creation. But these relationships of intimacy and communion have been destroyed. Today, in the cities of the world, we are called to restore communion. All over the world there seems to be a new hunger for communion with God, for living in community, probably because this has become such a scarce item. And if we are called to be managers of God's creation today and in the new millennium, we better learn how to live and work in cities - because this is where the majority of people are.

We now live in a broken world of broken nations and broken cities and broken people. It is the same everywhere – in Berlin, in Pretoria, in Calcutta. Yet, God wants to restore communion to his people, and to the places where his people are supposed to live.

Community-building as pastoral response

In this paper I want to speak about the challenge of community – to nurture and to build community in the cities of South Africa. This refers not only to the community of Christians or disciples, but also to the secular community, the community of citizens, the community of humanity, the communities in which we walk and live and work every day.

I want to suggest that this goal is at the heart of the pastoral challenge in our cities. Christ's death and resurrection, mediated in our pastoral work, should be understood not only in narrow individual terms, not only in private spiritual terms, but the death and resurrection of Christ should also be

understood as actions of protest against death in all its forms : against the loss of communion and intimacy on a personal level, against the walls between different ethnic groups or nations, against the destruction of justice and creation. Our pastoral task in the inner city of Pretoria has to go beyond mere individual counselling or therapy; it needs to embrace the public challenge of pastoral care, mediating humanisation and social justice in dehumanised and exploited communities.

The theological method

My reflections come from inner city of Pretoria, and I will share from the perspective of our journey over the past seven years. I would offer the reflections and narrative by way of using a specific theological method. *Holland* and *Henriot* introduced the pastoral cycle, which has been used extensively by many other people since, often in adjusted forms. Their pastoral cycle offers a contextual approach and method to doing theology.

A contextual approach to theology is, as Segundo suggested, part of the liberation of theology. It is a new way of doing theology; a new way of understanding, of knowing (a new epistemology) which is more responsive to the context: it is doing theology not in academic classrooms alone, but from the bottom-up; not merely through the eyes of establishment theologians, but through the eyes of the poor; it is not about maintaining the status quo, but has as its goal transformation; it does not operate in a contextual vacuum, but takes the challenges unique to our contexts seriously; it is not a “pure” or objective science, but affirms that our subjective experiences, our stories, are valid; it is not concerned only with orthodoxy or the right teaching, but also with orthopraxy – the right praxis, the right actions to bring about real change.

The cycle of Holland and Henriot has four moments or phases:

The first phase is that of insertion. Insertion describes our entry into a community, as well as our observations, experiences and actions. In this phase questions are formulated which arise from the initial experiences.

The second phase is the phase of analysis or research. Whereas the first phase is a more subjective description, the second phase is supposed to be a more analytical exercise, dealing more specifically and thoroughly with the different questions introduced in phase one. The second phase has as its task to provide a broader and more in-depth understanding of certain critical issues in the context.

The third phase is the phase of theological reflection. In this phase different sources for reflection are brought to the table, i.e. the insights from the contextual analysis, the Word of God, church tradition, personal background, and so forth. Insights from these various sources are brought to bear on specific questions or issues under discussion, and in dialogue with these sources we reflect theologically and develop a theological or pastoral perspective on the issue at hand.

The last phase is the phase of planning for pastoral praxis. On the basis of earlier descriptions, facts gathered in the analysis and research, and new insights gained in the theological reflection, a pastoral plan is now developed.

This cycle should be understood in a flexible way, as the user can go back to prior phases for greater clarity and more in-depth inquiry. Furthermore, the cycle is not to be understood as complete in itself, but rather as an on-going cycle, facilitating ever increasing insight, growing knowledge and understanding, and continuous improvement in our praxis of ministry. It facilitates a theological process or journey, rooted in a particular context of ministry.

Insertion: describing our context, marked by brokenness

Our cities

The cities of South Africa have been marked by planning and design that superficially hindered black South Africans from establishing themselves in the cities. South African cities were designed intentionally in ways that restricted black people and the poorest people to the urban periphery. Our cities were structured against community and interdependence, and facilitated by its very nature the potential for division and conflict. In the new South Africa since 1994, amazing changes have occurred in the urban landscape which at the same time implied new challenges and great pressures for the infra-structure and governance of our cities. The question has become : how do we transform our cities to become inclusive communities of all its people, with equal and fair access to all its opportunities.

Socio-economic change

Socio-economically our inner city communities have become catch-basins of very poor people after 1994 – they flock to the streets of the inner cities to be closer to the concentration of economic opportunities. Children on the streets, refugees from central Africa, homeless people from rural areas or urban townships, all move into inner city areas, and place huge demands on the existing infra-structure and services. On the other hand established businesses disinvest from the inner city at an alarming rate, exchanging it for suburban shopping malls.

The cultural transition

The cultural dynamic after 1994 needs to be managed in order to facilitate and ensure a creative, peaceful and diverse community, that will indeed model the miracle of South Africa's transition. Most inner city residential buildings now accommodate people from all racial groups, who until 1994 have never lived together in the same residential areas. This is still very new and still requires hard work. But this is our challenge: to translate hope into action and to witness the miracle of what Archbishop Tutu coined "the rainbow nation".

The "God"-experience

Different people in the inner city experience God in different ways. Many black people have rejected the God of "white South Africans", the God who condoned apartheid cities and who supported apartheid rulers. Millions of black South Africans rejected the Western models in which Christianity have been offered to Africa. Single mothers in high-rise buildings in the inner city might call themselves Christians but by and large seem to be distanced from the institutional church. The poor on the streets of the inner city struggle to worship God in authentic ways in local churches, because very few, if any of the churches, have been able to incarnate ministry to the point of becoming ministry (or churches) of and with the poor. Homeless inner city dwellers and children on our streets, both find themselves on the margins of the institutional and new churches.

It is indeed a challenge to find new ways in thinking about God and in making God's presence known. It is also a question whether those at a distance from the church is necessarily distant from God, or do they experience God in unique ways that we need to learn from as churches. Have God indeed been revealed to those on the margins in ways that we do not yet understand? And how can we discover that God whom the poor have encountered?

The churches

The churches of the inner city are at different places of transition. In the past most of the traditional English-speaking churches were suburban, middle-class churches who just happened to have their buildings in the centre of the city. But most of their members were commuting from wealthier suburbs to worship on Sundays. These were not inner city churches in the real sense of the word, since they have not accommodated the people of the inner city - the inner city was not on their agenda. With the changes of the past five years inner cities have become multi-racial and multi-economic communities. For many of the churches it meant serious financial constraints and even resulted in some churches closing their doors in inner city areas. At the same time *many* new churches have started since 1994, but often they serve an exclusive target group of young professional black people, and a large percentage of inner city people are still on the outside of the church, looking in. The huge challenge for inner city churches is to become inner city communities, small enough to care, close enough to people to understand, open enough to facilitate diversity, reconciliation and healing at the grass-root level.

Analysis:

The development of the South African city from 1948 to 2000 and the church's response

The second phase is that of analysis. It tells the bigger story of what happened to our cities.

Development of the South African Urban Structure

Cities were structured in the past to keep different racial groups separate.

1910 - 1948: The Segregation City

Already in this time and especially in the 1920's laws have been introduced that had separate areas for separate racial groups in mind. This era was also marked by the influx of black workers into the city, influx control measures and the development of slum communities and squatter settlements in and around urban areas.

1948 - 1990: The Apartheid City and The Separate City

When the National Party came to power in 1948 the apartheid policy was implemented with great force which also led to the formation of apartheid cities. Urban slums were cleared, but in South Africa slum clearance programmes were nothing but the removal of certain racial groups to separate racial areas. Black people were seen as temporary sojourners in the city, who actually belonged to the rural "reserves".

This process of separate cities was intensified in the 1950's when the so-called homelands were introduced. These were separate areas with superficial independence and the previous government envisaged that black people would now concentrate in their own cities in the "homelands", away from white areas, with their own industries and infra-structure. However, these industries were never developed and people were basically dumped. This could be seen as the full implementation of the apartheid ideal.

The irony is that all of these sophisticated and often dehumanising measures have not altogether succeeded in keeping black people out of so-called "white" cities. Millions of black people lived as "sojourners" in white areas, sleeping in back yards and working as domestic servants, gardeners,

and cleaners in buildings. The need of black people for jobs and of white people for cheap labour, contributed to the reality of black people living in what some call the “sub-city”, the hidden city.

1990 - 1999: The quasi-integrated city

Since 1990, even before all the legislation has been changed, shifts have taken place, especially in inner city areas. Not only have inner city areas become more multi-racial, but urban informal settlements (squatter areas) are now not restricted to the urban periphery any longer, but have moved in and around the Central Business Districts of most of our large cities. Suburbanisation or urban sprawl is another characteristic of our time as middle-class people, especially white people, but also black, rush away from the city. Security villages are also mushrooming in suburban areas, almost exclusively accommodating white people. A last characteristic is the growing number of legal and illegal immigrants who make the city their home.

Cities, urbanisation and the poor

Between 1970 and 1980 Durban has had the fastest growing population in the world at a 100% growth rate. The Johannesburg Soweto-Midrand-Pretoria urban complex could be amongst the twenty largest urban complexes in the world in the early 21st century. Our cities grow and they often grow with poor people coming from rural or peri-urban areas. In 1990 the city engineer of Cape Town has said that 5000 families were moving into Cape Town monthly from the rural and poverty-stricken Eastern Cape. Inner city housing was attractive to these rural migrants with an obvious effect on infra-structure and services.

Pretoria had a population of 1,584,098 in 1993. By the year 2000 our population will be 2,368,230. And by the year 2005 it would have doubled to over 3,000,000. More than 2000 people are currently living on the streets of Pretoria’s inner city. The poor on our streets are increasingly women and children, which happens to be a global phenomenon as the face of poverty has changed over the past few decades.

Where and how do we position ourselves as churches in growing urban areas, where rootless and powerless people move in daily from impoverished rural parts of the country ? Where and how do we position ourselves in European cities where refugees and immigrants move in daily, as rootless and as powerless? How do we offer community, how do we become inclusive communities as churches?

Cultural Shifts and Lack of Community

When we moved into our apartment in 1996 there was only one black family on our floor. Today we are the only white family. In the three buildings that we manage, 75% of the residents are black and 25% are white. About 15% are people from Francophone or North African countries. We recently made an inventory of small businesses and shops in our neighbourhood and realised that 20% of the shop owners were people from the Far East (Korea, China and Japan). In Marabastad we minister with homeless people, predominantly black and some coloured, in a community where the formal business sector is dominated by Indian people who belong to Islam. The huge cultural and religious shifts in our communities require careful analysis and rigorous reflection. How do we help build bridges of understanding and mutuality between people who have been divided for the past 300 years or more?

How do we build bridges within our churches, but also in the public arena where different cultures meet and decisions are made for the good, or the bad, of our shared communities?

Cities and governance

The process of democratisation has been quite intense and intentional over the past 5 years. Local community forums have emerged all over the country and all over our city. These forums are recognised in terms of a certain act (the Development facilitation Act of 1995). It is supposed to have certain powers in terms of local government and local development. The church has a definite role to play in these Forums. These Forums set the frameworks for future developments. These Forums make decisions on matters of policing and crime prevention. They also have an impact on public policy and local government budgets.

Those people most affected by lack of community in society, are often the poor and the vulnerable. And they are often most ignored in processes of democratisation, public decision-making, and so forth. They are often not organised, nor articulating their issues well, and not invited to make inputs to important processes. In the multitude of community forums these groups are often not represented. Yet, the table has been set for democratic processes and inclusive decision-making. What is the role of the church in impacting upon the governance and public policy of our cities ? How can the church ensure that the voice of the poor is heard ? In what way can the church's involvement in the public arena contribute to the nurturing of new communities in a country that has been so divided and still bears the scars?

The church's response

Whilst some of the traditional mainline churches have closed their doors and left the inner city, or combined with other churches, many new churches have developed in the past few years. In 1993 there were only 11 churches in our community, whilst today there are 26 churches, 6 years later. Most of these are independent Pentecostal or charismatic churches led by black leadership. There seems to be a hunger to belong to God and to the church, and this is reflected in the spontaneous growth of churches. The on-going diversification of churches, however, and the lack of cooperation or dialogue amongst some of these churches, are still reasons for concern. I believe that the prayer of Jesus in John 17 is unnegotiable as an imperative for our day. We need to find ways of bringing greater unity and co-operation amongst believers, because unless we can facilitate closer communion amongst ourselves, how can we – with integrity – facilitate healing and community in the sphere of the secular city or humanity at-large.

The churches have responded to the increasing cultural diversity and social dynamics in varying ways. Some churches made radical changes, the change in other churches only touched the surface, while still others have hardly seen change at all. A group of churches from different denominations have responded to the social challenges in 1992 and started a journey to work in partnership, through establishing the organisation in which we work, Pretoria Community Ministries. We formed an ecumenical community development trust in 1993 , facilitating various community development and urban ministry projects.

Theological reflection: community and pastoral care in urban South Africa

I would like to summarise some of the key challenges that our inner cities present in terms of our theme of community and pastoral care. How do we interpret the specific challenge to the church coming from the multitude of challenges outlined above?

Firstly, there is the challenge to the church as “community of disciples” to rediscover its role in changing inner city communities:

- we are called to move away from rigid institutions to becoming small communities – diverse, responsive and accessible, demonstrating sharing and caring;
- we are called to create a visible presence as communities of Christians within some of the most desperate human communities, incarnating ourselves in appropriate ways.

Secondly, there is the challenge to be a healing community shaping the community of humanity. There is the challenge of healing and reconciliation, crossing the boundaries of race, language, class and religion:

- we are called to discover each other anew within the body of Christ, and when we do so we are charged with the task of serving the community of humanity, helping individuals to discover themselves as created in God's image, restoring people to communion with God, working against prejudice and violence, enacting neighbourly love practically in the lonely and fragmented communities of our cities and towns;
- we are called to build a new and inclusive community, within our church and outside, re-creating a broken nation and a broken people, and humanising dehumanised people and places.

Thirdly, we have to move beyond our sacred spaces to affect the “community of citizens” (Barth), and “communities as places”. This is the challenge of urban development and public policy. How to build an inner city that will accommodate all its diverse people, including the poor, yet be viable and healthy as a community, as community of citizens who can work towards the restoration of communities and cities? How can we become the salt- and yeast-like presence of the community of disciples who could be the trigger in this process?

- we are called to participate in the transformation of the city, making informed and constructive suggestions with regard to social, political and economic processes and policies, being in solidarity with inner city communities and the urban poor, searching for viability and wholeness;
- we are called to seek the well-being of all inner city people, being pastors not only of our own parish but making the city our parish, encouraging people to take responsibility and ownership of their communities, and helping communities to act collectively towards their common good, and to participate in the shaping and recreation of their neighbourhoods;
- we are called to be servants of fragmented cities, helping people to understand their need for each other, for collective planning and actions, and for a shared journey towards wholeness.

In Genesis already we are called into communion with God, each other and creation. As body of Christ we are mandated with the restoration of such communion. In Romans 8 we hear the current cry of humankind and the whole of creation for redemption and liberation. In the Gospel story we witness the trinitarian response of God the Creator, Jesus the Redeemer, and the Spirit, the Builder of Community. And in John 17, just before Jesus departed, He left a community of disciples to incarnate his presence on earth, and He left them with the prayer for unity in their communion.

There is a clear Biblical imperative to nurture the Christian community, but also to respond to the cries of humankind and creation by building the community of humanity, communities of citizens, and the different geographical communities which we represent here today.

Towards a pastoral praxis envisioning a new community

The Potter's House is a small community of women in crisis. Women in *The Potter's House* come from a diversity of backgrounds and they have experienced different forms of crisis - rejection by their family, divorce, abuse, addiction, and so on. Some women have intense emotional problems,

but for many the main problem is that of unemployment. Often they lack proper education or skills to secure a proper job. At The Potter's House women are supported in a holistic way. There is a real attempt to assist women in all the crucial areas of their lives, helping them to a point where they can stand on their own feet again. Training needs, family relationships, employment support, spiritual development, counselling, and other aspects of their lives, are enhanced. The staff of The Potter's House want to model in practical ways basic principles such as respect, acceptance, forgiveness, and encouragement. For many women this is the first time that they are really valued, and the message of God's love and respect is often experienced very strongly and very practically.

Lerato House is a transitional facility for young girls in crisis and on the streets of Pretoria. "Lerato" is a Sesotho word which means "love". A Street Outreach Team is on the streets three nights a week, and their purpose is to build relationships of trust with young girls in prostitution. They speak to them of alternatives and support them where necessary. A drop-in centre serves the girls with medical services, such as HIV-tests, the treatment of sexually transmitted diseases, and so on. The residential facility is a community such as The Potter's House offering basic care and love, but also opportunities for schooling and the possibility of re-integration with their families. In working with children the principles of community building are even more important. These girls are extremely vulnerable, but they have not yet erected walls around themselves the way adult women do when they are hurt by life. The need for love and attention are much more intense, as is the possibilities for disappointment. At the Lerato House discipline plays a central role. The children need boundaries and feel secure when they know what the consequences of certain behaviours are. Values and norms are taught in many practical ways and the focus is on character building.

Before 1994 *homelessness* was not on the agenda of the city and local government in the past. There was no policy on homelessness in South Africa - in national, provincial or local government structures. There was no budget for homelessness. Through sustained lobbying, good research and proper proposals, homelessness was adopted as one of the strategic issues to be dealt with in the inner city of Pretoria in 1999. A budget of R 900,000 and then R 700,000 was awarded over the past two years, while in 1997 only R 48,000 was approved but never given. A policy for homelessness was written and adopted by the City Council of Pretoria, which is now the first local government with a policy on homelessness. Homelessness has become central on the agenda of many inner city and even suburban churches. Homelessness and advocacy with homeless people has become an important pastoral issue.

