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Pastoral Care and Counseling
in the Ethiopian Evangelical Church Mekane Yesus –
An Intercultural Project

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care and counseling and perspectives of a mutual learning process

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A.

Theological reflections on the Western and African approach to pastoral care and counseling and perspectives of a mutual learning process

1. Preface

Before I retired I was very much involved in the ecumenical partnership between Lutheran congregations in Hannover and the EECMY congregation Kotobe in Addis Ababa. After the end of the communist DERG regime the congregation was founded in the Kotobe district of Addis Ababa in the beginning of the 1990s. The founder of the congregation, Pastor Soboka Tesso, is still very much involved in the most impressive development of this congregation.

In accordance with the missionary approach of the EECMY, the mother congregation in Kotobe has meanwhile developed more than 15 'daughter' (subsidiary) congregations and preaching centers in the surrounding both near and further away. In the framework of our ecumenical partnership numerous diaconical and development-related projects could be accomplished.

I believe it is worth mentioning the 'founding legend' of our ecumenical partnership. As the development of the congregation progressed in the mid-90s, above all through the tireless work of its pastor, a climax was then reached with the construction of a large brick church building. Almost at the same time, however, Pastor Soboka fell seriously ill. In this situation he decided to return with his family to his hometown of Nejo to die there.

The day before the family wanted to leave, they had unexpected visitors. Two sisters from the remote area of Yerer Mountain came and asked Pastor Soboka to bring the people in this area closer to Christ. The father of the two sisters had on his deathbed bequeathed a plot of land to the one Mekane Yesus congregation that was willing to build a church there and preach the gospel to the people from the surrounding villages.

The two sisters had heard of the Kotobe congregation and of Pastor Soboka. That was why they had come to him with this idea and request. Pastor Soboka immediately interpreted this as a message from God, telling him that he was not supposed to die yet, but that God was sending him to the people at Yerer instead. He communicated this to the elders and the congregation. He gathered all his remaining strength and set out on a half-day walk to Yerer and brought the good news to the people there for the first time.

On his way back he collapsed. It was obvious that only a big surgery could save his life. This kind of surgery had to be done abroad. With the help of the Hermannsburg Mission Pastor Soboka was flown to a church hospital in north Germany. The surgery was a success. It was in this situation that I was asked if I could visit an Ethiopian pastor in hospital who was about to recover from a complicated but successful surgery.

It became clear that this hospital visit was the beginning of a long-lasting friendship and ecumenical partnership. On each of the two-yearly partnership visits the delegation from Hannover also visited the people on Yerer Mountain. Yerer has become a symbol of our partnership and of a deep personal friendship between Pastor Soboka and myself.

Since long it had been my wish to ride on horseback to Yerer Mountain. This beautiful region outside the capital Addis Ababa. The place where my Ethiopian adventure and love began. The place where my colleague and good friend Kes Soboka was asked to preach the gospel to the people of the villages here. The place where he almost faced death and was saved by the grace and love of the LORD. The place where the ecumenical partnership between EECMY Kotobe congregation and congregations of the German parish Hannover-East has its origin. A beautiful place as well as a place of God's wonder. I already visited Yerer several times before by car. But I always wanted to

come here on horseback. Finally it became possible.

My Ethiopian guide waited for me with two horses at a place called *Mesorea*. A bus-stop between Addis Ababa and Sendafa. The horse-ride took us several hours. When we arrived at what I call the "Church Hill" it was late afternoon. Some years before there was only a one hundred years old grass-covered hut. In the meantime a small church has been built with the financial support of the Danish Mission. I was exhausted - not only physically.

I felt depressed and lost. I needed help at this moment. So I asked my friend Soboka if I could talk with him. We withdrew, and I poured out my heart to him. I had cried a lot and I could not stop talking. A counseling situation. Me being the care-seeking person and Soboka the counselor. I didn't know and did not even care if I was able to make myself understood about what put me down.

My friend listened to me. The whole time. Carefully and attentively. And almost without saying a word. It was not important. But his attentive listening meant very much to me. When I had finished speaking and crying, we were invited to an evening meal. The two sisters who lived here, who had inherited a big plot of land from their father and who asked Kes Soboka to preach the gospel and pray with the villagers invited us for dinner. Lamb roasted over an open fire. Several people were invited for the meal.

After the meal one of the sisters stood up and addressed me: That I had been at Yerer already so many times. That I had offered my help in so many ways. Fresh water for the people in the villages, a reforestation project, a mud-stove-project and other projects. She said that it was apparent: The people here are loving you and you love them.

She and her sister thought of giving me a gift because of what I did to the people. But, she said they could not come up with a good idea which would be suitable. However, then suddenly they got an idea. She ended her speech and invited all of us to rise and walk a little outside to have a look at the sunset over the mountain. So beautiful.

Then she told me what kind of present she came up with: "We want to give you a plot of land". She asked two boys to collect stones and build a stack of stones. Then she asked me to step forward in the direction of Yerer mountain and stop when I had the feeling that the extent of land would be sufficient for me. In the end both of us, Soboka and me received our individual plot of land. I was very much touched. We ended with a word of prayer. I was asked also to say a word. I ended with words from Psalm 121:

I lift up my eyes to the mountains – where does my help come from? My help comes from the LORD, the maker of heaven and earth. He will not let your foot slip. He who watches over you will not slumber nor sleep. The LORD watches over you. The LORD is your shade at your right hand. The sun will not harm you by day, nor the moon by night. The Lord will keep you from all harm. He will watch your life. The LORD will watch over your coming and going – both now and for evermore.