The *community of Maeabastad* was affected by forced removals in the 60's and 70's when people of colour were moved to their own areas outside of. Churches were also affected and demolished and the mosque and the Hindu temple remained. In the past 10 years people started to move into Marabastad and here are currently a squatter community of 2000 people and it is ever increasing. There is no physical presence of the church except for the homeless help centre that opened in June of 1999; but there is no established church. Addiction, child prostitution and unemployment are some of the real problems of the area. This community has been forgotten for forty years, forgotten and ignored by local government, the citizens of Pretoria and the churches of Pretoria. In the past 6 years churches were made aware of the problems of Marabastad. How and why is this community a pastoral challenge? Ministry in this area requires solidarity with the poor, lobbying for their inclusion in urban plans and policies, in future development plans and projects.

Salvokop is an old railway community with 400 houses. The previous church left the area because of changes. There was not much of a relationship between the church and the community. In 1998 our six partner churches brought the church building and adjacent house together. We decided to

call it the Salvokop Community Centre. Eventually there will be a community church at the heart of the centre. The centre will facilitate various community projects, such as child care, study space, hobby centres, skills training, and so on, at the point of the community's need.

Yeast City Housing is a church-based housing company that we launched in 1997 to ensure affordable and decent inner city housing, that will also include the poor and at-risk people of the city. This company takes on bad buildings, working closely with the residents to restore them to safe and healthy places for people to live in.

Community Business is a special task for care. The inner city is characterised by disinvestment from the business community, a growing number of informal traders and unemployed people, vacant shops, and so forth. Some of our churches have opened their doors for the community by transforming certain spaces into small community businesses.

Our ministry is heavily involved serving *the civil society* and co-operating with *governance* for the vulnerable groups of the city, i.e. women and young girls in crisis, homeless people, inner city residents at risk, and so forth. In terms of governance these people are often side-lined from democratic processes. It has been vital for us to stimulate the development of civic movements to include grass-root people in inner city development and decision-making processes.

Summary

1. The church needs to rediscover itself as a servant community of disciples, that will establish an incarnational, serving presence, being visible and available to people and communities in crisis.
2. The church as a servant community also needs to work for greater inclusivity within the body, allowing people like Zacchaeus, the rich exploiter, and Mary Magdalene, the marginal woman, to enter into fellowship with one another, united because they were set free by Christ and healed in their communion with each other.
3. The church as a servant community can and should play a vital role in the public arena, contributing to the common good, and having a salt and yeast effect where it is required. Orlando Costas spoke about the church outside the gate. We have to move from our small liturgy on Sunday to the larger liturgy of the week, where we work with the people of our communities towards their shalom. It implies moving from a private theology to a public ministry, helping our members to be good neighbours and good citizens.
4. Community is not only the goal of our ministry but also the means. We need to discover community as means of evangelism, community as place of healing and reconciliation, community as place of affirmation and empowerment, community as reconciliation, community as demonstration of social and economic justice, community as place of advocacy, and community as a celebration of the redemptive work of Christ.
5. Lastly, a reminder that this is a life-long process of working with Christ in building a new city and a common humanity; it is a life-long process to advocate for just economics and politics; our role will be to advocate and conscientise and serve continuously, being present and available in the communities of this world.

But within these life-long processes we have opportunities to erect small signs of hope – tokens or promises of what is still to come...; signs of God's new city!

Wilhelmina J. Kalu

Nigeria, 2001

Human Dignity for Youth and Women

Reproductive health care practices in Nigeria

topics:

- *traditional culture and fertility*
- *motherhood*
- *mental health practices*
- *pastoral care challenges*

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Introduction

Continued high fertility is recorded in Sub-Saharan Africa. Groups cover this area whose culture places a high premium on the child. A common greeting in West Africa „How are the children?“ which is a reference to the child and acknowledgement that the function of procreation is fundamental to identity definition in adulthood.

Renne (1995) emphasised that the importance of preservation of family name, lineage, a share in ownership of family and kin compounds, farmlands perpetuate the desire of people to have many children. Polygamous marriages make such competitions fierce in many places. The need for male issues to preserve continuity of patrilineal descent groups heightens the problem of persistent high fertility (Olusanya, 1989). Family owned houses and land continue to represent family political vitality in rural places, village or indigenous areas. They also serve as a means of economic commitment to a community, and a safety net for family members resident in urban and other areas, when there is failure in the economic activities they are engaged in (Berry, 1985). In the recent Nigerian experience of economic hardship many families relocated to the villages or segregated into sending all or some of the children and their mothers to the family homes, while the father alone or with the mother endure the hustle for survival in the urban areas. High fertility therefore remains critical in securing land tenure rights and engaging in economic activity in such lands, prospective old age income security encourages the desire to have many children, especially in a region of high infant mortality thus there continues to exist several persuasive economic and cultural reasons why people desire many children in the Nigerian and West African context (Renne. 1995).

The average number of children desired by Nigerian families has remained 6.7 for over four decades (Oppong, 1989; Kalu, 1987; Aryee, 1989). Thus women with an average life span of 50 spend majority of their years between 15 and 50, conceiving, carrying, delivering and suckling infants (Ware, 1983). Women expect to spend 20 years of their lives bearing a child every third or fourth year. Women between 20 – 45 years of age are therefore subject to the continual stresses of heavy reproductive and productive schedules. Maternal mortality is high and these women who survive to 50 years bear children through their 40's (Oppong, 1989). Studies in developing countries (Pebley and Millman, 1987; Omran 1987) also show a high infant mortality in Sub-Saharan Africa, and the

fact that children are more likely to die if they were born less than 2 years after a previous birth, too early/too late in the mother's life span, rather than if they were born after a longer interval. These mothers are also placed at risk. Thus there is a linkage between maternal mortality and infant mortality. It is estimated that 75 000 Nigerian women die in pregnancy and childbirth every year, that is one death every 10 minutes. For every woman that dies 20 more are disabled or health impaired as a result of childbirth, an estimate of 1.5 million. A Nigerian woman therefore has one in twenty one chances of dying in pregnancy, and faces this situation about six or seven times in her lifetime. The chances are estimated at one in 10 000 for a woman in Europe or North America (Kisekka, 1990). Where the woman in Nigeria is illiterate, malnourished, and poor or has had more than four births rapidly, the chances of death and deformity are more. Where she is under 18 or over 35 years old these chances are worsened (Kisekka, 1990; Harrison, 1990).

Health factors related to women make the issue of high fertility a great concern in west Africa and Nigeria. Risks, physiological stress and health practices accorded to the pregnant woman need to be examined to understand underlying forces, influences and consequences that continue to impact on a Nigerian woman of reproductive age. This paper focuses on these and highlights ways in which situations constitute violation of the human dignity of women, both youth and adults.

Statement of the problem

The persistence of high fertility and the attendant maternal and infant mortality is considered a complex problem, a combination of several factors. The fact that it is protracted even though awareness and consciousness have been raised about it within the last decade makes it a culprit of human dignity violation. Rudimentary health measures have been identified as solutions. These have neither been properly undertaken nor have some of the reasons for high fertility been given intense scrutiny. Major factors that influence fertility include economic, political, social, technological, cultural, religious and psychological. These also influence health-care practices and service delivery. Some influence can be negative in the sense that they constitute threats to human or female reproductive well being and rights. A particular focus of this paper is to highlight the role of religious and cultural factors.

Traditional culture and fertility

The concepts of reproduction and fertility speak of fruitfulness and multiplication. These are concepts many nations and societies can identify with, especially agricultural groups. In traditional Africa, reproduction and fertility or procreation are associated to life giving functions. Thus, barrenness or involuntary childlessness is a reproach. There is a plethora of fertility gods and goddesses worshipped throughout the land of Africa and in Nigeria. Fertility gods are the most common class of gods. Some fertility gods especially water based deities are pantheon gods. They receive elaborate worship with well-marked festivals or a season of rituals, sacrifices, and celebrations in various parts of the country. They are covenant gods of various communities and families. Male priests or female priestesses lead worship. The altars and shrines are located in mountaintops, near or inside streams, rivers, sea and pools of water. Apart from receiving wide based worship in the population, there are additional dedications of children and youth to these fertility gods as offerings for childbearing, fulfilment of requests or as part of a particular generational covenant. Specific families in their generations are dedicated to their service or serve as custodians of the worship places. With the spread of influence of these gods, indigenous churches are located often near waters, with a local Nigerian reference as "waterside" churches.

Thus most families in Africa and in Nigeria have some ancestral linkage or tradition of relationship to fertility gods. A number of rites in childhood especially at puberty are an acknowledgement of fertility god relationships. Many puberty, maiden dances are fertility dances and are sexual in orien-

tation. Fertility and sexuality are sacred! This limitation of sexual activities in many African communities is hindered by these spiritual influences and by a sense of tampering with the works or blessings of the gods. Most rural couples when confronted with the need to control birth respond that their children are blessings of the gods and they cannot reject what they are given by the gods. Carvings and representation of fertility gods called fertility dolls abound in West Africa.

In such an atmosphere filled with fertility consciousness, worship and sacredness, young girls and boys become interested in active sexual life, even where male-female sexual relationships are not openly discussed in parent-child interactions. A study in Nigeria found that half of female students at both secondary and university levels have been pregnant at one point and have terminated their pregnancies. In a five-year review of patients treated for illegal abortion in the Lagos University Teaching Hospital, about 90% of them were unmarried adolescents (Nichols, Ladipo, Paxman, Otolorin, 1986). Abortion is widely practised and has often resulted in untimely death among the adolescents.

Safe motherhood and maternal health

In a culture of strong tradition in kin relationship and supportive network, even in the midst of rapid urbanisation, migration and mobility, the prevalence of motherless babies homes constitute an embarrassment. It testifies of a failure in the system that has not been adequately dealt with. Motherless babies homes serve babies whose mothers died in childbirth. Fertility gods worship explain some of the causes as a punishment of unconfessed sexual infidelity of a woman, violation of sexual or other covenant requisites and taboos. There are explanations covering the anger of the gods (Kalu, 1992). Thus such women are often deprived of the usual lavish funerals. They may be hurriedly buried and their husbands remarry within a year.

Their new-born babies are sometimes considered sources of curses for those undertaking to care for them in the household. The infants may be exposed to enough carelessness that leads to their deaths. Even when placed in homes, they may remain without visits from family members and fathers (Kalu, 1990). Motherless babies homes also serve infants who are abandoned in hospitals, roadsides, bushes or places where they are expected to die from exposure. They are placed in such homes when rescued. These unwanted babies are products of unwanted pregnancies from unmarried mothers who may have other children already kept with families in the villages, or adolescents who want to continue attempts to etch out a living without the additional burden of premature parenthood.

These homes therefore expose some of the negative elements of fertility worship, cultural emphasis and the influence on reproductive health. A spectrum of problems are known to lead to the death of Nigerian women at childbirth but many communities remain silent about them, largely restricted by religious beliefs. Meanwhile, there is no evidence of postnatal treatment or health care for the mothers of abandoned newly born infants who simply disappear. There is no hesitation in adoption of such infants from Motherless babies homes (Kalu, 1992).

Awareness on reproductive health care practices within the last decade led to the concern for maternal health or safe motherhood. Safe motherhood describes pregnancy, birth and infant care activities where the mother's health is safeguarded. The discussions focus on the health culture surrounding pregnancy and childbirth. The emphasis is on reduction or elimination of risk of damage or death in women who are in the process of having children they want or avoiding having children they do not want (Ilumoka, 1990). Safe motherhood generally is linked to three main factors:

- Provision of basic professional antenatal care and contraceptive technology.
- General living standards and health practices.

- Establishment of measures that ensure effective and immediate treatment is given, including operative intervention, when major complications develop in antenatal, delivery and postnatal care (Harrison, 1990b).

Without adequate provisions in these areas, motherhood is unsafe. A good measure of these provisions can be made available to women by the combined efforts of willing groups and government. Harrison (1990b) explains that current statistics on maternal mortality in Africa (6.4 per 1000 births) is what was obtainable in Europe in the 17th and 18th century. There are midwives in Europe today who have never seen a maternal death in over 20 years of practice, while this is close to a fortnightly or monthly occurrence in the practice of Nigerian midwives. He therefore considers maternal deaths as the best indicator of the standard of health care, social, economic, and political development. The disparity in socio-economic or health indicators between the least and worse affected places in the world sum the situation. In all places of high maternal morbidity, more than 80% of fatalities occur in the presence of eight (8) pregnancy complications. These are anaemia, abortion, eclampsia, haemorrhage, infection, obstructed labour and its consequences, effects of abdominal deliveries and overriding influence of harsh conditions of living when pregnant. Such conditions of living include looking for water, working and walking for long hours, distances, under the hot sun, meagre and undernourishing meals, strenuous child and home care chores, little or no medical attention and physical rest. These are familiar features of economically troubled, deprived areas of Sub-Saharan Africa.

Case of Mrs. C

Mrs. C. was a young mother in her late thirties. She had five children and died during the delivery of the sixth child. The family lived in a two-room accommodation in the town. She had intermittently attended an antenatal clinic, but had taken care of her health based on the experiences of earlier pregnancies. Her husband is a low paid salary worker. With three of the children in secondary schools, she had to expand her trading activities in the market in order to procure enough income to pay for school fees, food and home bills. Her labour started on the expected date. She presented herself as someone in good health and expectant of the new baby several days before the delivery. At the onset of her labour in the early hours of the evening, the husband took the decision to send her to a trained birth attendant whose fees were low. When labour difficulties were presented she was transferred to a midwife. When the midwife could not handle it there was a search for a vehicle to transfer her to a doctor. The doctor did not have the equipment necessary. She needed a blood transfusion and an operation. On the way to a hospital that might of had the required facilities Mrs. C. died. She was unable to deliver the sixth baby.

Maternal health practices

Maternal health practices include those that deal with avoiding conception and those that deal with pregnancy and birth. They are practices and technology that are traditional African or Western medical based.

Traditional Maternal Health Practices

Prevention of conception.

Traditional Nigerian society has pronatalism as a cultural value. However, there is a specific interest in spacing birth and cessation of child bearing when the desired number of children has been reached. Thus there is a wide range of methods for achieving these objectives (Aryee, 1990). These include the use of: herbs / traditional chemicals / abstinence / coitus interruptus / douche / charms / amulets and belts worn around the waist / kin membership persuasion.

Failed contraceptive devices

Where the methods failed to prevent conception, other practices are brought into use. Some are mild while others are harsh. They include: abortion / infanticide (killing of deformed, disabled or ailing babies) / giving away children, to guardians or adoptive parents from the wider kin group.

Pregnancy care

Pregnancy care is the work of: older women / family / traditional herbalists / traditional priests / birth attendants.

The pregnant woman and the baby in the womb are considered vulnerable to spiritual influences and therefore certain rituals and observances must accompany whatever care they receive for protection. Depending on the pervasive beliefs in the area, many women would attempt to fulfil these religious requirements before attending to nutrition and other forms of care. Traditional birth attendants use a combination of ritual observances, pronouncements, and a choice of instruments, herbs, and oil in the prenatal delivery and post delivery care of women. Older women and family members explain pregnancy ailments, advise on herbs, meals and activities, as well as enforce observances where possible. This way, the woman receives counselling and support. In the absence of this, the woman is left on her own to experiment on how best to take care of herself during pregnancy. Although fees may or may not be charged, gifts are expected to be given to such counsellors and birth attendants in accordance with the tradition for showing appreciation. There is no limit to the amount and types of gifts offered. But there are specifications on what is reasonable in communities. Some women therefore find the use of a conglomeration of priests, women counsellors and birth attendants' service ultimately more expensive than trips to a local clinic where this is available. Others may choose to use prayer houses of indigenous churches where prayer regimens are intended to ensure protection and safe delivery.

Postnatal care

Safe delivery calls for celebration from all women, family and neighbours, even in urban centres. This is in the form of visits, prayers of praise to God or the gods, songs, dances and use of the white chalk of victory. The woman is encouraged to rest, given herbal and peppery hot drinks and meals to aid internal and external healing recovery. She is attended to by those who cared for her during the antenatal period. She receives a special herbal wash, massage, use of a local girdle for the sagging stomach and dips in hot water or sleeping in hot rooms. Some of the latter have been known to lead to burns or worsen cardiac problems in these women with fragile health. Family encourages long term and intense breast-feeding, as well as observance of postpartum sexual abstinence rules in order to promote child spacing and safeguard health of the woman. Thus, in the absence of such an environment (which occurs in urban centres), there is an increase in frequency of conception.

Traditional maternal health practices have not yielded perfect results but remain widely practised in the Nigerian population. Where there are medical facilities like hospitals and clinics, some women combine these with some traditional services. Hostility between traditional birth attendants and midwives, the two main maternal health providers, may lead to the pressure to abandon one in favour of the other. There is evidence that traditional birth attendants do not recognise symptoms of pregnancy complications until they are severe. They are also not aware of the appropriate treatments. For example, they do not associate edema with blood pressure or eclamptic fits. They attributed this to "bad blood, bad water, an indication of a big baby or baby's gender." They attribute convulsions in pregnancy to witchcraft and infidelity. However, their diagnosis causes with spiritual overtone women to prefer traditional treatments for pregnancy ailments instead of formal care. Their treatments include: appeasement of gods, use of a particular leaf juice in the eyes, nostrils, legs and mouth of the woman, herbs and holy water drinks and baths. (Okafor, Rizzuto, 1994).