A plot of land of my own! It was so wonderful and I was so deeply touched. At the end of the day I was given a plot of land like in biblical times. A plot of land marked off by piling up a cairn of stones at each of the four corners. Looking over at the mountain range. *We prayed the psalm each of us in his own mother tongue.* Then Soboka spent a blessing for us. This is how I became a landowner in Ethiopia. And Yerer became a holy place for Soboka and for me. A few days later I told Rev. Dr. Belay, the President of the Mekane Yesus Theological Seminary that I had been given a piece of land. We were driving in a car at the time. He pulled the car over to the side of the road, looked at me and said, "Kurt, you are like Abraham! You received this plot of land from God. Ethiopia has definitely become your home country. Praise the LORD!" .

I mention this story because it makes clear that it is the stories about encountering one another and the awareness and individual interpretation that it is God's story with us, that have made the counselling courses at all possible. And also how much the following counseling courses in the Ethiopian Evangelical Mekane Yesus Church (EECMY) are marked by personal and mutual

counseling experiences

2. What is counseling all about?

2.1 My counseling concept

“This is our culture!” In my encounters with people working for the Ethiopian Evangelical Church Mekane Yesus I have often heard these words – meaning: Do not even try to change a situation or a habit. Our culture, our traditions, the power of conditions the common habits – to what extent do they determine our pastoral work? To what extent are we in our counseling work bound by our cultural roots? Is there something like anthropological absolutes which connect us all, and what role do they play in counseling? And finally: How can we learn from one another by experiencing counseling in a foreign cultural context, when looking at it in a different way?

At the beginning of the 70s when I was a young pastor, I was enthusiastic about the “counseling movement” - the advent of human sciences into church work and the challenge of encountering a world that was not always shaped by church life. To me and many other young colleagues counseling then appeared to be a dynamic and creative church-reforming impulse. We thought of so-to-speak reforming the church in its essence from within. The secular social sciences such as sociology and psychology were just what we needed to be able to proceed against fossilized structures in the church.

I well remember the first case study I experienced at that time: With reference to a counseling situation the practical significance of counseling as a communicative process and as a dynamical interaction between persons was made clear. Pastoral care and counseling would become more professional through experience-related and reflected learning.

At the very beginning of my further training in pastoral care and counseling I learned how important the personality and individuality of a counselor is. A counselor should be stable in terms of physical, emotional and social stability. He should be able and eager to work on his own person and biography before he is taking care of others. A pastoral counselor and care-giver should also have basic psychological skills like introspection skills, empathy as well as the ability to keep distance in an adequate way. He should have basic psychological knowledge e.g. introjection, transference and countertransference. He should have basic knowledge about psychiatric diseases as well as knowledge of important topics of social science – e.g. the influence of different milieus, cultures and religious affiliation. He should be willing and able to develop “analytical thinking”. He should be able to attentively perceive his own emotions and those of the other person as well as the interaction between both of them.

The aim of counseling is to open up for a person who is seeking advice and support to develop new life perspectives or to build on previous skills and hopes which at present have been buried. The encounter between care-giver and care-taker takes place in a fear-free, trusting atmosphere. If the relationship and the counseling-situation does allow it, the personal situation of the client can be interpreted in the light of the Gospel and a prayer can be said.

The care-givers attitude should be determined of the belief in God’s unconditional love and mercy. In the eyes of God care-giver and care-taker are not different. Both are children of God. Both are dependent on His love and forgiveness. A care-giver is like a beggar who is able to tell another beggar where there is bread. The awareness of fundamental equality prevents pastoral care and counseling from moving into a higher position than the care-seeking person. It is only for that very moment of a counseling situation that a counselor is in the giving-position. As soon as this situation is over, both of them resume their previous, accustomed roles. However, in a pastoral care situation it is important that the care-giver fulfills his role appropriately and professionally.

Counseling sees the human being as a whole. It sees human beings in their anxiety and need, but is also aware of the happiness they have known and their experiences of a liberated life. The counselor sees the care-seeking person as fellow man in his competence and failure, strength and dependency, beauty and misery as *imago dei* – in the image of God. The counselor is aware both

of the individual personality-specific side and also the social and structural circumstances and conditions in which a person is looking for help.

The counselor will recognize the otherness and maybe strangeness of the other person - and can stand it, without prejudice and without judgment. He may be surprised about what both have in common but will not mix up You and Me. The care-giver will practice to meet the other – familiar or strange – with an attitude of openness and will welcome this person in a friendly and warm accepting manner.

Counseling is interested in the question of individual belief. The counselor encourages a care-seeking person to develop his or her own way of looking at things and acting according to his convictions. The counselor encourages the other person to discover and deepen his or her personality-specific image of God. Sometimes it is possible that both care-giver and care-seeker in conversation exchange their individual image of God and mankind.

Both can share their experiences of faith, their convictions and their interpretation of life events. In this way they become a “community of believers” (*Klaus Winkler*). Sometimes in counseling a connection can be established between questions and challenges of life and belief. Then, when there is a mutual interpretation of life and faith. The one belief can be communicated in diverse forms depending on the individual belief and personality (1 Cor 12, 4).

What helps, comforts and encourages in a situation when a person is suffering from physical pain or emotional troubles? Is it a confidential conversation with a counselor? Is it the visit of family members and close friends? Is it the visit of members of one’s own congregation? Maybe it is all of this. Consciously or unconsciously persons in need decide themselves about what and who is helpful for them.

All help in counseling is help for self-help. The counselor cannot and will not solve the problems of the care-seeker. However he can help, to see them from a new perspective which could be experienced as an act of liberation from “the old”. Self-help does not mean to be left alone and being forced to cope with all life-challenges all by myself. On the other hand: pastoral counseling and care should not be misunderstood as an institution or robot to solve ones own problems.

Care-givers should be able to also call upon help for themselves. At given intervals they should also have their counseling work supervised by colleagues who are professional supervisors. This should also be done in an atmosphere of mutual consolation and guidance (*per mutuum colloquium et consolationem*). Counseling is not merely reflecting problems, finding reasons of problems and being aware of circumstances of life. Counseling does this, but it is more than that: Pastoral care is about to experiencing God’s love and the truth that sets us free (John 8:32) . There is no fear in love and we love because God first loved us (1 John 4:18.19).

2.2 The significance of the cultural concept and the question of values and advice in counseling

When visiting Ethiopia I have become aware how important the social aspects of life are in every day life and also in counseling. Counseling is not limited to individual topics. Rather, it is always about social problems. From the interaction in a marriage or family to bullying in the workplace or feeling lonely in the neighborhood. People in African societies seem to be more attentive and sensitive to the importance of the social aspects in the life of an individual person. In contrast to the striving of individual freedom in western societies, the majority of African people attach great importance to never loose the security of the family and the cohesion with the clan or ethnic group and also the belonging to a congregation.

It was only in the courses and seminars I conducted in Africa that I became aware of the importance of the cultural aspect in pastoral care. Only in the recent 10 or 15 years pastoral care in Germany has become aware of how important cultural aspects are. This, of course has to do with the growing number of people from other cultures who came to live and work in Germany or came as migrants

into the country. Meanwhile trained Muslim and Jewish care-givers are working in German hospitals. And the ongoing inter-denominational dialogue is supplemented by the inter-religious dialogue.

In pastoral care it is important to be aware of the social milieu of a client. It is important to communicate in the same “social language” and to understand cultural and language images and idioms. It is also important to bridge differences in education and in regard to the social background.

In counseling it is constituent to meet a person in need in an open and caring way and to basically accept him or her and his or her own value system. In counseling a trusting and fear-free relationship should be established. However, it should be possible also to confront the client if necessary. Especially when it comes to questions of human dignity and human rights and different ideas of values and norms. There could be situations in pastoral care and counseling in which I am no longer able or willing to maintain my role of a care-giver because the other person is undermining my value system. In such a case I should express my feelings and, if necessary end the conversation and relationship.

A counselor should be reluctant to bring up his own life experiences, values or political views. Nor should he evangelize in a counseling situation without the consent of the client. In any case: counseling always has a serving and not at all a dominating or judging function. Counseling offers an encounter – “in the name of God”.

In quite many situations a client would ask us for advice. Not every time but in many cases it might me problematic to give advice, because it puts the counselor into a higher position than the client. It would be a “top-bottom-relationship” which might cause dependency instead of the “courage to be” (Paul Tillich) and the power to solve my problems – and at times with the help of others.

Pastoral care assumes that each of us does have enough capacity and strength to solve his or her problems. However, at times and in crisis situations I may not be able to cope with my problems. Therefore I might need help from others. This help is kind of a temporary substitute which helps to bridge a problematic situation. Irrespective of this, the autonomy concept is basically retained, and help from outside can be seen as temporary. It helps to bridge a moment of deep trouble or emergency. Basically the concept of autonomy of human being is maintained.

The counselor accompanies a client during a limited time and only on a certain part of the journey – like Jesus did when he went with the disciples to Emmaus (Luke 24:13 ff). Pastoral care and counseling takes place in a field of ambivalent tension. For instance in the ambivalence between the desire for freedom and security, the desire for change and reliability, the desire to express my doubts and the longing for certainty and “final answers”.

Counseling can help a person to find his or her own way out of anxiety, can accompany a person in a crisis situation, lead someone out of narrowing thinking and narrowing social structures. Pastoral Care and counseling can help to expand the horizon of life - to the point where earth and heaven meet.

3. On the History of Counseling in Germany

3.1 The Influence of Pietism and Revivalism on Counseling

During the second half of the 18th century the period of the Enlightenment also influenced church life and gave impetus to secularism. The *Enlightenment* had the effect that ethics, morality and common sense stood in the center of the preaching in the church. Elements of belief that were difficult to reconcile with common sense slipped into the background –for instance the idea of salvation.

In the interpretation of the Bible it was above all common sense that was the benchmark, whereas during the Reformation the concept of mankind was one in which the idea of original sin was at the

cente of belief. Mankind was seen primarily as a sinful person in need of salvation. In the time of the Enlightenment, on the contrary, the concept of mankind was more positive: mankind was seen as being basically good and capable of doing good.

With *Lutheran Orthodoxy* and with the emerging *Pietism*, resistance arose against a Christianity that was seen as being superficial. In many respects it was the influence of the *Romantic period* which led to the emergence of the Christian Revivalist movement. The emphasis on feelings in the Romantic period had its analogy in the spiritual experiences of the 'revived' culminating in Mysticism. But it was above all the appeal of the individual *experience of conversion* that led to a new, serious, forceful and binding piety. The Revivalist movement produced not only strong inner-church impulses, but also led to strong impulses for *worldwide mission work* which was borne by numerous missionary societies, among them the Hermannsburg Mission in South Africa and since the 1920s in Ethiopia, especially in the Oromo region.

3.2 The Influence of the Psychology of Religion and Humanistic Psychology on Counseling

For modern western counseling the influence of *Revivalism* and also of *Humanistic Psychology* is of great significance. Humanistic psychology is very close to Existentialism (*Sartre, Camus, Heidegger*). The first concept of humanistic psychology dates from *Abraham Maslow (Positive Psychology)*. His concept was later accepted and developed further, especially by *Carl Rogers* in his *client-centred psychotherapy* (also known as person-centred or non-directive conversation therapy). The concept assumes a positive picture of mankind and proceeds from the assumption that mankind has an infinite potential of possibilities for understanding himself and for organising his life. Thus mental disorders were seen as blockages of the potential for self-awareness and self-realisation.