Moreover, the choice of use of any or combinations of traditional maternal health practice depends on the husband in a culture where paternal authority prevails. Permission to change services or go to the hospital in the face of complications comes from the husband or husband's family as a last resort. Husbands therefore influence decisions on maternal health care to a great extent in Nigerian women (case of Mrs. C., Okafor and Rizzuto, 1994; Oppong, 1989; Kiseka, 1990). Where complications are not well-handled, they lead to diseases which impair fecundity. The observance of traditional postpartum abstinence period and long periods of lactation (between 14 – 20 months), is largely dependent on husbands. (Oppong 1989) The degree of conjugal authority experienced by women is limited.

Formal Medicine in Maternal Health Practices.

Within formal medical practice, all levels of maternal health service delivery, prevention of conception, failed conception, pregnancy and postnatal care are handled by established institutions. They are: Hospitals / Primary health care centres / Private midwives clinics / Communal Antenatal clinics.

A wide range of trained and specialised personnel including doctors, nurses, attendants, technical staff, midwives and health care workers operates these.

Prevention of conception

A wide range of family planning technology which is common in Europe and N. America have recently within the last two decades been introduced with great intensity into Sub-Saharan Africa. In Nigeria and several West African countries government and communities have questioned the motives. The original objective to limit population and fertility was abandoned after a decade because it contends with basic beliefs on sacredness of fertility. The preferred concept of child spacing was adopted. However, the use of birth control devices in the population remains limited, often to educated men and women and to urban dwellers (Oppong, 1989, Maudlin and Segal, 1988). Studies found that most women in Sub-Saharan African countries do not know about these foreign contraceptive methods. Majorities of the women want more children. Thus 60% of contraceptive users are those who want to increase gaps between births (Oppong, 1989). Others express concern about the side effects like inter-menstrual bleeding and heavy menstrual flow. This for instance affects wifely services like cooking, a function which is a taboo to those menstruating in some groups. Some women also expressed fear of infertility and possible side effects of contraceptive use on future ability to conceive (Oppong and Abu, 1987). This fear has led to deliberate interruption of contraceptive use, resulting in unwanted pregnancy and causing an abortion. The most commonly used contraceptive devices in urban Nigeria are rhythm, pill, foam, vaginal tablets, condoms and withdrawal.

Pregnancy termination

Women and teenagers handle failed contraceptive use and unwanted pregnancies frequently through pregnancy termination. Abortion is legally restricted and so avoided by medical personnel and the hospital (Ilumoka, 1990). The Nigerian law allows for termination of pregnancy for the purpose of preserving or saving the life of a woman. Women practice self-induced abortions using drugs recommended through the grapevine or subject themselves to unqualified personnel who use dangerous instruments and often practice under aseptic conditions. Some doctors handle private and secret arrangements for abortion. They charge high fees because of the risks involved. Families who are desperate for a termination of an unwanted pregnancy seek out such services and the women involved have no protection when things go wrong.

Complications from spontaneous and illegal abortion are cited as among the most frequent reasons for hospitalisation of women and girls of the reproductive age (Oppong, 1989). There is a high level

of sexual activity and abortion among teenagers for several reasons. These include limited information about safe contraception. The high birth rate leads to closeness in the ages of children. This means that many Nigerian families with limited incomes have to cope with provision, care and education for four or more dependent youth at the same time. Adolescents may thus be sent to live with a relative as a house-help in exchange for education or skill training. Those who stay with their biological parents have to operate with meagre resources and so may share the limited clothes and school materials available with others. These teenagers therefore succumb to the lure of acquiring personal wardrobes in order to improve body and self-image. Thus, many young girls explore early sexual activity as an avenue to acquire material needs and money. Some move on to urban or international prostitution and use this revenue to support parents, siblings or help the family acquire property (Kalu, 2000). Young boys may join in illicit items: trading, and cults that specialise on extortion, violence and armed robbery in the society as well as educational institutions.

The culture frowns on young girls having children out of wedlock. They bring disgrace to the family name, ruin the chances of marriage for themselves and their sisters as well as opportunities for completion of their education. Thus, parents who want to protect the family name secretly encourage abortion of unwanted pregnancy in their teenage girls (Gyepi-Garbrah, 1985). Many young people simply see through the inconsistencies in family and societal beliefs on sexuality and the practices that prevail around them, and so exploit the situation. There are adult men who indulge in setting up young girls as mistresses. Unfortunately, these teenagers become vulnerable to problems of abortion and sexually transmitted diseases.

Pregnancy and post natal care

Hospitals and midwives clinics provide pre-natal care for many Nigerian women. Many seek these services two to eight months into the pregnancy and often out of fear of not being eligible for emergency treatment when necessary, because they are unregistered. Trained personnel and use of appropriate equipment lend to efficient services. However, long periods of difficulties in the country have left many clinics and hospitals with inadequate and malfunctioning equipment. Women who seek the services complain of perennial shortage of drugs, and high cost of drugs where available. Transportation may be expensive and there are crowded conditions coupled with long waiting hours at the clinic. They face harsh bureaucracy in service delivery. In addition, they consider many nurses and midwives impersonal, and hostile. They are often publicly scolded, humiliated where they do not follow instructions, have the information necessary at intake interviews, have money to pay for the drugs or bring all the required items for the delivery. They are neither told their rights nor the expectations from them. They are not allowed to pay the fees charged by instalment. Comparatively, the traditional birth attendants are seen to be friendly and kind enough to allow fees payment instalmentally. (Okafor and Rizzuto, 1994)

However, most women are aware of the fact that traditional birth attendant's use rusted or dirty instruments, poor hygiene practices, are medically weak and therefore transfer patients to midwives where there are delivery complications, like retained placenta and haemorrhage. They may also lie on bare floors at delivery. They are therefore willing to bear ill treatment for the sake of safety and relative comfort in order to be delivered by midwives at clinics and hospitals. Where government hospitals are not well-equipped women at delivery may be presented with an extensive list of things to supply like soap, dressings, infusion sets and liquids and surgical gloves. Hospitals may demand some payment before certain services are provided. Thus the period of delivery may constitute a harrowing experience for women.

Hospitals and clinics however tend to give women necessary information on life style changes, hygiene, nutrition, personal and baby health care that facilitates maternal health. Antenatal care has been associated with a 22-fold decrease in maternal mortality rate, 7-fold decrease in perinatal mor-

tality rate and a 3-fold decrease in the proportion of babies of low birth weight in Nigeria (Harrison, 1990b).

Early teenage pregnant women

Early teenage pregnant women are found in various portions throughout the Nigerian society. They come from affluent and impoverished groups. There are some key reasons for the existence of early teenage pregnant women. These are religious, socio-cultural and economic reasons. Religious socio-cultural institutions in the Northern and other parts of Nigeria support early adolescent marriages, between 10 to 17 years of age. Household surveys of a sample of 878 married Muslim women in villages about 80 kilometres from a major national Teaching Hospital, revealed that 86% were illiterates and 44% engaged in income earning activities by using their children as intermediaries because they can only leave the compound with the approval of their husbands. Over 54% had their first pregnancy between 15 to 16 years of age and about 75% when they were 14 to 17 years of age. About 14% married at the age of 12 or below and 58% at 13 and 14 years. In this sample only 41% reported prenatal clinic attendance and 20% delivered in a hospital (Kisekka, 1990). Many reported going to hospitals only when there were delivery problems. Comparatively the mean age of delivery of first child in the Southern parts of the country is 21.4 (Kalu, 1987).

Teenage pregnant women therefore swell the number of unbooked pregnant women given emergency admission into the hospital. The mortality rate is high (29 per 1000) because of arrival at hospitals in serious conditions. The diagnosis takes some time to determine (Harrison, 1990). Harrison (1990) also found that an impoverished group of early teenage pregnant women suffered high rates of problems of eclampsia, anaemia, operative delivery, obstructed labour, obstetric fistulae (VVF) and foetal loss. When some of these women were given malaria and anaemia prevention treatment together with antenatal care, they grew faster with growth spurts of 2 cm and 16 cm, and childbirth became safer with a reduction in delivery problems. Thus, early marriage and the effect of poor economic conditions on lifestyle and nutrition, rob a considerable proportion of teenage women of the rights to growth and development, education and safe motherhood.

There are also early teenage pregnancies that occur from the vulnerabilities in child labour, especially street trading. Young girls are sexually assaulted (Akao, 1995). Street trading by youth is a means of family survival for most Nigerians (Kalu, 2000).

Some societal remedies for safe motherhood and maternal dignity

In the comparison of pregnancy outcomes with and without antenatal care, antenatal care was associated with a 22 fold decrease in maternal mortality rate and a 7 fold decrease in perinatal mortality rate (Harrison, 1990b). The rates are comparable to current European figures. Choice of antenatal care services has been associated with education in women and improved incomes or standard of living (Oppong, 1989, Kisekka, 1990). National Policy on population for development supports this and the fixing of an optimum number of children for women (Ilumoka, 1990). Antenatal care practices should therefore be encouraged especially by primary health care workers throughout the country.

The delay in treatment can be reduced with improved levels of development in terms of roads, telephones, power, water supplies, ambulances, high maintenance culture of hospital – clinic infrastructure, managerial and technological competence and well paid trained staff (Harrison, 1990b). Reform in abortion laws has been advocated toward criminalisation and not total deregulation. This will regulate the practice of abortion in the interest of women's health, eliminating procedures that lead to dangerous abortion.

There is need for bold steps to be taken in articulating aspects of socio-cultural beliefs and institutions that are detrimental to the dignity of women and maternal health practices in the country. Some of these are: husband dominance, that leads to male control of use of family planning, thus the psychological dependence of married women on their husbands for health practises. Such a relationship is deliberately cultivated in the marriage of young girls to much older men, whom they have to give the traditional respect of a father. Such psychological dependence makes women timid and unable to take decisions in emergencies. A combination of psychological and economic dependence also tends to restrict freedom of expression and ability to articulate problems properly at hospitals and clinics. The restrictions on money received from the husband and the absence of the woman's own income put several women under great stress where medical bills are concerned. Thus in the attempt to be silent over several issues, many women expose themselves to indignities in maternal health practices and mortality. These situations must be continuously publicised and discussed in health forums and the mass media.

Socio-cultural dictates on heirship and inheritance of land puts pressure on women to have male issues. Many Nigerian women want more than one male issue. The result is excessive childbearing and the risks involved in deliveries under traditional birth attendants. Planned Parenthood Federation of Nigeria (PPFN) posters and jingles encourage education of women. The implementation of appropriate plans by the government will ensure increase in women's income earnings and ability to utilise the system to address property, widowhood and other issues (Kalu, 1989).

The continued use of the traditional birth attendants is encouraged by World Health Organisation as a means of alternative medical practice. The level of training given to them does not qualify them to be considered as trained personnel. Their level of understanding of issues is low and proper midwifery training is intensive. Harrison (1990b) notes that schemes for their retraining started as far back as 1904 in India and 1921 in the Sudan. These schemes have led to a reduction in deaths from neonatal tetanus but not in overall maternal mortality. In addition, they still make referrals to midwives. Thus an increase in Primary Health Centres across the nation accompanied by intense health education campaigns by their workers on antenatal care and pregnancy complications would provide an acceptable alternative. Existing traditional health attendants should be allowed to practice only after having gone through extensive traditional birth and medical training and have their premises linked to clinics and hospitals approved by government public health officials. Their use must be gradually discouraged through effective medical health service deliveries to pregnant women. Women organisations throughout the country must devote time to seminars and information blitz, targeting rural and urban women, teenagers, on responsible parenthood, safe motherhood practices, dangerous abortions, and signs of pregnancy complications. They must work to encourage female school enrolment and educational attainments as well as help to dispel misconceptions on family planning methods. They can also give pregnant women substantial support (financial) to enable them relieve them of heavy workloads during pregnancy and to assist them seek medical help promptly. Women must be educated on how to handle hostile medical and paramedical personnel and understand their rights to handle their bodies and to conduct their affairs with dignity. Women organisations in the country have also begun to establish centres for pregnant and nursing teenagers that encourage them to return to school and complete their education.

Pastoral care challenges

Some of the indignities of maternal health practice can be handled within structures that exist in Nigerian churches. For instance, Christian education programs have family emphasis week and couples forum, where education in maternal health can take place and childbearing issues can be discussed. Churchwomen wings can establish funds for assistance to impoverished pregnant women to enable them attend clinics and buy drugs. Some mother's day celebration themes can focus on

safe motherhood, family planning, and education of women. Churchwomen can effectively influence and supervise women's health-seeking behaviour in the course of pastoral visits.

Youth and young girls group meetings serve as context for education on problems of early marriage, teenage pregnancies and unsafe abortions, utilising nurses and medical personnel in the church membership. This will expand their educational activities beyond homemaker and childcare training and make them relevant to current societal changes.

Pastoral counselling services in the church must be backed by the acquisition of leaflets, fact sheets, and magazines, books and materials that provide information on nutrition, fertility and maternal care practices. This should be made available to membership and wide readership encouraged. Church workers and representatives must be sponsored to attend community – wide based health education programs. The church continues to receive encouragement on rediscovering elements of African culture, which are not in opposition to the gospel. It must not however, shy away from discussions on negative elements of traditional practices that impact on family and marriage life. It must sensitise members on vulnerabilities of women and youth as well as document pregnancy problems in order to get adequately involved in safe motherhood projects in the community.

Conclusion

There is a general need to raise awareness and sensitisation of Nigerian population and societal institutions to new heights that would assist the break with negative maternal health practices. The importance of women education and the connectedness of maternal mortality to cultural practices, poverty alleviation, and communal health programs and facilities need to be reassessed. Community and church leaders need to document problems in order to exercise pressure on officials for a change. Current practices in maternal health have often violated women rights to life, personal liberty, and dignity. Nigerian women have faced great distress, embarrassment and sometimes harrowing experiences in the course of childbearing and yet have been unable to deal spiritually and physically with affinity to fertility and the risks involved. Women need to become watchdogs on policy change and implementation programs.

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Julian Müller

South Africa, 2001

Human Dignity: A South African Story

topics:

- methodology of pastoral care
- “re-authoring” the own story

source: *Intercultural Pastoral Care and Counselling* No 8, 2001; pp 47-52

Looking for personal dignity

Disqualified?

I am using a narrative approach in this lecture and therefore will be starting with my own story. When talking about human dignity in South Africa, I firstly ask myself the question: do I have dignity? What gives me the authority (audacity?) to address such a topic? What is the basis on which I allow myself to present this paper?

Before trying to tell any other story, I must, in the first instance, be trustworthy to my own narrative.

When I consider my own story in retrospect, I find that I am not qualified. I am disqualified. I have an apartheid background. I went along with the system, and therefore I ask myself the question: how can I participate in this conference with dignity? How could I prepare this paper and continue this morning with its reading, and talk about human dignity in South Africa, with honesty and integrity?

As a young minister I associated more with my own people (white Afrikaner), than with members of the black community, or even the non-Afrikaans community. I became a member of the Afrikaner Broederbond, and I remember well how, in many conversations, I vehemently defended the cause of the Afrikaner and the moral justifiability of apartheid. After I was appointed as pastor to students in 1978, at the Universiteitsoord-congregation in Pretoria, a gradual change in my orientation took place. Obviously, I was under the influence of more young and fresh thinking and began to disassociate myself gradually from conservative, ideological Afrikaner thought. I remember accompanying a group of students to Soweto during one winter holiday, and the wretched living conditions of the people there made a deep impact on me.

Today, when I think back, I am ashamed that I did not come to other insights sooner than I did. In 1997, when I, along with a group of ministers, co-signed an open letter, which we submitted to the Truth and Reconciliation Commission, I had exactly this reluctance to accept change and blindness to reality, in mind. I had wasted valuable years as a pastor to students and did not do enough to promote a social-ethical conscience under young Afrikaners.

Soon after I had been appointed as a lecturer in the Dutch Reformed Faculty of Theology at the University of Pretoria in 1990, I had opportunity to attend a consultation in Nairobi, Kenya, along with a number of lecturers from Stellenbosch and Pretoria. We entered into dialogue with a delega-

tion from the All Africa Council of Churches. I was greatly impressed by their intellectualism, genuine spirituality, and general attitude towards us. This happened before Mandela was freed. We were still not able to obtain visas for Kenya, and therefore special arrangements had to be made to allow us to enter the country.

During this visit to Kenya, I developed, for the first time, a deeply felt need to apologize for my involvement with the apartheid structures. I had already realized intellectually that we had made mistakes and that change had to happen. As a member of a group of Christians in a strange country, this became an emotional confession, which I expressed in a group meeting. I believe that this was a watershed moment in my attitude to - and view of - the situation in our country.

Afterwards, along with a number of my colleagues, I began to speak and preach differently. I wholeheartedly aligned myself with renewing thought, and when attending synods and meetings, I defended consequent non-racial and inclusive positions. I pleaded that the Dutch Reformed Church needed to make a full confession of its role in the apartheid structure, and that the Truth and Reconciliation Commission should serve as the forum for this. I used more than one of my columns (Church and Media) in "Die Kerkbode" to state this point. I was deeply disappointed when the General Synod Commission declined to take such a decision, and therefore, I decided to sign the open letter, which was circulating amongst ministers. In this way I expressed my deeply felt need to confess my guilt for my part in the apartheid- ideology. During this period (1997), and after years of inactivity, I allowed my membership of the Afrikaner Broederbond to lapse. I do not have feelings of guilt regarding my involvement with the brotherhood. Sometimes, it was precisely in these circles that I discovered some of the most liberal thinking. However, as a servant of the gospel, it slowly became clearer to me that it was no longer appropriate for me to associate myself so strongly with the Afrikaner- establishment.

For too many years I had found myself in the role of the one in charge. Naturally, the development of a political system such as apartheid is a complex issue. Many factors contributed to its development over many generations. The little black friend of my youth, Daniel and I were both products of social patterns, which had been established a long time ago. I was a part of the "haves" and he a part of the "have-nots" and it was neither of ours' fault that it was so. It was neither's fault that we were born into the roles of "boss" and "servant". However, I can never plead innocent to the charge that for too long I was insensitive to the position in which he and his group found themselves. I too easily accepted my privileged position for granted, and did not seek to empathize with them enough. Therefore I am ashamed, and once again, would like to confess my guilt for my part in an inequitable and unjust situation.

"Telling a past and dreaming a future": the basis for qualification

I believe that the qualifying authority for anyone to speak does not lie in a faultless past, but in a story of integrity. The wholeness of the story, the renewing flow from past to future, are the qualities that provide a story with integrity, and not a past without errors. A re-authored story, a story dealing with the past in such a way that it again becomes the basis on which new story development can take place, can be a story of integrity.

No story has a fixed content. Stories are interpretations. Stories are not about what happened, but about what is developing on the basis of what happened. I can become qualified, not because of the *content of my story*, but because of my *story itself*. The qualification lies in the *process* of telling and dreaming. That means, a process of re-authoring.

¹ Brueggemann, W. 1993 *Biblical Perspectives on Evangelism*. Nashville: Abingdon, 120.

Telling a past

While I was working on this paper, two things happened to me, which helped me in the re-authoring of my story. I read an article in a newspaper and I had to accompany a group of Americans to the Voortrekker Monument.

The renaming of a German military base.²

According to the *New York Times*, a German military base was recently renamed. The name of a famous army general, Günther Rüdell was replaced by that of a soldier in Hitler's army, Anton Schmid, who disobeyed orders, and by doing so saved the lives of hundreds of Jews. The Nazi's executed him during the war for his actions.

Indeed, a brave decision to make, and one with many consequences. As could be expected, not all in German society were in favour of this renaming. In his speech at the ceremony, the German minister of defense, Rudolf Scharping, defended the decision and said: "We are not free to choose our history, but we can choose the examples we take from that history."

I was moved when I read this story and it struck me again that re-authoring is a never-ending process. Sixty years after World War Two, the German people are still struggling to interpret and re-author that part of their history.

Some people in South Africa feel that the past has been told efficiently and sufficiently enough. Perhaps the majority of white people were skeptical about the processes of the Truth and Reconciliation Commission, and they feel that they have heard enough of the shameful stories of apartheid. Even one of the leading feminist theologians, Christina Landman, professor at the University of South Africa, said in a lecture at the Afrikaans Arts Festival³ that the time has come for the Dutch Reformed Church to end confessions about apartheid and move on. According to her, the church should now start to take a more active role in the discourses about morality. I think she verbalizes the feelings of many white South Africans.

It is ironic that during this same time, Pope John Paul II did the opposite and made an apology of wrongs committed by Roman Catholics centuries ago (during a Mass of Pardon at St. Peter's Basilica). He implicitly talked about the Crusades, the Inquisition and the terrible inaction and silence in the face of the Holocaust. Of course, one can be skeptical of this confession. As *Time*⁴ pointed out: "It is awkward: How does infallibility own up to its fallibility and yet remain infallible? The Pope's solution: by being vague about the actual sins and by attributing them, in any case, to men and women who are Catholics and not to the Catholic Church itself." *Time* also referred to the insufficient attention given to the wrongs done against women and homosexuals, but it gave credit to the Pope and said: "In the apology, the Pope does what a leader ought to do. He sets an example."

To my mind, the challenge of the church in South Africa is to create a dream for the future, but not by terminating of the telling of the past! The future must be created by, and through the telling of the past. There is no way to imagine a better future without the telling and the retelling of the past. The pastoral challenge is to facilitate a situation where re-authoring can take place. The stories of the past, although gruesome and shameful, must be told and told again until the new dream can take form.

² According to an article in *The New York Times* of May 9, 2000, page A3.

³³ The paper was presented on March 28, 2000 at the Klein Karoo Nasionale Kunstefees, Oudtshoorn.

⁴ *Time*, March 27, 2000. 41.

Re-authoring is not a quick fix method. A premature ritual, as was proposed by Landman, cannot bring about re-authoring. To re-author the story, in order for the two South African tales to become one, takes time. It is a lengthy process in which the church and church leaders should take the lead. At the moment, not even all the mainline churches in South Africa have joined in the confessing on the sins of apartheid. The Dutch Reformed Church has only recently come to a full confession of the sin of apartheid. This same Church is involved in a difficult struggle to create structural unity among the so-called Family of Dutch Reformed Churches. While there are so many uncertainties about the future of the church, and while other churches are still debating about the need for a confession, it would certainly be untimely for the Dutch Reformed Church to establish a final ritual of confession, and try to stop the continuing telling and therefore, re-authoring of the story of the past.

On the other hand, it is definitely a pastoral challenge to move on to the task of creating a vision. The telling of the past must also contain re-authoring, and therefore the ability to imagine a better future. The pastoral challenge is to facilitate dreams about better things for the future. In his book, *Helping People Forgive*, Augsberger⁵ warns about a forgiveness that is only a *returning*. That can be dangerous and harmful. It can be "a restitution of an old order, a backward movement, a regression to the previous situation with the old injustices that motivated the original action or injury." When forgiveness and reconciliation are mistakenly seen as a "forget and get on with your life", there is this real danger of conveniently returning to the old order.

To forgive and to reconcile is a painful process. It is painful because it consists of the telling and the retelling of the painful past. But there is no way around it. When we try to prevent the pain, the danger of merely returning becomes a reality. In South Africa this is a real danger. Sometimes I am afraid that things are simply falling back into the old order.

Taking the group to the Voortrekker Monument

On July 6, 2000, we, at the Faculty of Theology at the University of Pretoria, were honoured by a visit of colleagues and students from the Columbia Theological Seminary in Atlanta, USA. Unexpectedly they asked me to accompany them to the Voortrekker Monument. The request came from my friend and colleague, Professor Erskine Clarke, whom I accompanied a few years ago to the same monument. I immediately agreed and we left for the monument. It turned out to be a painful experience for myself. It was the first time in about three years that I went to the shrine of Afrikaner nationalism. While I was taking the group around and trying to explain the history of Blood River and the religious meaning that was given to the victory of white people over black tribes, I realized that I had changed. Although there are still meaningful story examples I can cherish, I don't want to live on the basis of the main examples found in the Voortrekker monument any longer. In the process of the re-authoring my own story, I started to choose other examples from the South African history more than I did previously.

When driving home that evening I was in a state of shock. The situation caught me in a double bind. On the one hand, it was my history and I found myself telling the story of the Afrikaner people and the struggles of the past, in the same language with which I grew up. I had the feeling that I was expected to tell *that* story, and I tried my best to tell it as I was taught. On the other hand, I could no longer identify with that particular old story. I have the desire to re-interpret the story of indigenous black groups and their struggle against the white people invading their land. But to the group of foreigners I felt obliged to try and explain and even defend the past in the old language.

In the days after the visit to the Voortrekker monument I thought once more of the story of the German military base and its renaming. I tried to give an account to myself of my own choices and

⁵ Augsberger, D.W. 1996. *Helping People Forgive*. Louisville: Westminster John Knox Press. 21.

my own interpretations of our history. I tried to think of names, people I would like to remember as examples on the basis of which I would like to build my own future. And although there are many examples in the history of South Africa, of which Mandela would be the most obvious choice, I decided to choose names out of my own immediate history and out of my own group. Two names came to my mind: Beyers Naudé and Ben Marais.

The choosing of examples

Beyers Naudé

When I was in grade 12, in 1963, my father was a delegate elder to a synod meeting in Pretoria, which was held in the old synod hall, called the *Voortrekker Gedenksaal*. It was school holidays, and on one afternoon I went with my father to the meeting and sat in the public gallery. I listened to a debate in which Beyers Naudé, the moderator of the synod, was accused of all kinds of negative things because of his involvement with the new monthly journal, *Pro Veritate*, launched by him. He and a group of supporters to try and lead the church away from apartheid used this journal⁶. It was a heated debate and one of Naudé's main attackers was a minister, Dawie Beukes, who was a high-ranking *Afrikaner Broederbond* member. At the end of the debate a voting through the raising of hands was held, and a motion was accepted by the synod, which condemned *Pro Veritate*. I remember my father voting against the motion and from the gallery I saw the uneasy situation in which my father was, voting against the minister delegate sitting next to him. I still remember how proud I was of my father taking his own stand, even against his pastor sitting next to him.

In later years during my university years and in the early years of my ministry, I became involved in the ideological thinking, which formed the basis of the apartheid policy. For many years I was convinced that the policy of "Separate Development", as it was called, could be defended theologically. In this process Beyers Naudé became a name that symbolized anti-patriotism and the enemy of the *Afrikaner*. During that time I personally chose to forget the afternoon in the synod hall and how impressed I was by both Naudé's contribution to the debate and by my father's decision to vote in his favour. I was taken away by the stream of popular thinking in the ranks of my church and cultural group. Today I regret it.

History has proven that Beyers Naudé was a man who was ahead of his time. He saw the unethical elements in the foundations of the apartheid ideology, when nationalism and fear for a black majority blinded many of us. He was willing to take the risk of going against the group to defend a minority point of view. In the process of re-authoring my own story, I would like to honour him and choose him as one of the examples for my life.

Ben Marais

Ben Marais was my professor in Church History. When I came to the Theological Faculty at the University of Pretoria in the sixties, he was already held in disregard under a large part of the Dutch Reformed Church, because of his political and theological point of view. It is interesting that Beyers Naudé was at an early stage influenced by the minister of the congregation where he was a member, Ben Marais. Marais wrote a book, *Die Kleur Krisis in die Weste (Colour, the Unsolved*

⁶ Roy, K. 2000. *Zion City RSA*. Cape Town: South African Baptist Historical Society. P 151.

Problem of the West), and Naude was disturbed by the book which challenged him to re-examine his understanding of race and human dignity.⁷

Ben Marais managed to remain true to his convictions, and at the same time be accepted as an honored member of the church. He was controversial, but loved. As a student I was impressed by his humanness, friendliness and by his great intellect.

I remember his classes vividly, but there was one incident, which stands out in my memory. On that particular day we received a visit by someone from a missionary organization from the United States. The man pleaded a cause, of which I forgot the contents, but I remember being very convincing. After the lecture, professor Marais thanked him, and in a very friendly manner, explained to him and to the class why we do not agree with his theological position. I was impressed by his firmness and by the friendly way in which he showed self-assertiveness. I suppose it is precisely this characteristic that made it possible for him to decide on his own independent theological position against that of colleagues and friends.

I cannot choose my history, but I can choose the examples from that history. These two men, Beyers Naudé and Ben Marais are persons I would like to choose as some of my examples. With them in mind, I would like to reshape my future as minister and theologian. I believe they also provide examples for many South Africans in the re-authoring of our stories.

Dreaming a future

I dream of more human dignity for South Africa, and I would like to use a metaphor in order to give content to this dream. I found a metaphor in the wonderful book by James McBride, *The Color of Water. A Black Man's Tribute to His White Mother*⁸. The following is a part of the conversation between the black son and his white mother:

Does he (God) like black or white people better?
He loves all people. He's a spirit.
What's a spirit?
A spirit's a spirit.
What color is God's spirit?
It doesn't have a color, she said.
God is the color of water. Water doesn't have a color.

To my mind, the challenge to find more human dignity in the South African society will only be accomplished when we can more truly worship the God who is spirit and therefore the colour of water. When we truly worship this God, we will not be satisfied with a situation where people are still judged according to the colour of their skin.

Although we have moved away from the legalized system of apartheid, the attitude of racism is still deeply embedded in society. The task of the church is now even more difficult than it was during the times of apartheid, because there is no longer an evil system to address, but attitudes, the fixed patterns of society that is not ruled by law, but by custom. These are difficult issues to address. The church must regard it as its task to teach people to think in terms of the “color of water”.

The white churches find this difficult because their members expect mainly comfort from the church, and with good reason. Many members of the white middle class have suffered because of affirmative action, which causes the loss of jobs and privileges. Feelings of racism are just under

⁷ Roy, K. 2000. *Zion City RSA*. Cape Town: South African Baptist Historical Society. P 150.

⁸ McBride, J. 1998. *The Color of Water. A Black Man's Tribute to His White Mother*. London: Bloomsbury.

the surface, and will come to the fore with the slightest provocation. Pastors and churches are thus under pressure to comfort and soothe only.

Black churches on the other hand also find it difficult to address issues of racism, because their members are still suffering due to social injustice. Black people often don't see any real changes and they are frustrated with the still widening gap between the “haves” and the “have nots”. They are still longing for the message of “black is beautiful” and “black power”. At this stage in their story, it seems more appropriate to emphasize Blackness rather than unity.

It is a real challenge for the South African churches to make progress towards structures of unity. In theory, we have made progress, but in practice, we are often hampered because of distrust and fear.

We continue to make our interpretations on the basis of the South African tales, the black one and the white one. The challenge for South African pastors and churches is to work towards wholeness, to promote the “colour of water” instead of the colour of skin. Pastoral workers and church leaders should rise above the common wisdom of their church members and facilitate the forming of a new vision.

Human dignity is not to be found in achievements of the past, but in the integrity of the story being told. Dignity has to do with the telling of the story and not with the purity of the story as such. And for a story to be told with integrity and dignity, it also needs to flow into a dream for the future. When the story of the past becomes the basis for the future dream, it has been told with integrity and we have moved closer to dignity.

The South African story is, in many instances, a shameful one. But if we can make progress in re-authoring our story by choosing new examples from our rich history, we don't need to be ashamed. In the act of re-authoring we can find human dignity, and therefore, we will have to continue with our task of “telling a past and dreaming a future”.

Daniel J. Louw

South Africa, 2001

Dignity and Pneuma

Social-cultural analysis in pastoral care and counselling

topics:

- *theological anthropology*
- *hermeneutics of pastoral care and counselling*
- *from individualistic to a systemic understanding of pastoral care*
- *methods of cultural analysis*
- *a model for practising intercultural counselling*
- *African spirituality*

source: *Intercultural Pastoral Care and Counselling* No 8, 2001; pp. 53-64

Abstract

Inculturation in pastoral care requires a paradigm shift within theological anthropology. In order to move from an individualistic approach to a more systemic approach, a pneumatological perspective on being human is proposed. Hermeneutics in pastoral care implies an understanding of the interconnectedness of life issues. It is argued that such an approach links with African spirituality. In order to put theory (a theological anthropology) into practice, a social and cultural diagram for making a pastoral diagnosis is developed. It is imperative that such a model should take several existential dimensions and structural components into consideration. The application of this model to the practice of cross-cultural counselling should enhance the relevancy and efficiency of pastoral care.

It is inevitable that a theological and pastoral approach to the theme of human dignity should meet the urgent need for a design of an anthropology for care and counselling. Immediately the following question surfaces: what is meant by human dignity in terms of a theological understanding of our being human?

Our basic assumption in the design of an anthropology for pastoral care and counselling is that, theologically speaking, one should opt for a pneumatological approach rather than for merely a christological approach. The reason for such a presupposition is that a pneumatological model for a pastoral anthropology assesses human dignity in terms of the Biblical ethos as related to the so called fruits of the spirit. It also links with the spiritual Dimension of our being human.

The basic hypothesis I want to argue is that, unless a theological anthropology is linked to a hermeneutical and systemic approach, it runs into the danger of becoming isolated from important cultural and contextual issues. The danger in a theological anthropology is that it can become so identified

with the very individualistic paradigm of Western thinking that it runs into the danger of becoming irrelevant for a culture which thinks in terms of the interconnectedness of life. Thus the argument that a pneumatological approach broadens the vision of a theological anthropology and dovetails with a systemic approach.

The article will be divided into the following main components: the need for an anthropology in pastoral care; a metaphorical and hermeneutical approach in a theology of pastoral care; the human person viewed as “pneuma”; the pastoral encounter and contextualisation/inculturation: the making of a social-cultural analysis in pastoral care and counselling.

The need for an anthropology in pastoral care

It must be admitted that the concept “anthropology” and the notion of a “doctrine of persons” are, as such, foreign to Scripture. The latter deals with different perspectives on our being human. It does not unfold a systematic description of the nature of human beings. By “a pastoral anthropology” is not meant such a systematic description or theological theory. Its purpose is to reflect on the significance of our relationship with God and its possible consequences for interpreting humanity.

Reasons for a pastoral anthropology

It could be argued that the need for an anthropology in pastoral care stems from theodicy and the experience in pastoral ministry that exposure to suffering poses two main questions: “Who am I?” (What is meant by humanity and personal identity? What is the significance of our human life?); and: “Who is God?” (the appropriateness of different God-images within different contexts and their significance to our human misery).

My argument will be that these two questions compel pastoral care to undertake a paradigm shift, moving from the traditional “soul care” to a much broader undertaking: “faith care within the contextuality of life care.” Furthermore, these contribute to what can be called a “hermeneutics of pastoral care.” Hermeneutics then refers to the understanding of different narratives and life stories within the existential reality of pain, suffering, anxiety, guilt and despair, as well as our human need for meaning, hope, liberation, care and compassion. Although the scope of pastoral care is much broader than the realm of suffering, suffering poignantly exposes two important dimensions of our being: the dimension of *identity* (who am I?) and the *transcendent* dimension of our human existence (what is meant by human destiny, the ultimate concern and how do these concepts link with the concept, “God”?). A hermeneutics of pastoral care is therefore engaged in the challenge to link the significance of human life to an understanding of God which enhances meaning in suffering. A pastoral anthropology should therefore try to meet the challenge of how to reflect on God while simultaneously contributing to a more just and caring human society.