The founder of Logotherapy *Viktor Frankl*, the neo-Freud *Erich Fromm*, the founder of Gestalttherapy *Fritz Perls* and the founder of psychodrama and Sociometry *Jakob Levi Moreno* were affiliated with Humanistic Psychology.

Concepts of *pastoral psychology* have developed from these and similar concepts of humanistic psychology. *Pastoral psychology* reflects, develops and investigates the connection between theology and psychology. Understanding religion and spirituality psychologically means being aware of its influence on our thinking, feeling and acting. *Pastoral psychology* sees itself as being inter-religious, intercultural, inter-denominational and interdisciplinary. It offers counseling, guidance and supervision.

Characteristic of *pastoral psychology* is its relationship to the *psychology of religion*. The *psychology of religion* is the point of intersection for theology, sociology, religious studies, philosophy and psychology. *The psychology of religion*, founded around 1900, was then an independent scientific field but today lives in the shadow.

The reason for this is the development in Germany around the turn of the last century of independent *empirical psychology*. The psychology of religion however is still well-established in the universities in the Anglo-American world and for example in the Netherlands and in Sweden and is seen there as a valuable supplement to neighboring disciplines.

The emergence of modern professional counseling arose because of the involvement with psychiatry and psychoanalysis. Pastoral psychology can be studied at universities and similar institutions (counseling centers). Qualifications in pastoral psychology can be obtained through specific further education – in Germany above all through the umbrella association *Deutsche Gesellschaft für Pastoralpsychologie e.V. (DGfP)*, which was founded in 1972.

In the German and western European context, church institutions are increasingly losing authority and significance. Religiousness is becoming more and more a private matter. This corresponds in society to the development of individualization and even isolation of people and a loss of relationships and binding norms.

On the other hand, in comparison, one has the empirically proven increasing need of many people for relationships, meaning and transcendental experiences. Modern counseling tries to give an answer to this.

3.3 The Pastoral Care and Counseling Movement and Clinical Pastoral Education (CPE)

The philosophy behind the pastoral care and counseling movement is not a principle or a method of learning. It is a community of people from many places in the world and many Christian denominations. (*John H. Patton, The International Pastoral Care and Counseling Movement, in: Ulrike Elsdörfer, Interreligious Encounter on cura animarum, 2013*). It is a community of people who have been learning to listen to and share what is happening to them in the deeper experiences of human life. Indeed it is part of an ecumenical movement that began after World War II in the United States and spread to European countries: to the Netherlands, the United Kingdom and Germany and later on to other western and northern European countries.

The movement even slipped through the Iron Curtain which separated West and East Germany until 1989. Several CPE teaching supervisors from the Netherlands and from West Germany led CPE-courses at various places in East Germany. The participants of these course – both pastors and congregation members – took a personal risk or at least suffered severe disadvantages in the communist system of that time. I myself led several courses in East Germany in the 1980s. It was a most challenging and rewarding experience and I am convinced that these courses contributed to the peaceful transition and the reunion of the two separated Germanys of that time.

I agree with *John Patton* on the idea that CPE courses have created Christian communities. Many participants have experienced this extraordinary adventure of Christian fellowship that took place outside congregations, but in close connection with the individual congregational background of each participant. From the very beginning the word 'pastoral' has been interpreted in different ways. Is it primarily related to the understanding of clergymen as being shepherds, or does the word represent a general caring attitude? Psychological language is also in common use as well as psychotherapeutic theories in the discussion between persons from different cultural and denominational backgrounds. And it is a common concern among pastoral psychologists to have pastoral counseling integrated within ministry and theology.

The concept of Clinical Pastoral Education (CPE) was founded in the early 1930s by the Protestant theologian *Anton T. Boisen* in the USA. He offered psychological courses and practical sessions for theological students. In the view of *Boisen* those who are taken care of by pastors and other 'carers' are "living human documents" of God's love. The students visited patients in the hospital and afterwards reflected on their experiences ("action-reflection"). They were encouraged to develop an individual theological concept as well as an individual idea of their personal belief. This concept has remained pretty much the same up to now.

The counseling approach of *Carl Rogers* (1902 – 1987) is very closely connected to the concept of mankind in *Humanistic Psychology*. The *client-centred method* of conversation technique that he developed is closely connected to the *client-centred psychotherapy* (or person-centred psychotherapy) approach that he founded. Because of its concept of mankind, conversation psychotherapy – as well as the psychoanalytical, behavior therapeutic and systemic approach – is seen as part of Humanistic Psychology.

The concept of mankind in client-centered psychotherapy presumes that every person has the wish for actualization and self-fulfillment which ensures the further development and maturing of the personality. According to this idea, a person seeking help carries within himself all that is necessary for recovery. The client seeking help is able to analyze his life situation himself. And he will find a way to solve his problems also himself. To do this he just needs appropriate supporting parameters. The cause of conflicts is the incongruence which the client feels between the concept of himself and what he really experiences himself.

As far back as the early publications of the US American theologians *Reinhold Niebuhr*, *Paul Tillich* and *Seward Hiltner* the attempt was made to produce a co-operative and non-competitive relationship between theology on the one hand and clinical psychology and psychiatry on the other hand. These theologians assumed that there are universal human problems such as for example anxiety, a feeling of guilt and of shame.