However, it must be admitted that the interest for a theological anthropology has been caused by other factors too. In his book, *Anthropologie in Theologischer Perspektive*, W. Pannenberg points out that contemporary philosophical issues urge one to reflect on a theological anthropology.¹ To be frank, postmodernity's quest for human identity within relativity, plurality, globalisation and a fragmented society, forces one to reflect anew on the issue of being human.

¹ See W. Pannenberg, *Anthropologie in Theologischer Perspektive* (Göttingen: Vandenhoeck & Ruprecht, 1983), p. 12.

According to Pannenberg the main reason for such a reflection is that Christian theology is engaged in the question regarding the salvation of human beings (“die Heilsfrage des Menschen”).² Healing and wholeness is not only on the agenda of postmodernity. It is predominantly a question for the Christian faith.

Furthermore, theological issues such as the notion of the suffering God (*theologia crucis*) and the incarnation, force pastoral theology to reflect on the meaning of human identity. Pannenberg identifies this motif (incarnation) as the main theological reason for reflection on the doctrine of persons.³

The danger in a pastoral anthropology is to become so spellbound by our being human (the issue of personal identity) and the contemporary quest for justice and humanity (anthropocentrism) that the relationship with God becomes irrelevant. The danger is to become so psychological and contextualized that the notion of God is just a pious afterthought. To avoid this danger, the categories “pneuma” and “spiritual direction” should be introduced as an indication that our reflection tries to combine the quest for humanity and meaning with the problem of metaphorical and hermeneutical theology: the naming of God and the influence of God-images on our self-understanding, identity and Christian spirituality.

Another danger in a design of a pastoral anthropology is that all attention is given to God, while our quest for identity and humanity is being ignored. One must admit that, although a Christian anthropology is theonomous, it should not become so God-centered that the danger of “theocentrism” lurks. A biblical approach is not there to “safeguard” God, but to disclose our human identity *before God (coram Deo)*. It should focus on the salvation of human beings in order to restore their humanity within the network of relationships as well as within the contextuality of environmental issues. In this regard Hall's assertion is most helpful: “A religious Tradition whose very *Theos* is other-centered cannot be described adequately as a theocentric tradition”.⁴ The God of the biblical faith is fundamentally creation-oriented (geocentric) and human-oriented (anthropocentric). “To the God-orientation of repentant humanity there corresponds a human-orientation of the gracious God.”⁵

Another reason for a pastoral anthropology is the praxis of ministry. It is, to a certain extent, a functional reason. Pastoral ministry is not only about faith and God. It is indeed about the function of human relations within contexts. This is the reason why our approach for a pastoral anthropology can be described as a “functional anthropology”, i.e., an anthropology which does not solely focus on the nature of human beings, but on their conduct and function as well. Furthermore, by “functional anthropology” is meant the relevancy of the Christian faith with regard to identity, maturity and burning existential issues such as anxiety, guilt and despair.

Pastoral care as a theological discipline

Pastoral care and pastoral theology are those disciplines within a practical theology which are engaged with what traditionally has been called *cura animarum* – the care of souls. As part of practical theology, pastoral care deals with God's involvement with our being human and our spiritual journey through life. Essentially, it is engaged with the human search for meaning and our quest for significance, purposefulness and humanity.

As a theological discipline, pastoral care focuses on the meaning of such concepts as care, help and comfort from the perspective of the Christian faith. It deals with the process of communicating the

² *Ibid.*, p. 12.

³ *Ibid.*, p. 13.

⁴ D. J. Hall, *Professing the Faith Christian: Theology in a North American Context*. (Minneapolis: Fortress Press, 1993), p. 346.

⁵ *Ibid.*, p. 346.

Gospel and the encounter and discourse between God and persons. This encounter is based on the notion of stewardship and the covenantal partnership between God and human beings.

In the past, pastoral care commuted between either a *theological reduction* (the basic anthropological problem is human sin – thus the need for redemption) or a *psychological reduction* (the basic anthropological problem is blocked, inner potentialities – thus the need for self-realization). What had been understood by pastoral care was often more psychotherapy within a Christian context than spiritual direction or *cura animarum*.

A *bipolar approach* in pastoral care is an attempt to work with the principle of mutuality and correlation. God *and* human beings, theology and psychology, pastoral care *and* the human sciences should, therefore, not operate separately, opposing one another, but in terms of a more integrative approach. Nevertheless, pastoral care should maintain its distinctive character, namely *as cura animarum*, i.e., the care for people's spiritual needs. Our assumption is that care is a theological issue and should be interpreted in terms of an *eschatological perspective*⁶.

By “eschatology” is not meant in the first place a doctrine regarding the temporary “end” of time and history. Eschatology is connected to the notion of salvation (Heil) and refers to the essential quality and status of our new being in Christ.⁷ An eschatological perspective interprets human beings in terms of the event of Christ's death and resurrection. It reckons with the new *aeon*. Recreation determines the direction and destination of creation. The implication of such an eschatological approach in theology is that reality is assessed in terms of the already and not yet of God's coming Kingdom. Grace defines the essence of our being and the character of humanity. Spiritual direction is then viewed as the outcome of a dynamic and vital hope which encompasses more than visual perception. It reckons with the transcendent dimension of the Christian faith, i.e., the faithfulness of God.

A metaphorical and hermeneutical approach in a theology of pastoral care

Because of the influence of metaphorical theology, pastoral care should be interpreted more and more in a hermeneutical paradigm than in a kerygmatic or homiletic paradigm. It becomes clear that the pastoral encounter is not merely about proclamation and admonition. Pastoral care is about communication, trying to establish a relationship of trust and empathy through listening skills. But, as a theological science, pastoral care is more than communication. At stake is the discourse of the Gospel and the narrative of salvation. Pastoral care should therefore maintain its theological character. In order to do this, a pastoral hermeneutics of care and counselling should deal with the naming of God and religious experiences which refer to spirituality and the ultimate.

⁶ K. M. Woschitz (*De Homine* [Graz: Verlag Styria, 1984]) gives a thorough description of different perspectives on our being human. His finding is that in Christian theology the perspective of faith dominates. "Im Glauben an das offenbarende Wort weiss sich der Mensch gleichsam von 'oben' gedeutet und erleuchtet sowie vom Soll des Glaubens beansprucht. Die christliche Existenzweise ist Glaubensexistenz und der Glaube ein geschichtliches 'Prinzip,' d.i. das, woher, worin und woraufhin sich das Leben vollzieht. Er hat sein geschichtliches Unterpfand in Jesus Christus" (p. 283).

⁷ J. Moltmann, "Theologie im Projekt der Moderne" (*Evangelische Theologie* 55, no. 5 (1995), pp.402-415): "Christliche Eschatologie hat jedoch mit solchem apokalyptischen 'Endlösungen' nichts zu tun denn ihr Thema ist gar nicht 'das Ende,' sondern vielmehr die Neuschöpfung aller Dinge. Christliche Eschatologie ist die erinnerte Hoffnung der Auferweckung des gekreuzigten Christus und spricht darum von neuen Anfängen im tödlichen Ende." (p.12)

A hermeneutics of pastoral care deals with the interpretation of the presence of God within human relationships and social contexts. It also tries to interpret existential issues from the perspective of the Christian faith. Central to a hermeneutical approach in pastoral care is dealing with different metaphors which reveal God's compassion and care. Hence the importance of Godimages and the interpretation of experiences of faith. In short, a pastoral hermeneutics of care and counselling is about religious experiences which give an indication of believers' perception of God and their Interpretation of the significance of their existence; hence the quest for spirituality in a pastoral strategy for counselling. The outcome of such focus on spirituality should hopefully shed some new light on the very important issue of the interplay between a Christian faith and the current quest for human rights and humanity.

Traditionally, the different functions of pastoral care have been described as: *healing, sustaining, guiding, reconciliation* and *nurturing*. Within the framework of a hermeneutics of pastoral care, a sixth one must be added: *interpretation and diagnosis / assessment*. Hence the challenge to a pastoral hermeneutics to deal with metaphors which portray God. Such a portrayal in pastoral theology must not be understood in terms of a dogmatic model (to systematize information about God in a rational way), but to understand God in relation to contextual issues and suffering (to interpret crises and problematic/painful events with the aid of experiences of faith which refer to God).

When employing a metaphorical approach in pastoral theology, one should be aware of the underlying assumption that all reference to God is indirect. "No words or phrases refer directly to God, for God-language can refer only through the detour of a description that probably belongs elsewhere."⁸ Metaphors refer to a non-literal, indirect and figurative way of speech without denying the reality and the ontological quality of that which they denote.

Hick makes a distinction between metaphorical and literal speech. The latter refers to meaning in a lexicographical sense. "Metaphorical" is derived from the Greek *metaphorein*, to transfer. There is a transfer of meaning – the unknown is explained in terms of the known. One term is illuminated by attaching to it some of the associations of another, so that the metaphor is "that trope, or figure of speech, in which we speak of one thing in terms suggestive of another."⁹ Hick further argues that metaphors serve to promote communication and a sense of community.

Theology may be defined in many ways. The most famous definition, without doubt, is that of Anselm of Canterbury: *fides quaerens intellectum*, faith seeking understanding. Within the current demand for dialogue and communication, theology should be supplemented by the notion of: *fides quaerens verbum*, faith seeking ways of saying, or more precisely, ways of discoursing.¹⁰

Theology needs both: understanding and communication. But then, understanding is not the *intellectus* of speculative rationality, but that understanding which entails different experiences of God. Understanding is a process of contextual interpretation, not of rational explanation. Theological and pastoral communication is more than merely interpreting and denoting messages. Pastoral communication entails communion, fellowship,¹¹ i.e., that kind of communication where people can experience the presence of God as a space for intimacy and unconditional love. And that is exactly what spiritual direction in pastoral care is about. It focuses on our human disposition. But, by doing so,

⁸ See S. McFague, *Models of God* (Philadelphia: Fortress, 1987), p. 34.

⁹ See J. Soskice, *Metaphor and Religious Language* (Oxford: Clarendon Press [1985]), p. 54, cited in Hick, *The Metaphor of God-Incarnate* (Louisville, Kentucky: Westminster, 1993), p. 99.

¹⁰ See M. Viau, *Perspectives on Practical Theologies and Methodologies*, Unpublished paper read at the International Academy of Practical Theology, Seoul, Korea (April 1997), p. 4.

¹¹ L. Benze (Die Kirche als Kommunikation [Zsambek/Hungary, 1996], p. 2) describes the inner structure of the church in terms of communication. "Kirche als jene Semiogenese." Without communication, the church loses its identity. "Nimmt man die Kommunikation aus der christlichen Theologie heraus, bleibt kein einziges Dogma, überhaupt nichts."

human behaviour and human acts become increasingly important. This is the reason for a third supplementation: theology is indeed practical and is seeking ways of “appropriate doing.” Meaningful and just actions become important. Theology must therefore be supplemented by the following formula: *fides quaerens actum* - faith seeking ways of right/just doing/action.

A pastoral hermeneutics, as a theological discipline, could be defined in terms of Tracy's description of theology as “the discipline that articulates mutually critical correlation between the meaning and truth of an interpretation of the Christian faith and the meaning and truth of an interpretation of the contemporary situation.”¹² Both practical and pastoral theology are involved in a communication process which should result in concrete and meaningful *actions of faith* (*fides quaerens actum*). The challenge to pastoral theology thus is to develop an anthropological theory for human transformation and direction which reckons with existential contexts. It should also try to assess the existential value of God-images and deal with the interplay between God-images and our human self-understanding.

The implication of our argument for designing a theological anthropology is that the naming of God in pastoral care is essentially an existential concern. Very aptly Braaten remarks as follows: “The question of God arises out of the human quest for meaning; it is, thus a structural dimension of human existence. Statements and symbols about God function to answer questions concerning the nature and destiny of human existence.”¹³ Pastoral theology is not a theology “from above”, but a theology “from below”. Braaten¹⁴ calls it the existential locus of God-language.

Although being a sociologist, P. L. Berger pleaded in his now famous book, *A Rumor of Angels*,¹⁵ for that kind of awareness of transcendence which can contribute to joyful play – the human being as *humo ludens*. “In openness to the signals of transcendence the true proportions of our experience are rediscovered. This is the comic relief of redemption, it makes it possible for us to laugh and to play with a new fullness.”¹⁶

A pastoral hermeneutics which is concerned with spiritual direction is an attempt to rediscover “signals of transcendence” which create hope and joy on an extential level. This attempt should deal with the overall new theological agenda posed by postmodernity: “...how can the Christian faith be made intelligible amid an emerging postmodern consciousness that, although driven by a thirst for both individual and cosmic wholeness, still affirms and extends such modern themes as evolutionary progress, future consciousness, and individual freedom?”¹⁷

The implication of a hermeneutical and relational model is that it deals with the notion of interconnectedness and the systemic nature of the human environment. “It declares that in the Christian understanding the most significant thing to be said about being, is that it is integrated whole, interconnected, not fragmented, but delicately interrelated, ecological, relational.”¹⁸ A relational model implies that being, in all its aspects and manifestations, is relational. This is what Hall calls “the ontology of communion.”¹⁹ This means that the meaning question is linked to the ontological assumption

¹² See D. Tracy, “The Foundations of Practical Theology”, in: *Practical Theology*, ed. D. Browning (San Francisco: Harper & Row, 1983), p. 62.

¹³ See C. E. Braaten, “The Problem of God-language Today,” in: *Our Naming of God: Problems and Prospects of God-talk Today*, ed. C. E. Braaten. (Minneapolis: Fortress, 1989), 11-33, p. 20.

¹⁴ *Ibid.*, p. 19.

¹⁵ See P. L. Berger, *A Rumor of Angels: Modern Society and the Rediscovery of the Supernatural* (New York: Doubleday, 1969), p. 121.

¹⁶ *Ibid.*, p. 75.

¹⁷ See T. Peters, *God - The World's Future: Systemic Theology for a Postmodern Era* (Minneapolis: Fortress Press, 1992), p. 6.

¹⁸ D. J. Hall, *Professing the Faith* (op. cit.), p. 317.

¹⁹ *Ibid.*, p. 304.

of the inter-relatedness - the integrity - of all that is. "It means, further, that the ethic which emanates from this system of meaning is directed toward the restoration of broken relationships. To state it once more in a single theorem: For the Tradition of Jerusalem *being means being-with*."²⁰ An ontology of communion and an understanding of humanity as co-humanity should, therefore, inevitably result in what I want to call "an anthropology of responsibility": *respondeo ergo sum*. This notion of *respondeo* and the understanding of humans *as being-with*, compels us to develop a diagnostic model for making an analysis of our being human in terms of social and cultural issues.

The human person viewed as "pneuma"

In the past the classic point of departure for a theological anthropology was always the notion: our creatureliness (creaturehood) and its connection to the concept, "the image of God." The latter should not be ignored. However, our starting point for a pastoral anthropology is the Old Testament's notion of *nefesh* (spiritual life) and the Pauline expression, the human being as a spiritual being, *pneuma*. *Pneuma* then refers to our spiritual relationship with God and to the new being in Christ. Christian spirituality should, therefore, reflect the eschatological stance of human beings, i.e., our being recreated in the image of Christ and baptized in the Spirit. *Pneuma* refers to the transformation from "death" to "life" (resurrection) (Rom 6:4-21). We have been justified by faith (Rom 5: 1) and should now live a life guided by the Spirit of God. We have been saved in hope (Rom 8:24-25). Spiritual direction should thus explore the connection between hope and our being a "spiritual person."

Pneuma is often used as an alternate term to imply human existence in terms of an inner dimension and an awareness of the ultimate. Paul accentuates the term *pneuma* when he links human existence to our new salvific condition in Christ and to the reality of resurrected life. This link between the human *pneuma* and the work of the Godly *pneuma* is prominent in Romans 8:16. Because of this connection between the human spirit and the work of the Holy Spirit (2 Cor 1:22, 5:5; Rom 8:23), the non-believer cannot possess *pneuma*. Hence, the importance of Guthrie's statement: "In the Christian doctrine of man the central idea is not psyche but *pneuma*. In Paul's exposition of it he modifies the Old Testament emphasis on *nefesh* (LXX: *psyche*) and switches to *pneuma* because he at once considered man from the viewpoint of his experience of Christ."²¹

In the light of the previous argument, we can present the following thesis for the founding of a pastoral anthropology: as a result of the Christological basis of a person's new being and the pneumatological interaction between God and the human spirit, the notion of a person as a pneumatic being should play a decisive role in a theological anthropology. The dimension of *pneuma* in the new person describes a total new condition and submission, transformation and focus upon God. Such a person is moved and motivated by God in a way that transforms the person's volition and thoughts and enables the person to experience new life each day.

According to 1 Corinthians 2:11-12, God transforms the human *pneuma* to such an extent that people realize what God has given them through his grace.²² 1 Corinthians 2:15 thus speaks of a spiritual person who can judge life from the new spiritual perspective, that is, from the teachings of the Holy Spirit (v.13). These teachings correlate with those represented in Christ's Person and Spirit (v.

²⁰ *Ibid.*, p. 321.

²¹ See D. Guthrie, *New Testament Theology* (Leicester/Illinois: Inter-Varsity, 1981), p. 165.

²² See W. Russel's remark ("The Apostle Paul's View of the 'Sin Nature'/'New Nature' Struggle", in: *Christian Perspectives on Being Human: A Multidisciplinary Approach to Integration*, eds. J. P. Moreland & D. M. Ciochi (Grand Rapids: Baker Book House, 1993), p. 226: "Rather than a divided self, distraught over an internal battle between flesh and Spirit, Paul pictures a new self, emboldened by the liberating work of the Holy Spirit and a vibrant community, with others of like identity."