They were convinced that the insights of clinical psychology could help find an answer in one's belief for individual problems. Psychology and religion should not be intermingled, but also not completely separated from each other. It is valid for both that, while focusing on the individual problems, one does not lose sight of the social, political and economic connections in which the individual lives.

According to *Rogers* people strive right from when they are born to develop a personality-specific self. Under favorable circumstances this development is promoted through a person's positive experiences with his environment (parental home, school, work area, circle of friends etc.) Hereby an important role is played by the desire for positive unconditional respect and appreciation. According to this concept the individual person is regarded both as (autonomous) and also as relational (oriented to his fellow human beings). Therefore every person lives in an inseparable interrelationship between autonomy and dependence on relationships.

The following belong to the constituent elements of the client-centered method (and also client-centered counseling): 1) professional solidarity and unconditional positive respect of the person seeking help with all their problems and in their personality, 2) empathetic understanding of the problems from the point of view of the client and 3) authenticity and genuineness towards the client; this includes an open awareness of how one experiences oneself as a therapist and counselor in one's relationship to the client.

Moreover this means for the professional work as a counselor one must consider questions such as 1) How do I perceive myself and others? 2) How do I experience and designate my personal belief? 3) How does my own history, my personal belief and my encounter with the client interact? *Clinebell* (*Clinebell, Howard, Basic types of pastoral care counseling, 1984*) focuses on pastoral care being broad in scope as an inclusive ministry for personal growth and healing. This pastoral service relates to all phases of life. *Pastoral counseling* is for him pastoral care using a variety of psychotherapeutic methods in order to help people to solve their problems and to develop their personality.

3.4 Systemic Family Therapy

In the following section the sources I refer to are *James M. Nelson*, *Psychology, Religion and Spirituality*, 2009, *Carrie Doehring*, *The Practice of Pastoral Care*, 2006 and *Michael Klessmann*, *Pastoralpsychologie*, 2004 and relevant texts in Wikipedia.

Family therapy – also referred to as couple- or marriage therapy, family systems therapy and family counseling – is a branch of psychotherapy that works with families and couples to nurture change and development. Family counseling as a distinct professional practice within Western cultures can be traced back to the early 20th century with the emergence of the child *guidance movement* and *marriage counselling* (*Carl Whitaker*, *Virginia Satir*) when families were seen together for observation or therapy sessions. Initially there was a strong influence from psychoanalysis and social psychiatry and later from learning theory and behaviour therapy.

The movement received an important boost starting in the 1950s through the work of the anthropologists *Gregory Bateson*, *Paul Watzlawick* and others. Ideas from cybernetic (*Norbert Wiener*) and general systems theory were integrated into social psychology and psychotherapy. In addition there were influences from *Brief Therapy* (*Milton H. Erickson*) with the idea of *paradoxical directives* in order to provoke change processes. In the 1960s a number of distinct schools of family therapy had emerged.

In the 1970s the `Mailänder Schule` developed the concept of multi-generations. In 1973 *Ivan Bözsörményi-Nagy* published his *Invisible Loyalties*. From him originate the terminologies *Parentification, the Balance of Relationship accounts Justice and Order* in the context of family therapeutics. It was the Norwegian social psychiatrist *Tom Andersen* who expanded the therapeutic setting of the *reflecting team*. Here (at the end of a therapy session) the therapist and client(s) change places with the co-therapist team. Therapist and client(s) now observe how the co-therapist team reflect the previous psychotherapeutic session from their perspective and in a helpful way.

In reaction to concepts that were strongly influenced by cybernetics and systems theory came the experimental approaches of *Virginia Satir* and *Carl Whitaker*, emphasizing subject experience, unexpressed feelings, authentic communication, spontaneity, creativity and the engagement of the therapist. *Virginia Satir* is regarded as the mother of systemic therapy. She expanded the systemic repertoire among other things through the method of the *Family Sculpture*. She also inspired the Hamburg psychologist *Friedemann Schulz von Thun* and his method of the *Inner Team*. *Michel Foucault's* influence led to the development in the 1980s of the `Narrative Approach` which is based on the idea that individual and social phenomena result from oral tradition (and subsequent manifestations of reality constructions).

Family therapists tend to be more interested in solving of problems rather than in trying to identify or analyze a single case. Family therapists are relational therapists`. They are generally more interested in what goes on between individuals rather than within one or more individuals. In other words: Their therapeutic interventions focus on relationship patterns rather than on analysing impulses of the unconscious mind, or early childhood traumas of individuals.

Common techniques, interventions and methods are among others: 1) circular questions aimed at the presumed standpoint of a third party; 2) the working out of the positive aspects of problems; 3) `reframing` with the aim of provoking changes in the interpretation of a procedure; 4) paradoxical interventions – for instance the `prescribing` of problematic behavior; 5) working with metaphors – `avoidance technique` for resistance within the therapeutic relationship; 6) sculpture work – the portrayal of family relationships as a spontaneous freeze image (or statue) arranged in the room; 7) reflecting team; 8) sociogram – the graphic presentation of relationships.

In systemic therapy noticeable problems of a social or mental nature are not seen as being pathological, but basically as understandable reactions to problems or challenges. It is clear that in systemic family therapy techniques and methods have been taken over from psychodrama founded by *Jakob Levy Moreno* and from his sociometry. The involvement of families is commonly accomplished by their direct participation in the therapy process. The integration of families in order to help individuals to solve individual problems has been part of help systems in many cultures throughout history.

The therapeutic interventions have sometimes involved formal procedures or rituals, and have often included the entire family or family system as well as members of the community who are not kin. (Compare the approach to conflict solving in the culture and tradition of the Oromo).

3.5 Psychodrama and Sociodrama

3.5.1. Introduction

Jacob L. Moreno (1889-1974) is the founder of psychodrama and sociometry and one of the forerunners of Group Psychotherapy. Moreno was a medical doctor but he was also very interested in drama and theater. Around 1920 he developed the `Theater of Spontaneity` which is based on the way children play together – spontaneously, creatively, free and open in terms of continually changing roles. *Moreno's* `Theater of Spontaneity` is the acting out of improvised impulses. In the beginning the focus was on free theater. Only later did the focus shift to the therapeutic effects of

psychodrama.

Moreno lived in Vienna at the same time as Sigmund Freud did. According to *Moreno* they met once and *Moreno* approached *Freud* saying, "I start where you leave off..... You analyze their dreams. I give them the courage to dream again....I let them act out their conflicts and roles and help them to put the parts back together again." In 1925 *Moreno* moved to the USA where he started his work with children. Later he moved on to large group psychodrama sessions (Impromptu Group Theater) that he held in a Here-and-now, spontaneous setting.

Moreno developed a psychotherapy `through the group and for the group`. He is the founder of group-psychotherapy. With the help of the `psychodrama director` the `protagonist` (client) as the leading actor of the psycho-dramatic game arranges his topic in the here and now of a psychodrama `stage`. With the support of the psychodrama director and of the fellow players he has chosen as antagonists, the protagonist works on the psycho-dramatic aspects of his theme.

The aim of psychodrama is to activate and integrate spontaneity and creativity, in order to thus try out and find an appropriate and helpful reaction and action to a long-known, current or future situation. It is necessary to free oneself from gridlocked, `canned` role structures and to release buried spontaneity and creativity.

In the meantime forms of psycho-dramatic individual work have become established – both in therapeutic relationship work and also in coaching and supervision. The absent fellow-players are then replaced by available objects (chairs, cushions etc). Sometimes the psychotherapist or supervisor will take over the role for a short time by taking up and reinforcing what the protagonist has said in the role exchange.

Psychodrama can also be used in educational work and in the teaching of foreign languages. Here it is known as "scenic didactics". In everyday school life it helps to bridge the often much lamented lack of relationship between the teaching staff and the students and to work on conspicuous behavior of children and young people in the school class group situations.

Methods of Psychodrama are 1) group psychotherapy, 2) sociometry, 3) socio-drama - the presentation and treatment of social conflicts, 4) symbol work – work with mobile or immobile sculptures. A "big psycho-dramatic game" in the group lasts about 90 minutes. It consists of three phases: *warming up*, *action phase (game and action)* and *integration phase (sharing and feedback through the group)*. Besides big games one can also work psycho-dramatically with short vignettes limited to a few scenes.

Some of the psycho-dramatic techniques are as follows: *set*, *theatrical action*, *doubling*, *role exchange*, *mirroring*, *soliloquy*, *role feedback*, *identification feedback* and *sharing*:

In *role exchange* the protagonist changes roles on the `stage` with other persons or items that are important in his individual `drama`. Then he asks another person to step in and be that person or item. These persons are called `antagonists`. They are `auxiliary persons` helping the protagonist to perform his drama on the stage. Another component of this is the protagonist-centred empathetic *doubling* through the protagonist's chosen `double` which is another auxiliary role.

When having accomplished the `drama` the *role feedback* of the auxiliaries report back to the protagonist and to the group what they have experienced in their roles. This can be an important supplement to what the protagonist himself has experienced. At the same time it gives a (necessary) chance to come out of the role I was chosen for, so that I can distance myself from it.

In the *identification feedback* the audience who were not on the stage can report on which role in the play they can identify with and go along with emotionally.

In *sharing* the participants report on their own memories and experiences that came back through the protagonists' game. The sharing has two purposes: on the one hand it can integrate back into the group the protagonists who have exposed themselves on the stage; and it can also function as

a first warm-up for the next protagonist play.

3.5.2. Existential and Cultural Aspects in Psycho-Dramatic Work

The psychotherapist and psycho-dramatist *Irvin D. Yalom* (*Yalom, Irvin D., Existential Psychotherapy*, 1989) postulates that every professional and relation-oriented occupation with people inevitably leads to touching upon existential questions: questions on the meaning of life, on happy relationships, on the freedom of the individual, on the questions of guilt and responsibility and on death. A counseling service that is culturally sensitive and psycho-social cannot avoid responding to these and similar existential questions in an adequate way.

For *Jakob Levi Moreno*, the founder of Psychodrama and Sociometry as a therapeutic and social-science method, acting is better than talking.

4. Challenges and Future Perspectives for Pastoral Care in Africa

4.1 African Pastoral Care

On this topic I found helpful the statements of *Philomena Njeri Mwaura* (*Mwaura, P.N., Healing as Pastoral Concern, in: Waruta, D.W., Kinoti, H.W. Pastoral Care in African Christianity, 1994*) She defines pastoral theology in the following way: "Pastoral theology can be defined as that branch of theology that discusses the duties, obligations and functions of the priest in the care of souls.....It can best be understood when it is integrated into the cultures, times, circumstances and concrete situations..."(pa.a.O., p. 72). In her understanding pastoral theology is praying for the sanctification of human life to the glory of God. And pastors have a duty to heal and to restore humankind to a state of wholeness.