16). We may thus conclude that the human *pneuma* attains a new dimension through rebirth. It describes a new focus on God, and a new submission to Him. This transformation imparts new meaning to the human spirit. The pneumatic focus makes humans dependent on the transcendental dimension of their Christian life; that is, on the eschatological salvific reality. Their lives in future will be qualitatively determined by this salvific dimension. The Holy Spirit addresses people in their inner being (soul). The new person's *pneuma* can thus be described as a point of connectedness or point of mediation for continual spiritual growth and the development of Christian faith. As a result of the work of God's Spirit, an association emerges in the *pneuma* of the new person between the believer and Christ (the indwelling presence of God) (Gal 2:20).

This pneumatological point of contact for an encounter between God and the human spirit is significant. It indicates that the continuity between the earthly and the eschatological life is not situated in inner psychic abilities, but only in the faithfulness of God and in his transforming actions through the renewing power of the Holy Spirit. The Spirit in our hearts acts as the security deposit and guarantee (2 Cor 1:22).

A person whose life is qualified as “spirit” (*pneuma*) lives from the Godly qualification of life, and has been transformed to be totally dependent on God's grace. This new person's dependence on God is emphasized by the pneumatic dimension of human existence. Barth calls this God-centered dimension of human life: *pneuma*; God's impact upon his creation; God's movement to people.²³

The human *pneuma* is thus the center of a Christian's understanding or personality.

- On the one hand it labels the person as an individual, subject and conscious being, who is totally dependent on God. The *pneuma* constitutes and constructs the *psuché* as a religious and moral being with personal identity. The *pneuma* of the new person endows the *psuché* / *sarx* / *soma* with an eschatological identity: one now lives from God's grace and promises. *Pneuma* views the human being from an eschatological perspective, i.e., a person is understood in terms of his/her new being and status in Christ.
- On the other hand it defines the human being as *more* than a mere individual. The eschatological perspective views a person in terms of a “corporate personality”: the status of all believers in Christ as expressed in mutual fellowship (*koinonia*).

The burning question for our overhead topic is now the following: How can one transfer this theological perspective on our being human and the corporate dimension of life, into a practical model for making a pastoral diagnosis?

The pastoral encounter and contextualization/inculturation :

The making of a social-cultural analysis in pastoral care and counselling

“Encounter” does not describe a relationship between a personal God and an isolated individual. When seen in terms of the Gospel's covenantal framework, “encounter” implies a network of relationships, reciprocal interaction and associations. The pastoral encounter implies a system of “interconnectedness”.

²³ See Barth, *Die Lehre von der Schöpfung*, Kirchliche Dogmatik 111/2 (Zollikon-Zürich: Evangelischer Verlag, 1948), p. 425.

Graham, referring to Augsburg's use of the term "interpathy", is convinced that a systems approach is important when pastoral care moves into a cross-cultural situation.²⁴ "Interpathy is an intentional cognitive envisioning and affective experiencing of another's thoughts and feelings, even though the thoughts rise from another process of knowing, the values grow from another frame of moral reasoning, and the feelings spring from another basis of assumptions."²⁵

Bosch also refers to the importance of the process of inculturation.²⁶ Inculturation does not focus on accommodation or adaptation to a certain culture, but on a "regional or macro contextual and macrocultural manifestation."²⁷ Inculturation implies an inclusive, all embracing comprehensive approach.²⁸ In a certain sense, inculturation aims at being a form of incarnation: "the gospel being 'enfleshed', 'embodied' in a people and its culture..."²⁹ This process of inculturation implies further that different theologies and approaches enrich each other within a systemic approach to the pastoral encounter. Bosch claims that we are not only involved with inculturation (the contextual manifestation), but also with interculturalization (the interdependent relationship between different cultures for mutual enrichment).³⁰ In the light of the recent development of ethnopsychology, Hesselgrave advocates that the area of missionary work needs to be re-thought in terms of "enculturation" and "acculturation", using what he calls a "cross-cultural missionary psychology."³¹ In future, the pastoral encounter and diagnosis must take note of a systemic and cultural context. For instance, a systems approach would be important in a situation where group bonding (family, tribe) is a primary value.

Graham, believes that a systems approach in the pastoral encounter implies a new way of thinking.³² He calls this "systemic thinking" which is a view about the universe, or a picture of reality, affirming that everything that exists is in an ongoing mutual relationship with every other reality. For Augsburg, a systemic perspective means an inclusive process of relationships and interactions: "System is a structure in process; that is, a pattern of elements undergoing patterned events. The human person is a set of elements undergoing multiple processes in cyclical patterns as a coherent system. Thus a system is a structure of elements related by various processes that are all interrelated and interdependent."³³

Two factors should be considered during the pastoral encounter in order to understand human problems. Firstly, problems are embedded in cultural contexts in which attitudes, values, customs and rituals play an important role. Secondly, problems may correlate with the position and status which

²⁴ See L. K. Graham, *Care of Persons, Care of Worlds: A Psychosystems Approach to Pastoral Care and Counseling* (Nashville: Abingdon, 1992), pp. 19-20.

²⁵ See Augsburg, *Pastoral Counselling Across Cultures* (Philadelphia: Westminster, 1986) p. 29.

²⁶ See D. J. Bosch, *Transforming Mission* (Maryknoll: Orbis, 1991), p. 452.

²⁷ *Ibid.*, p. 453.

²⁸ J. M. Waliggo et al. (eds.) (*Inculturation: Its Meaning and Urgency* [Kampala: St Paul Publications, 1986], p. 11) point out the different concepts used to describe the process of identification between Christianity and different cultures. *Adaptation* implies a selection of certain rites and customs, purifying them and inserting them within Christian rituals which have any apparent similarity. Then *indigenization*: this refers to the necessity of promoting indigenous church ministers. *Reformulation* refers to the Christian doctrine and understanding of God in the thought and language that are understood by local people. *Incarnation* is used to reveal the humane character of the Gospel and Christ's identification with cultural issues. According to Waliggo, *inculturation* underlines the importance of culture as the instrument and means for realizing the incarnation process of the Christian religion and the reformation of Christian life and doctrine in the very thought-patterns of different cultures.

²⁹ *Ibid.*, p. 454.

³⁰ *Ibid.*, p. 456.

³¹ See D. J. Hesselgrave, *Counselling Cross-culturally* (Grand Rapids: Baker, 1984), p. 39.

³² See Graham, *Care of Persons, Care of Worlds* (op. cit.), p. 40.

³³ See Augsburg, *Pastoral Counselling Across Cultures* (op. cit.), p. 178.

people adopt and hold within a certain network of relationships. Friedman draws attention to the fact that a systems approach focuses less on the *content* and more on the *process*: “less on the cause-and-effect connections that link bits of information and more on the principles of organization that give data meanings.”³⁴ Systemic thinking means that the pastoral encounter not only takes note of the person and psychic composition, but notices especially of the *position* held by a person within a relationship. “The components do not function according to their ‘nature’ but according to their position in the network.”³⁵

Graham lists four characteristics of a systemic view of reality.³⁶

- It affirms that all elements of the universe are interconnected in an ongoing reciprocal relationship with one another.
- It affirms that reality is organized. The universe is an organized totality, of which the elements are interrelated.
- It emphasizes homeostasis, or balance and self-maintenance. Balance is maintained by transactional processes such as communication, negotiation and boundary management.
- It emphasizes creativity in context, or finite freedom. Although systems are self-maintaining, they are also self-transcending.

In Graham’s terms, the implication of a systems approach is that a human being is a “connective person.”³⁷ “The self is not only a network of connections, it is an emerging reality eventuating from those ongoing connections. By definition, the self is the qualitative and unique expression of the psyche, which emerges from reciprocal transactional processes within individuals and between individuals and their environments.”³⁸

It would seem that a systems approach has implications for a pastoral anthropology. During pastoral encounters, a person is approached as an open system, not as an isolated individual. “The soul is both *activity* of synthesizing and creating experience, and the *outcome* of the process of synthesis and creation.”³⁹

It is gradually becoming clear that the pastoral encounter and the making of a pastoral diagnosis involves both our spiritual and our existential life. It involves a complex network of relations which should be assessed contextually. The pastoral encounter is a contextual event within a systemic setting.

Cross-cultural Communication

It is important that when the pastoral encounter is applied in a situation of cross-cultural communication, it should be free from the unilateralisms of an “individualistic” and “private” understanding of human problems.⁴⁰ An example of a more holistic and systemic way of thinking is the African

³⁴ See E. H. Friedman, *Generation to Generation: Family Process in Church and Synagogue* (New York: Guilford, 1985), p. 14.

³⁵ *Ibid.*, p. 15.

³⁶ See Graham, *Care of Persons, Care of Worlds* (op. cit.), pp. 39-40.

³⁷ *Ibid.*, p. 73.

³⁸ *Ibid.*, p. 78.

³⁹ *Ibid.*, p. 42.

⁴⁰ In *Pastoral Care to the Sick in Africa: An Approach to Transcultural Pastoral Theology* (Frankfurt: Peter Lang, 1988), p. 5, A.A. Berinyuu, writes: "In Africa there is no division and/or differentiation between the animate and inanimate, between the spirit and matter, between living and non-living, dead and living, physical and metaphysical, secular and sacred, the body and the spirit, etc. Most Africans generally believe that everything (human beings included) is in constant relationship with one another and with the invisible

philosophy of life. For the African, life is a continuum of cosmic, social and personal events. When one breaks society's moral codes, the universal ties between oneself and the community are also broken. This factor may be the main issue in a person's experience of suffering. It also brings a new dimension to recovery and cure. It is not the individual who has to be cured: it is the broken ties and relationships that need to be healed.

Ancestors play a decisive role within the African societal order and network of relationships. It is often stated, erroneously, that Africans *worship* their ancestors. This is not so. The latter are not gods, but are part of the systemic network of relationships. Ancestors are the protectors of life and of the community. "Africans do believe strongly in the presence and influence of ancestors in daily life, so much so that they do things, often unconsciously, to reflect such a belief, but they do not worship them as gods."⁴¹

Pastoral care should view an African primarily as a social being who is intimately linked to his/her environment. Systemic concepts have important *anthropological implications*. For example, personality is not a purely psychological concept. In Western psychology, personality usually refers to the self-structure of a person. It is part of the I-nucleus with its conscious and unconscious processes. Personality thus becomes an individual category which reflects the constant factor of typical behavior and personal characteristics. The human being is autonomous and independent.⁴²

In contrast, within an African context, personality refers to a dynamic power and a vital energy which allow a person to come into contact with ancestors, God and society. For example, Berinyuu, refers to an Akan tribe who have their own unique view of a person. "The *ntoro* spirit is the energy which links him/her to the ancestral lineage."⁴³ The human spirit is not regarded as an identifiable self, but as a personal consciousness of powers which is associated with the concept of "destiny". This destiny can be modified, so that one can adapt within circumstances and within a social context.

The above facts shed more light upon Africans' non-analytical approach to life. They do not practice Western-style introspection. Life, with its pain and problems, is accepted without questioning. This approach to life demands much patience and adaptability. As such, it differs vastly from a Western model. The West regards (clock) time and the manipulation of the environment as important. (This does not mean that African rhythm does not also manipulate and often abuse life and nature.) The point to grasp is that, within an African model, time is an *event* and life is an interplay of powers. Life and personality possess dynamic energy within societal relationships. Myth and symbol, ritual and rhythm determine everyday life, and not structures, analyses and solutions.⁴⁴ In

world, and that people are in a state of complete dependence upon those invisible powers and beings. Hence, Africans are convinced that in the activities of life, harmony, balance or tranquillity must constantly be sought and maintained. Society is not segmented into, for example, medicine, sociology, law, politics and religion. Life is a liturgy of celebration for the victories and/or sacrifices of others."

⁴¹ *Ibid.*, p. 8.

⁴² Within African life, the community counts for almost everything. The individual is absorbed in the community. The relationship between the two is somewhat like that in a living organism: the single persons are like the limbs of a living body (E. Ackermann, *Cry, Beloved Africa! A Continent Needs Help* [Munich-Kinshasa: African University Studies, 1994], pp. 43-44). The constitutive community in African society consists of a relatively autonomous extended family which depends on marriage and blood relatives. It ties together three to four generations and ancestry. The special duties and rights in every aspect of life are determined by ancestry and the degree of relationship.

⁴³ *Ibid.*, p. 10.

⁴⁴ On the meaning of African spirituality, see A. Bellagamba, "New Attitudes towards Spirituality", in: *Towards African Christian Maturity*, eds. A. Shorter et al. (Kampala: St Paul Publications, 1987), p. 108: "African spirituality is spirit-inspired, life-centered, Gospel-based, creation-celebrating, hope-oriented, people-affirming, joy-filled. It is an incarnated, cosmic and global spirituality."

terms of this view, a person can never be an isolated entity, but is embedded within social and other powers within which the individual has a role to play. A person's role in society determines identity. This is of greater importance than personal qualities and individual needs. Role fulfilment⁴⁵ becomes more important than personal self-actualization.

The previous outline of contextualization and inculturation makes it very clear that the assessment of Christian spirituality and the making of a pastoral diagnosis cannot be made without making a social and cultural analysis. A pastoral model for a theological anthropology should therefore always try to determine the interplay between cultural values and our human self-understanding. The cultural context will determine contemporary views on being human. A good example of this is the individualism attached to the achievement ethics of postmodern materialism and capitalism. Another example to prove our argument is the previous brief sketch of an African view on life and the human being.

The following diagram could help the pastor to refine his/her pastoral diagnosis. It functions as a guideline to pose different questions and to control whether the diagnosis deals with the immediate context and reality. It also tries to put a hermeneutical and systemic approach to a pastoral and theological anthropology into practice.

For clarity on the interplay between a social-cultural context and an understanding of our being human, the following structural components should be dealt with. In a cultural⁴⁶ and social analysis, these structures shed light on vital questions which should be posed in order to obtain a better profile of those factors which influence the process of making a pastoral and anthropological assessment. They are the following:

- a) *Existential questions within environmental settings.* These questions embrace issues regarding the meaning of one's life. What are the driving forces and motivational factors behind people's behavior? What are the main objectives and how are they linked to major life issues and philosophical questions? What causes anxiety and what kind of suffering determines a person's outlook? These questions should try to probe painful events which shape current attitudes and important processes of decision-making. Existential questions should also try to obtain clarity regarding the link between our human suffering and the destruction/pollution of our environment.
- b) *Belief systems.* Questions should be asked in order to determine how a person, or a group of people, view the quest for the ultimate. The transcendental dimension refers to the important factor of spirituality and religiosity. Belief systems reveal the cultural background of God-images and refer to norms, values and customs which shape basic religious needs and expectations. They also give an indication of concepts used to express experiences of faith.
- c) *Societal and communal structures.* An analysis should reveal those structures which determine social and communal behavior. Politics and economics play a crucial role in defining and determining the character of these structures. For example: whether one deals with a democratic, communist, socialist, bureaucratic or autocratic system should be questioned. Are the economics oriented to-

⁴⁵ A role does not indicate social position as a result of skills, possessions and professional status, but is a behavioral pattern based on society's expectations. A role is not a matter of choice. The view of the community/tribal community determines the person's role. Social identity therefore creates the person's role.

⁴⁶ In the various disciplines, there is, generally little consensus on the meaning of "culture." For example, culture could refer to the "social practice" of activities and attitudes. It could even refer to the symbolical level denoting rites, traditions, myths, language, etc. In a more technical sense, it refers to technology and the transformation of creation into a human environment or "Heimat." It could even include the human attempt of understanding him-/herself within the processes of self-realization in the world. It includes knowledge or the act of knowledge. On the notion of culture as self-realization, see A. R. Crollius, "The Meaning of Culture in Theological Anthropology", in: *Inculturation: Its Meaning and Urgency*, eds. J. M. Waliggo et al. (Kampala: St Paul Publications, 1986), p. 52.

wards an open market system (free enterprise) or are they dominated and regulated by a nationalistic or socialistic ideology? Other important factors are technological development; the communication network; the education system and the legal system.

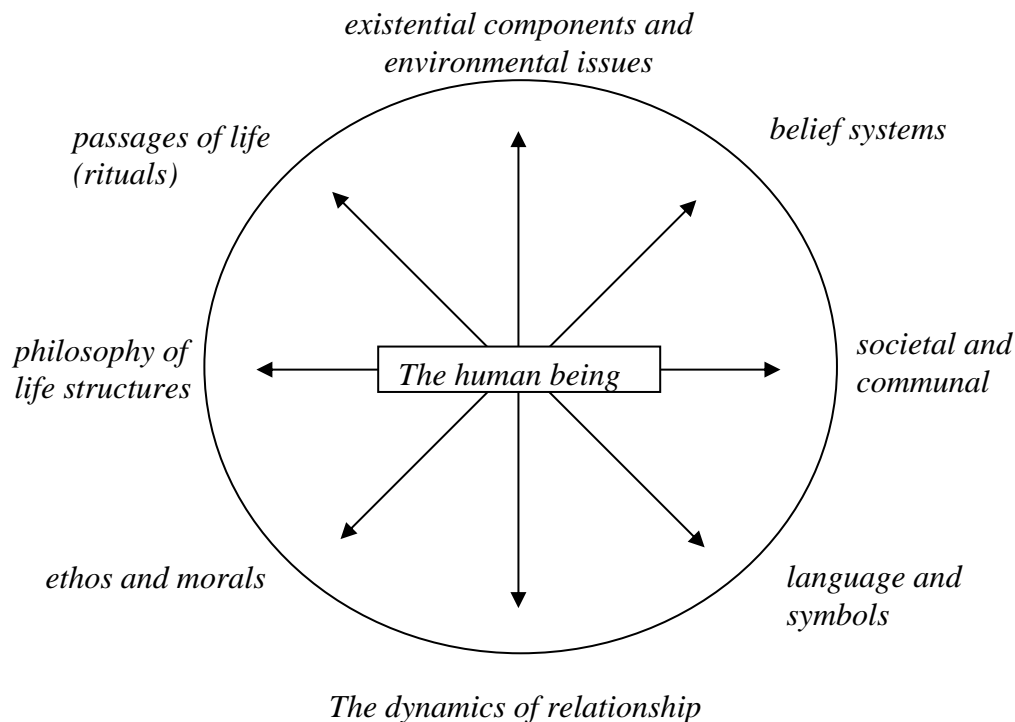
d) *Language and symbols.* Communal stories should be investigated in order to come to grips with possible existing myths which shape attitudes and thinking. A narrative analysis and linguistics could be of great assistance in this regard. Symbols in language and metaphorical expressions often reveal a culture's "inner soul" and its influence on anthropology.

e) *The dynamics of relationships.* Another area is the important influence of marriage and family structures on human behavior. For example, monogamy has a different influence on sexual values than polygamy. An important area which should be investigated, is that of sexuality (norms and values) and its influence on marriage structures, role fulfilment and family life. Whether one deals with an extended family system or a modern family unit (the private family), will determine the outcome of personal identity (interconnectedness versus privatization and individualization).

f) *The existing ethos.* Ethos refers to morals and basic attitudes regarding diverse life issues. A culture's dominating ethos influences anthropology because it reflects the values and norms which determine personal identity and self-image. The ethos deals with questions relating to what is right or wrong. It also mirrors the influence of long-standing traditional values (the impact of Tradition on anthropology).

g) *Philosophy of life.* The undergirding view of life, as expressed in different philosophical models, should be determined: for example, whether one deals with a premodern, modern, or postmodern society.

What is the existing approach is it religious, alistic, tific, istic or tal-
 h) passages and als.



Throughout the various stages of life, rituals occur which help people to pass through difficult phases. Rituals are embedded in cultural views and indicate how a person or cultural group deals with important life issues such as birth, festivity, death and grief.

Remark: The diagram should be used together with the various models for making an assessment of God-images and the character of religious experiences. The whole notion of understanding our being human and the processes of developing a mature faith and growth in spirituality must be interpreted within the components and structures of the above-mentioned diagram. It helps the pastor to gain a more realistic insight regarding the dynamics of spirituality and contextuality. The value of such a systemic approach to anthropology and spirituality is that it contributes to developing a pastoral hermeneutics of care and counselling which operates within systems and contexts rather than merely with isolated individuals and privatised religiosity.

Conclusion

A theological anthropology for pastoral care and counselling should deal with a pneumatological perspective. The latter views our being human in terms of *pneuma*.

Pneuma refers to a new state of being which connects humans with the interconnectedness of life events. In order to cope with different situations and crises in life, a Christian understanding of being human is linked to the “charismatic dimension” of spirituality, i.e. the fruit of the Spirit (Gal. 5: 22-23). The fruit of the Spirit should be embodied and enfolded within the systematic interrelatedness of human life. In a pastoral diagnosis a systemic approach should take cultural and social issues into consideration in order to enhance our human dignity. With human dignity is then meant the treatment of humans in terms of the most basic gift of the spirit: unconditional love in order to help humans to respond in a responsible manner (*respondeo ergo sum*) and to discover purposefulness. A purposeful life can be fostered in pastoral care on condition that a pastoral hermeneutics is exercised within the parameters of a social and cultural analysis. The latter helps pastoral care to become contextually relevant by putting theory (a pastoral anthropology) into practice.

Charles K. Konadu

Ghana, 2003

Everyday Life of a Poor Person in my Congregation (Ghana)

source: *Intercultural Pastoral Care and Counselling No 11, 2003*

Introduction

The following is an account of an individual person in my congregation at La, a suburb of Accra, regarding her economic situation. This factual account is true, however, for confidentiality, names are changed in the presentation. The background of the lady is given; migration to Accra to join the uncle is told; vocational training, employment, marriage and family life are shared here, church life and economic struggles are presented. Some Pastoral concerns are raised from her story and finally some Ghanaian and traditional practices are noted.

Background

Dufie, aged 45 years, is an Ashanti. Her Village is about 300km from Accra and 30km from Kumasi the principal city of Ashanti. Dufie comes from a Polygamous family. Both parents are dead now but at a period the father lived with two wives at the same time together, he had 13 children. Dufie's mother had 4 children and she is the first child. The average educational level for all the children was the Middle School Leaving Certificate (MSLC). Both parents were Cocoa Farmers and the MSLC was the limit the father could give to his children. Therefore after Dufie's completion of the BECE the mother requested her brother who worked as a cook in a firm at Accra to help her. In 1972 Dufie joined the uncle in Accra.

Dufie with uncle

Dufie joined the uncle when she was 16 years old. At that time the uncle had a wife and four children. The oldest child was 10 years and the youngest 3 years. In addition to his work as a cook the uncle had a Provision store. Before Dufie came the wife handled the store. She also sold other food items in front of the store. Dufie started a vocational training school in typing and secretarial duties in her first year in Accra. In addition she helped in the store and almost daily, early in the morning, go to the general market to buy foodstuff for the uncle's wife to sell. The uncle had a two-roomed living accommodation. Dufie therefore slept in the windowless wooden provision store. This arrangement served at least two purposes: security for the items in the store and accommodation for her. The uncle and wife however had two major concerns with Dufie: Supposed pilfering and supposed interest in men. He would "patrol" around the wooden structure to check if any young men would go into the store at night. The arrangement to stay with Dufie was that Dufie's mother could take care of the vocational training, and other related needs like clothing and monthly pocket money. Regular money was

monthly sent to the uncle for her. Often misunderstanding will result regarding the money sent. Mistrust also existed between her and the uncle's wife.

The first work

The vocational training took three years. She got her first job, which she is still with it, with one of the Ministries. She was employed as a typist. Conventionally in Ghana, one's first salary is given to the guardian or parents. It is a sign of respect and gratefulness. The money is usually given back to the young person. In the case of Dufie she feared that the uncle would not give the money back to her. She refused to present it to him. That was the beginning and end of their relationship. It brought a huge confrontation. In the heat of verbal exchanges the uncle slapped Dufie. She reasoned that she could handle her life and started to act independently. The uncle and wife were highly uncomfortable with this "grown" woman and therefore demanded that she found her own living accommodation. The intervention of the mother and others could not restore the relationship. She got a room nearby and almost immediately met the preset husband. They started living together without going through the normal marriage ritual.

Family life

In 1981 they had their first child, Kwame. The husband worked with a Distillery but lost the job in 1982. After a year without work the husband left Accra for Kumasi in search of employment. The case of infant Kwame became a bit difficult for her. She therefore took the child to the mother at the village. She sent regular support to the mother for the upkeep of Kwame. Unfortunately after a year with the grandmother Dufie had to go back for Kwame after a heavy fall from a high table. He was hospitalised for some weeks but no serious damage was detected then.

After almost 2 years fruitless search for work in Kumasi the husband, after some persuasion joined the wife in Accra. For almost a year Dufie worked to support the family. Yaw, the second child came a year after the husband came back.

The husband

Mr. Aboagye is 51 years old and he is currently working as a security personnel of a company. He has been with this company for about 15 years. His present salary is 290,000 (a little over US\$ 40.00). He contributes 100,000 (US\$ 15) a month to support the family. He is reserved and leaves the running of the home to Dufie. She takes major decisions about the children and the family welfare. He is not interested in religion. He reasons that the work does not give him the freedom to worship since he works 7 days a week and seldom gets a leave. Much of his money goes into alcohol. He contributes virtually nothing to the children's education.

The children

Kwame is 19 years old and he is in the second year at the Senior Secondary School. The fall at age two seems to have affected him a bit. He has frequent headache. He visits the doctor often. Though he is in a boarding institution he comes home to see the doctor at least 2 times during each term. He is a bit slow in learning and has a poor reading comprehension. He is however a keen football fan.

Yaw has just finished the Junior Secondary School (JSS) and he is 4 years younger than Kwame. He is the very opposite of Kwame. He is very outgoing and hardly stays at home. The mother sees him to be very stubborn boy. His Sunday school teachers confirm that assertion. About two months ago he contracted typhoid fever and a lot of money was spent on the cure.

Living arrangement

Dufie, the husband and two children live in a one-room accommodation in a compound house with other six families. They share the following with the other families; bathroom, piped water on compound and pit toilet on compound. They have all their property in that single room. They cook in front of the room.

Dufie's religious involvement

She got interested in Christianity in 1981 and joined the Methodist Church at La. She had a conversion experience in 1982 and got confirmed. Currently she's a lay reader, a Singing Band member and also a member of the Women's Fellowship. She helps at the vestry every Sunday to count the collection money and also serve refreshments to visiting preachers. She confesses that her trust in the Lord has greatly sustained her.

Dufie's surviving strategies

Dufie's current salary is 350,000 (about US\$ 50). She usually uses the whole amount to buy provisions to sell. They feed on the profit. The husband and children often help in the selling. They close sales by mid-night everyday. The monthly rent is 35,000 and they spend 40,000 on utilities. The JSS fees per term is about 300,000 but she spends about 700,000 on him each term (medical bills, visits, pocket money and others). The JSS boy spends about 3,000 a day on lunch and transportation. Her lunch and transport amount to 80,000. Average expenditure on other things like funeral donations, tithe, gifts, clothes and others is about 80,000 a month. The total monthly expenditure is about 510,000 (US\$ 73). She does some borrowing to keep the head up. Currently she is owing a total of over 750,000 (a little over hundred dollars)

Some memories

She feels that if she had got an earlier better education it could have helped in her present condition. She has been very grateful to the mother but feels some bitterness towards the uncle and the wife. Her marriage and family life have not been what she anticipated but she believes that things could be better. She hopes that the husband will turn to God. Her prayer is that the children turn out to be useful in the future. She prays that they could study outside Ghana. Her major concern is to care for the children. She wished that she could have enough capital to expand her trading and pay off the debt. The husband often dreams about farming and she prays that they get enough money to settle in the village to raise animals (sheep, goats) and other crops.

Areas of pastoral concern

- The need for the husband's involvement in the daily life of the family and some of his moral issues

- The eldest son's health situation and the need to be more assertive
- The need for self-discipline for the younger child
- How to service her debt and how to improve herself at work
- The uncle is dead – but the wife is alive. How does she deal with the bitterness?

Derrick Lwekika

Tanzania, 2003

The Case of Kokulinda

source: Intercultural Pastoral Care and Counselling No 11, 2003

Twelve years old Kokulinda and her two younger brothers, Tayebwa and Ngonzi, aged 10 and 8 respectively, are orphans whose poor parents died of AIDS few years ago.

The orphans' relatives are poor, too. They live in a house that is almost falling down. All go to school at the same time. Kokulinda, Tayebwa and Ngonzi are in Std.V, III and II respectively. Kokulinda is the breadwinner of the three. She carries out casual and manual labour on their small plot of the family field (Shamba) before and after school lessons. All three work on their neighbors' fields during weekends and holidays to get food and little money to buy daily necessities like soap, kerosene, salt, and sugar. They have nothing to produce and sell for accessibility to cash returns. Kokulinda looks after her younger brothers, cooks food, fetches water and cleans the house. Kokulinda must toil and work hard as a mother of the two brothers to support them and herself.

It is here where we meet a situation of a man who was going down from Jerusalem to Jericho and fallen into the hands of robbers and left half dead! Who comes to his rescue? How does one behave as a "Good Samaritan"? Is it good enough one standing in a pulpit every Sunday and preach "peace be upon you" to a multitude of worshippers with empty stomachs living in misery, all types of dehumanization and abuse and want; or preach blessings of Jesus that he does not want to part with them under the state of starvation lest they die on the way? (Mathew 15:32) How does one go about it?

The church is challenged to respond to the consequences of poverty which produce deep physical, emotional, psychological and spiritual disruption in peoples' lives and well-being; and to tackle the root causes of poverty through advocacy, education, counselling and development projects. Investment in education is investing in human development, which has a multiplier effect.

We as counsellors are in difficult and problematic field. What we try to do to our best is to hear the command of Jesus Christ: "Feed my sheep" (John 21:15-17 and John 4:1-30).

What is needed?

1. Availability

Jesus was there as the Samaritan woman came to fetch water at the well. Just to be there. The presence matters a lot. To share ideas and exchange views in a lovely and humble way, with shaking hands and hugging is not escapable. Listening, supporting, sympathizing and immediacy are indispensable by carrying out duties. Our experience is often to postpone the vacations and off-days, because they need us – a person can take up to 5 to 6 hours and some even a whole day. This includes house visitation, e.g. the patient at home. Are we available for others?

2. Acceptability

Acceptance led to intimate direct conversation between Jesus and the Samaritan woman. To be there and let the person feel being wanted, worthy and accepted as to be able to accept his/her own situation. The fact that there are times when we have to accept the situation which can not be changed – short cuts do not help at all. We use the text of Job of the Bible: „In all this Job did not sin or charge God with wrong“ (Job 1:22)

3. Alleviation

Jesus tried and succeeded to have dealings with Samaritans in order to alleviate the problem of racism between the Jews and Samaritans. To be there should not be a part of the problem or prolong it. Through discussing together we try to interpret the situation with an aim of leading the client to see the possible ways which may lead to a sound recovery and permanent solution.

Archiboly Elifatio Lyimo

Tanzania, 2008

Maasai Mission in Tanzania

A Challenge to Pastoral Care

Workshop at the International Seminar 2008

1 INTRODUCTION

1.1 WHO ARE THE MAASAI – WANDERING SHEPHERDS?

The word “Maasai” is an English expression from the Maasai word “Il Maasai”, which means “the people who speak Maa language”. The Maa speaking people seem to have common ethnic origin, because they are either Nilotics or Nilo-Hamitics. Other tribes besides the Maasai, which form the Maa speaking people, are the Njemps and Samburu of Kenya, the Arusha and Baraguyu of Tanzania, and other groups with only small numbers of people both in Kenya and Tanzania. Today, the word Maasai is commonly used to refer to those who are solely pastoralists and practice semi-nomadism.

In spite of the dilemma surrounding the ethnic origin of Maa speaking people, there are theories asserting that the Maasai tribe has its origin at some time in the Middle East. This theory was highly supported by the late Prime Minister of Tanzania, Edward Moringe Sokoine, who was a Maasai Ilaiguenak (the speaker of his age group).

The Maasai are proud people who try to maintain their cultural identity almost more than all other tribes in Tanzania. They are bold, courageous, and shy at the same time. With tremendous knowledge of traditional herbal medicine and survival techniques in difficult environments they regard other agricultural tribes as poor people and slaves of their own, and they call them “Olmeg” (or “Lumegi” in the language of Bantu tribes in Tanzania) which means Barbarians. On the other hand, other tribes treat the Maasai as “uncivilized” and “primitive” people who live in the bush. Although they often meet each other at the market places and when traveling, they always remain at a remarkable distance.

Despite their warlike habits, the Maasai are generous people towards their guest. They like to make friends from other tribes. To them friendship is an immensely important matter. Friendship is one of the several new methods to promote missionary work among the Maasai. On the other hand, since they maintained warlike habits and robbed cattle from their neighbors, they were feared by all tribes, even Arab traders were afraid of them. It is also believed that the warlike habits of the Maasai forced other tribes to live on mountain ranges. For example, in former times the Chagga and Pare used to dig large holes underground where they took refuge when the Maasai approached.

Studying the Maasai religion one will discover that it is closely related to the Jewish religion as displayed in the Old Testament:

- The Maasai believe in the existence of one God, Enkai, as also the Jews do in the Old Testament. Enkai is believed to be female.
- God revealed Her name Enkai to the Maasai man Musana just as God revealed His name Yahweh to Moses.
- The Maasai just like Jews do not practice ancestor veneration as practiced by many African tribes.
- Maasai as well as Jews believe that circumcision was an order from God though for the Maasai God ordered boys and girls to be circumcised.
- The Maasai religion has Ten Commandments with some different emphasis compared to the Jewish religion's Ten Commandments (see appendix).
- The Maasai and Jews have somewhat similar myths of creation.
- The garden of Eden and its beauty is mentioned in the Maasai tradition as well as in the Jewish tradition as the residence of the first human beings.
- Both Maasai and Jews have developed a cult whereby God is worshipped and approached through sacrifices which have atoning, thanksgiving, petitioning and devotional functions.
- In both Maasai and Jewish religion God instituted a successional office of priesthood. For the Maasai it began with Kidongoi, the first 'Laibon', and for the Jews with Aaron.
- The Maasai concept of sin is almost the same as that of the Old Testament.

It is in the light of these parallel elements in both Maasai and Jewish religion that Fr. Odilo Huppi went as far as calling the Maasai tribe the Jews of East Africa.

1.2 STRONG COMPONENTS IN MAASAI CULTURE

1.2.1 CHILDHOOD IN MAASAI LAND

Early childhood is a happy time for both sexes, assuming that it is not time of drought and that a normal amount of food is available. Children are the treasure of each family and guarded and cared for by all the inhabitants of a village. Every child grown up without being killed by malaria, diarrhoea, or measles, is a gift of the deity. The children have considerable freedom as long as they do not endanger their lives.

Childhood lasts much longer for girls than for boys. Girls and boys at the age of five must already herd a small number of sheep and goats. They are supposed to watch them outside the village gates. This is a kind of pre-school education for them. Missing this pre-school education the child would be considered to remain stupid. Spanking is used to discipline each child who does not like to go herding and do animal husbandry. This is seen important especially for girls since throughout their lives girls and women are responsible for the care of the small animals. The girls assist their mothers with household chores like milking the cows in the morning, cleaning the hut, doing bead work, milking again in the evening, and cooking, not to forget the collecting of firewood and water and the watching and tending of younger siblings. A grandmother can ask to be given her granddaughter for help. The grandmother may spoil

her a little bit, so the child will adjust herself readily to the new village and normally finds a peer group there. At the age of seven a girl feels almost like an adult in Maasai land.