Mwaura: first of all she stresses the significance of the African way of thinking when it is a question of fulfilling the biblical mission: "heal the sick, cleanse the lepers, raise the dead, cast out demons..." (Mt. 10:8). *Mwaura* invites one to view the African understanding of pastoral care and healing as a holistic happening. This includes spiritual, mythical and physical aspects of health and disease. (a.a.O., p. 73): Africa is experiencing a large development that effects all areas of life: the religious, cultural, economic, political and social spheres of life. The changes in modern society are threatening the traditional unity in families, in the clan and tribal ties, moral concepts, dealings with authorities and the political, religious and social structures.

Mwaura sees the scope of the tasks of pastoral care and counseling as being surprisingly comprehensive – even reaching into social and political areas. She believes that the countries of Africa are challenged by both internal and external factors. Some of the most problematic internal factors are the following: corruption at all levels, lack of medical care, deficits in the educational and social systems and in the work of the judiciary, growing debts and dependency on foreign investors, bad governance, the violation of human rights, the selling off of land and the growing divide between the predominantly poor population and the rich elites.

Among the external factors there is also the influence of multinational commercial enterprises and global business finance; and the exploitation of natural and mineral resources to the advantage of the few elitist groups, instead of investing in the development of the country. It is not only the area of life close to the individual, but also the above mentioned areas that are relevant to pastoral care.

Mwaura sees great challenges to pastoral care and counseling especially in the urban areas "... in the urban areas, individuals who are uprooted from their old traditions and from their traditional social institutions are thrown into a new world which does not offer them any structures within which they can seek solutions to the numerous problems of their new situation..." She is convinced that in the midst of these problems healing is being sought by a large number of people within and outside the Church.

How can the Church contribute to a process of healing, social justice and human rights and the prosperity of society? How can the central African values concerning community, wholeness and health be integrated within modern life and within the Christian church? How can Christianity which is deep-rooted in western culture be meaningful to the African people?... (The mission of the church) is one of being witness and serving the entire community...humanizing the social life of human kind and arousing in them a sense of personal responsibility in promoting a social, political, economic and spiritual order that is in line with the divine will of the world." (a.a.O., p. 76/79)

4.2 The Role of Early Missionaries in Africa.

Magezi acknowledges that the success of missionary work depends not only on health care and schooling, but also on the preaching of the gospel on the freedom of the children of God and on a belief in a God who does not condemn, but forgives, reconciles and heals and respects the dignity of mankind. However in the past many missionaries – as children of their time – communicated this message in a way that many Africans accepted on the face of it, but which was not really communicated in its depth nor really understood.

To do this it was necessary to respect the cultural context, namely the traditional African forms of belief, and where possible to integrate the two. Many, however, feared to be accused of syncretism if they acted in practice in a flexible way while imparting the faith and if they held in esteem the other culture. Because of this fear many preferred a more rigid dogmatic form of communication.

As a consequence the Christian belief was only partially accepted by many Africans. The preaching and counseling in the missionary churches was often seen not as whole but as fragmentary. This was especially true of pastoral care, when the healing of a physical illness was successful from a medical point of view, but where the patient and his family nevertheless had the feeling that it was not a healing of body, mind and soul and that the social and spiritual aspects had not been taken into account. The sophisticated medical-scientific approach was often felt to be insufficient and therefore supplements were looked for in the traditional art of healing so that the feeling of a complete, comprehensive and sustainable healing could set in.

Magezi sees in the work of the European missionary societies since the beginning of the 19th century and in the missionary theology they propagated a first and essential element also for the understanding of counseling. At that time the mission theology was strongly influenced by the revival movement and by pietism, and laid emphasis on the personal belief and personal conversion to Christ as the one and only Lord and Savior.

At the same time there was the strong influence of a subordinate mentality which especially took hold in the Protestant church within Prussia. The postulated 'connection between throne and altar' stressed the entrenchment of the monarchy in 'God's grace', that is to say the idea that the monarchy was instituted by God himself and thus was holy and sacrosanct. This political concept was a reaction to the democratic and social-revolutionary movements of 1830 and 1848, restorative state-supporting anti-revolutionary movements in Prussia and elsewhere in Europe.

Many African theologians rightly see an early concurrence between colonization and missionary work in the colonized regions of Africa and elsewhere. The missionary work was quite openly seen and welcomed by the colonial administration as a support with a view to the pacification of the suppressed native population. This was the case in all of the 'established' colonies of European powers – and thus also in the African colonies of the German Empire. Missionaries colluded consciously or unconsciously with the colonial governments to build institutions that were legitimized as instruments of suppression.

There often existed a collusion relationship. Early western missionaries imposed their presupposed superior world view upon African people. Many of them were convinced that their own culture would serve the development and progress of their 'missionary children'. They presumed that African

culture and also traditional African beliefs were inferior to Western culture. One was convinced that traditional religious convictions and traditional religious practice could only be a primitive irrational belief in spirits and idols. However through enlightenment and education the level of higher Western civilization could be attained – at least for some.

There was no access to the African world which was spiritually steeped in natural-religious ideas and ancestor worship. In *Magezi's* words: "Emerging from the missionaries' stance above, their pastoral approach therefore sought to confront, dispel and shift this supernatural world.... influencing Africans with the gospel so that they abandon their African traditional customs and beliefs..... (thus) conversion, hard work and spiritual protection through supportive structures were encouraged as evident pastoral care." (*Magezi, V., History and Developments of Pastoral care in Africa, 2016*). "Boarding schools established by missionaries provided the opportunity to become educated. On the other hand students were removed from the traditional African influences and were isolated from their 'pagan' communities and families. Again, on the other hand, mission schools contributed to caring for the future of young people."