The mother demands strict obedience from her daughter because a future husband will do the same. Yet most of the time the household work is done in a leisurely and joyful way, with singing and joking. The mother knows that her daughter won't remain in her house for long. As soon as the child is between 12 and 14 years old, she chooses her Moran friend and protector, the Osanja, (pl. Isanja, the lover). He will drink milk in her mother's house and take her to feasts and dances, wherever young people may meet. The girls are allowed to associate freely with their companions. They are not bound to stay with their protectors. The Osanja, however, is responsible before her parents to see that she is treated decently by everybody she is associating with. In many cases the Osanja is the girl's first lover. When the young people rest in the houses after a long dance they are introduced to all kinds of necking and petting, but girls should not get pregnant. As soon as the girl shows a sign of puberty she is sent home to her parents in order to be initiated and circumcised. All these activities subject the girl to the danger of contracting HIV/AIDS. Normally initiation and circumcision for girls and boys takes place at the age of 14-17 years.

Usually the youngest boys and girls are eagerly awaiting their great day of initiation and try to train their self-control by all kinds of brave behavior a long time before initiation.

1.2.2 MAASAI AND CATTLE

Maasai considered themselves as God's chosen people for all the cattle in the world. Thus they regard cattle as special gift from God. Therefore Maasai believe that all cattle in the world belong to them in divine right. Their claims are affirmed in their myths of creation. It is on the basis of such beliefs that cattle riding by Maasai Moran is not considered as sin but a duty to recover what was given to them by God.

An intimate bond exists between the Maasai and their cattle. They know their cattle by voice, color, eye, and call them by names.

Cattle provide the Maasai with meat, dung for fuel and plaster for their huts, hides for bed covering and garment, urine for cleansing hands, tanning leather, milk butterfat for food and their rituals, and blood as a milk complement in drought seasons.

Hence cattle play a central role in the Maasai culture. They are a sign of wealth, respect and blessing from God. A cattleless person is pitied regardless of whatever source of wealth he/she may possess.

1.2.3 AGE GROUP SYSTEM

The Maasai community is well organized and built according to age groups. By circumcision the Maasai man gets the right to become a Maasai and an active member of a certain group. Each age group gets its own name which is to mention even before the own name when a person wants to introduce himself. The Maasai are deeply convinced that life is not possible outside the age group. Thus members of a certain age group are closely bound together by the spirit of comradeship and brotherhood, sharing and supporting each other in whichever possible way. Their wives are obliged to attend to all the needs of a man of the age group of her husband. Consequently a Maasai man feels at home anywhere in Tanzania or Kenya provided he arrives at the home of his age group.

The age group system is the main social institution which determines politics, religion, behavior, and role differences in daily life. Women have less age groups than men.

1.2.4 MARRIAGE

The Maasai man can marry as many wives as his ability to pay dowry allows. His ability to marry depends on the number of cows he possesses. Sometimes the dowry reaches up to forty cows. I have personally witnessed a Maasai man who married forty wives. Traditionally the girls could be married to sixty to eighty years old men. They are expected to fill the husband's homestead with children from their lovers. Having a young wife and children is considered to be the best proof of still being alive and sexually active.

Maasai women married to the same man do not feel jealous to each other but treat and regard one another as sisters. In spite of this, it is widely held that a husband allows his age mate to have sexual relation with his wives. It is also claimed that a few starving wives yield themselves to guests.

Women duties range from bearing and caring for children, milking the cows, building their house, and fulfil the duties of house work. Women in the Maasai community are treated like objects rather than human beings. They are always subject to male domination and are severely punished when they made a mistake.

1.2.5 THE ROLE OF ELDERS

Maasai elders fall into two age groups. Those of the age between sixty and early seventies are considered to have a wealthy memory of many affairs and historical facts to hand over to the younger people during educational meetings. They are kind of a living law book. Although they are not the decision makers of the Maasai community, they prepare the decisions of the reigning group and the legal materials which have to be considered. In the cases of transgressions the elders put penalties on the culprits according to Maasai law and consider ways of reconciliation as soon as quarrels or fights occur. This is the group of elders expected to approve and give direction when new changes are to take place in the community.

Elders with the age between seventy five and eighty five years are the ritual experts and priests of the community. They are considered to be near to the deity *Enkai* because She blessed them with old age. Hence they are very much sought after for blessing the younger generation. Women have a full share in ritual events. No ceremony can be held without the elders to preside over it.

1.2.6 SINGING AND DANCING

The Maasai deeply love singing and dancing. These two activities are always associated. In the morning, when the moon is shining, groups of young men (Moran) and girls come together to sing and dance. When the herds already are on the grazing land and when the Maasai completed their daily routine, then the women and girls can be found singing and dancing. Even when the women are busy knitting their ornaments in the shade of acacia trees their singing can be heard.

The singing and dancing of the Moran is a most interesting performance. Two Morans jump high with their spears or sticks in their hands while others continue to sing, producing humming sounds.

1.2.7 CIRCUMCISION

Circumcision among the Maasai incorporates a different tradition and concept than among other African tribes. Their religion teaches that *Enkai* ordered circumcision for boys and girls.

Prior to circumcision a thorough traditional education is given to Maasai boys and girls as a way of preparing them to enter into a new age of adulthood. Thus the teaching prepares them to meet successfully the responsibilities and challenges of an adult in the community. Hence it could be said that the ritual of circumcision which is celebrated by eating, drinking, singing, and dancing is a graduation after qualifying in the traditional school.

The Maasai practice circumcision as a rite of initiating girls and boys into adulthood. Circumcision marks the transition into adult life, thus uncircumcised men or women are regarded as children in the Maasai community. Female circumcision is done by the excision of the clitoris and cutting of the upper surrounding part of the labia minora. For girls circumcision is the sign of being a mature Maasai woman. For the boys it is the sign of being accepted as a Maasai.

The female excision will take place in the early morning. The genitals of the initiands are numbed by a bath in a cold river or by bathing them in an extract of herbs which was prepared the day before.

The girls are not supposed to wriggle or cry during the painful operation but they are allowed to tremble and swoon. Should a girl lose control over her self and start to scream, the preparations for the circumcision feast are in vain. Nobody will eat the food which has been prepared. Therefore there would be no singing and dancing. Such a coward behavior would prove to everybody that the girl will not be able to bear the pains of child birth, and she would be despised by all. Many girls who lost control over their nerves during excision became brave mothers during childbirth because the social distraction they suffered during excision taught them total control over themselves afterwards.

The circumcised girls are ready for marriage after the healing of their wounds, while the circumcised boys are ready to defend the farm and community and protect their herds of cows from any danger at any cost.

The Maasai regard the silent endurance of the circumcision and excision pain as a proof that the young people are capable of enduring the hardship of adult life too. A delivery is long and hard due to long distances from hospitals.

By excision women do not become equal to men but they become equivalent. They are entitled to participate actively in rituals of prayers and blessings.

2 EFFECTS OF CHANGES IN THE MAASAI COMMUNITY AS A CHALLENGE TO PASTORAL CARE MINISTRY

2.1 HIV/AIDS PANDEMIC

It has been pointed out before that Maasai are splendid herbalists. They make different medicines which cure many diseases from different types of tree barks, roots, and leaves.

Despite the fact that they own profound knowledge of medicine important in their situation and context they have being subjected to an essential change since HIV/AIDS spread like a wildfire in their community. HIV/AIDS is a pandemic to which their immense knowledge of herbal medicine has no command. Providing preventive and coping skills against HIV/AIDS

to the Maasai community is a great challenge to the pastoral care ministry. The challenges are rooted in the way Maasai life and community is structured.

In the Maasai community HIV/ AIDS affects men, women and children alike. But it affects them differently because of gender issues.

Women and girls are more vulnerable to HIV/ AIDS and bear the greater impact of the epidemic, such as the responsibility of caring for the sick, inadequate resources, and victimization.

Lack of information, the polygamy system, and lack of the right to economic power, the right to negotiate, and even to choose marriage partners subject Maasai women and girls to greater risks of being infected with HIV/AIDS. In addition to this the practice of circumcision brings an additional great risk of contracting HIV/ AIDS to Maasai girls.

Maasai boys are also at high risk of acquiring HIV/AIDS during the circumcision procedures especially when done with unsterilized instruments. Furthermore the cultural freedom of free-lance sexual affairs with circumcised girls to which circumcised Maasai Moran men are entitled makes them vulnerable to HIV/AIDS. Married Maasai men are also at high risk of being infected with HIV/AIDS by marrying many wives. The culturally accepted norm of allowing their age mate to have sexual intercourse with their many wives enhances the speed of being affected by the deadly virus.

It is so sad that preventive measures against HIV/ AIDS, like the use of condoms, abstinence, or one marriage partner are either not applicable in the Maasai community due to their timeless way of life and lack of appropriate knowledge and information.

Recently we conducted an outreach seminar to a Maasai community living 250 kilometres from our working station in Moshi Town, whereby a multitude of Maasai people attended the seminars. We noted with great surprise the fact that none of them has even witnessed an HIV/ AIDS patient.

Furthermore most of the participants were ignorant of the ways through which the deadly HIV/AIDS epidemic is spread, let alone knowing the preventive measures. Consequently ignorance exposes the Maasai community to great risks of being wiped out by the HIV/ AIDS pandemic.

It is again very sad that many religious institutions still preach morality, abstinence, and fidelity, and do not consider alternative methods for prevention of HIV/AIDS. They do so also without taking into account the social, cultural, and economical situations which make the Maasai community vulnerable to HIV/AIDS. To a few of them HIV/ AIDS is still seen as a divine judgment to the adamant sinners.

2.2 POLYGAMY

The term Polygamy in the Maasai context is used to describe simultaneous polygamy and not consecutive Polygamy. Despite the fact that time has changed greatly, still Maasai handle this form of marriage like one of their sensitive customs.

Contrary to men of other tribes Maasai men could not accept the long standing church demand to divorce their wives and remain with one as a condition to be accepted in baptism.

Even the moderate stand of the church of being accepted with their wives in Baptism and not allowed to add others had not been smoothly accommodated in the Maasai community. Con-

sequently the practice of plural marriages in the Maasai community imposes a great challenge to the Pastoral Care Ministry today.

I do remember to have refused one day to admit into the sacrament of Holy Communion a Maasai man by the name of Petro who was church elder, for having added a fourth wife after baptism. One day he came to me and asked a theological question which put me into a dilemma for several years. He wanted to know if Jesus will ever forgive him if he repented without chasing away his fourth wife. He further told me that the girl he married as his fourth wife was betrothed to him in her childhood, and as a requirement he had paid all the dowries even before he became a Christian. Thus according to him not taking the girl for marriage is like throwing her into the bush, an evil act he does not dare to do. This was my second painful experience in my Pastoral Ministry to the Maasai community.

The question to be answered is whether or not we should preach the Gospel and the Law at the same time. In so doing will the Gospel be given a chance to take roots in the Maasai culture? Is there a specific form of marriage commanded in the Bible? Do we have the right to reject those who Jesus accepted?

In the former times all Maasai women were married. However in the meantime there are a few unmarried Maasai young women as a result of the churches' emphasis on monogamy as an accepted and Biblical form of marriage. What shall we do with these unmarried, uneducated, unemployed, poor Maasai women who do not inherit anything from their family? Will they not fall into prostitution as a way of earning daily bread and thus become vulnerable to HIV/AIDS?

3 STEPS INTO THE FUTURE

3.1 CHANGE OF ATTITUDE IN CHURCH AND SOCIETY

For too long social institutions including the churches have considered the Maasai people as a group which has to be told how to behave and change their customs according to the common understanding of biblical and social teaching of a certain time. But all preaching and teaching could not really change the way of life of these proud and independent pastoralists. Some Maasai say that their name comes from Ma – asai, which means something like “not anything else”, saying that they are not willing to change their culture even if promised huge gifts.

Today we have to be aware that we can do Pastoral Care and Counseling to the Maasai only if we acknowledge and honor them as they are. This approach would need a humble spirit which opens ears and eyes first, in order to learn and to understand the situation, the problems, but also the joys and advantages of Maasai life.

Coming back to the tremendous importance which friendship has for the Maasai, Pastoral Care and Counseling has to build up friendship with the Maasai people. In that way Maasai could see that persons ministering to them do not relate to them as distant advisors but approach them as caring, concerned fellow citizens and Christians.

Instead of still depending on the parishioners or clients to come to the offices for counseling we have to develop a “Go – Structure” for our ministry, going out with our teachings into the Maasai community, eating their food, sleeping in their huts, sitting with them, listening to what they and their ways of living tell us.

3.2 EDUCATION AND LIFE SKILLS

The Maasai need education and sensitization concerning the many dangers which threaten their lives and their culture.

They need to learn how to cope with outside people who take away their land for own profit.

They need to learn about the ways of contracting HIV/AIDS and the possibilities of prevention and treatment.

They need chances to rethink false beliefs which hinder them to do away with dangerous customs like Female Genital Mutilation.

They need reassurance of customs which help them to survive in a faster and faster changing world like the responsibility of grown ups for the education of the young.

3.3 ACTIONS

3.3.1 BUILDING SCHOOLS

The Tanzanian government has put a lot of effort into building primary and secondary schools in the villages of the Maasai community. This programme needs to be supported and strengthened.

3.3.2 KINDERGARTEN

Maasai children are very intelligent and eager to learn. They need kindergarten education in order to be able to cope with the many challenges waiting for them in primary and secondary school, and eventually in the cooperation with children from other tribes.

Our Department of Clinical Pastoral Education has started to help building a kindergarten in a quite remote area of KIA Parish in the Northern Diocese of the Evangelical Lutheran Church of Tanzania.

3.3.3 DOOR OF HOPE

Maasai girls are given into marriage in very early age without receiving adequate education. Since 2002 I have started to build a house for Maasai girls, the “Door of Hope”, right outside of Moshi, in order to give some of them a chance to attend schools in town.

Some days ago I was able to take the first girl for education in Moshi. Right now she lives with my family until the Door of Hope is further completed.

3.3.4 MAASAI RITUALS IN A CHRISTIAN WAY

Maasai Christians in Kilimanjaro and Meru region have started to use Christian rituals for establishing the age groups of boys. A historical celebration took place some weeks ago in Ngabobo parish with hundreds of young boys and their parents and advisors.

3.3.5 OUTREACH EDUCATION AND HIV/AIDS SENSITATION

In June the Clinical Pastoral Education Programme in cooperation with KCMC (Kilimanjaro Christian Medical Centre) undertook a four day outreach in a remote Maasai area for HIV/AIDS education. Maasai nurses and a Maasai doctor spoke about the pandemic and how to avoid getting infected. In the evenings we showed videos explaining how HIV/ AIDS destroys the lives of individuals and families. Voluntary testing was provided. It is planned, to go on with these programmes and bring trainings for trainers in the community.

3.3.6 SAWAKI

We founded a NGO for bringing HIV/AIDS education in remote areas including the Maasai land, together with education about environmental protection and small scale business.

APPENDIX

TEN COMMANDMENTS OF THE MAASAI

The Maasai, in contrast to other African religions, have Ten Commandments. As the author was working with the Maasai, he could not believe that these were really commandments which were described to him. At that time the author understood the commandments as code of ethnical behavior which organizes their society culturally, morally, and politically. However Merker was informed of more commandments that were told to the author. Merker's book convinced the author that these codes were indeed commandments.

These commandments were given to the old men of the Maasai by an angel of God on the mountain of God, *Oldonyo Lengai*. God decided to supply the Maasai with these commandments because at a certain time a fiery snake appeared which tried to change the people's mind about him. Following are the commandments as they were narrated to the author and to Merker.

- 1) There is only one God. You called him *E'majan* or *E'magilan*; from now on you shall call him *Enkai*. You shall not make any picture of him. If you will obey his commandments, everything will be good with you; but if you will not obey you will be punished with famine and epidemic.
- 2) If you come into conflict with a Barbarian you shall only beat him and not shoot him; You shall not use knives in conflicts, for it is forbidden to kill human beings.
- 3) You shall not steal. Everyone must be satisfied with what he has and must not take the possession of other Maasai.
- 4) You shall live in harmony with one another. Only the old men are allowed to drink honey beer, because when the others drink they may be drunk and begin to quarrel and beat one another.

5) You shall not commit adultery. The Moran shall not touch a married woman or make a young girl pregnant.

6) You shall not kill female animals, bulls, rams, or donkeys. You are allowed to kill only castrated animals for your food.

7) A man shall marry only one wife. Only when the first woman dies or gets divorced the man can marry another wife.

8) You shall help one another. If one of you loses his possessions, then you shall help him in order that he may not starve.

9) Only one of you shall rule others, and all the others shall obey him. The council of old men should settle conflicts.

10) You shall commemorate the eighth day of the ninth month of every year by a sacrifice of *os segi tree* for the Glory of God. Then God will hold back starvation and disease from you.

You shall also bring a black heifer and four pots of honey beer to the Mountain of God on the seventh day of the seventh month every year. If God will take the heifer, that is a sign of good wishes to you. But if he will not take the heifer, that means he is angry with you.

The second and seventh commandments in this list were later abolished. The Maasai were later allowed to marry more than one wife; and were allowed to kill barbarians. Although working among the Maasai for a period of six years, the author never heard of the Ten Commandments. According to the writer's experience, the fourth and fifth commandments are also no longer in force as commandments.