Many African theologians have rightly judged the behavior of earlier missionaries from different European countries which had colonies then as arrogant, offensive, disrespectful and humiliating. A book and (later the film) 'Pride and Prejudice' comes to my mind. And even in post-colonial Africa there was a widespread lack of recognition and respect of African people and their way of life. These experiences have supported the development of authentic African Christian churches which are still connected with the mission churches but base their practices on traditional African religion. Others have developed in the direction of charismatic and Pentecostal church activity.

Many see the founding of schools and hospitals as supportive structures (in the sense of a functioning colonial system). *Magezi: ..."it can be argued that while the building of health care facilities provided important medical care for many African converts, this did not address the issue of traditional African spirituality which believes in supernatural forces."* And so it might happen that in the case of illness, converted African Christians at the end of the day and in darkness would in addition seek out traditional African healers in order to get help.

In this connection I remember the story of an Ethiopian friend. As a child he lived with his parents and siblings in a village near Nejo, West Wollega. When his father fell seriously ill, the latter's wife went to the traditional village healer. He demanded a sheep as payment. But the father died. Some time later one of my friend's sisters fell ill. Again the mother sought help from the traditional village healer. This time he demanded payment of two sheep. But the child died.

Some time later another child in the family fell ill. The healer demanded as payment for the healing of the child the only cow they possessed, for the evil spirits and ancestors had so far not been sufficiently appeased. In the meantime the mother had heard that the Lutheran Swedish Mission in the town had set up a hospital ward. She took her daughter there. The child was given medical care and was healed. Thereupon the mother and the rest of her children converted to the Lutheran belief. Back in her village she was insulted and socially isolated by her neighbors. To my friend it was obvious that not only was the traditional healer not able to help and heal, but that he probably also made money out of the misery of a family, in spite of obvious failure to heal.

An earlier seminar student in one of my counseling courses in Addis Ababa, a young pastor of the Mekane Yesus church suddenly fell ill with cancer. He had a family – a wife and four young children. He sought medical help in the hospital. They then discharged him as beyond treatment and sent him home. I learned that his family had sought the help of a traditional healer. But after only a few weeks the young pastor died.

In retrospect many African intellectuals see the schools and hospitals founded by Western missions as part of a comprehensive system to replace the traditional culture with progressive, Western culture, science and religion. It was not until the 1960s with the development of their own democratic and theological movement that African countries were able to design their own independent African Black Theology. And this as a reaction to the violation of African culture that earlier Western missionaries

had perpetrated.

4.3 Illness and Healing

Health is not only the absence of disease. In its religious dimension health has something to do with the idea that all mankind and the whole creation is connected to God as creator of life. In its holistic sense, health includes the social and spiritual dimension – and this with respect to physical integrity, social togetherness and mental well-being but also the ideas on the meaning of life and life after death. Human beings should not be understood as fragmentary but in their complex wholeness. This is the basis of the concept of relevant comprehensive pastoral care, which sees the human being as a whole and accepts him as such, just as we are accepted as human beings by God and loved by him.

Magezi is convinced that the Western academic and medical understanding of illness and the treatment of illness in big well-equipped hospitals cannot fulfil the need for a comprehensive and not simply physical healing experience. In the African context illness is seen as a struggle with and between spiritual powers, which are good and/or evil. It is the struggle against powers (deities, spirits, demons) that want to alienate the human being from himself and that deny the existence of God as creator and guardian of what is good. In this sense healing is always and, as some would say, above all a spiritual experience. (a.a.O, p. 82)

I am aware of the concern in African churches in view of the prevailing confusion with regard to belief and the practice of healing. This confusion is related to the ongoing conflict between traditional African and scientific medicine and the Western church's negative attitude towards traditional African cultural beliefs and practices. Pastoral care, however, refers to care provided from a spiritual perspective. The term 'pastoral' refers to the tending of those who are weak and vulnerable. Pastoral care entails the intentional embodying of a theology of presence, an embodiment of the love of God and of the neighbor in response to the people's needs. Pastoral care is known as *cura animarum*, which refers to the care and cure of people in their existential situation. *Cura animarum* describes a caring for human life because it is created by God and is saved by God in Christ. (Magezi).

The total human being and his or her need for care and cure is the central concern of pastoral care. *Magezi* refers to the Hebrew word for the Latin '*anima*'. It is the word '*nephesh*' – soul. (Another meaning of *nephesh* is throat. It also refers to the specific physical area where the air we breathe and the food we consume passes through. This part of our body is essential and at the same time a weak point, which may put a human being easily in danger.)

4.4 Healing in the Community of Believers

Many African theologians that I have read tend to make very critical comments on the counseling concept developed in the USA and in Europe, and reject and devalue the 'Western' concepts of counseling and theology. The time of Enlightenment and Humanism in Europe is interpreted as a time of 'Godlessness'. The critical appreciation of psychology, psychoanalysis and human sciences and their integration in counseling as pastoral psychology is literally seen as unworthy of discussion. In contrast, for African counseling it is the relationship to one's congregation that is constitutive.

To *Magezi* there is no belief and no healing outside the congregations. The intellectual preoccupation with theological theory also obviously plays a lesser role than the presence in a congregation. Academic studies in general and also theological studies are less appreciated in the life of churches than evangelization and missionary work. On the other hand in the German cultural Christian context I have encountered many people who may have lost their attachment to the church and to a congregation, but who nevertheless would not question their membership in the church. They are seeking a religious experience and an experience of faith, which they do not think they will find in the established institutional churches.

I am thinking of Christian seminars or experiences in telephone counseling in which lay people have experienced a form of Christian fellowship that they have not experienced in their own congregations to such a deep and significant extent. In other words, I am convinced that the Holy Spirit 'blows where it will' and does not move only within church institutions. For example, I trust that God's good Spirit can inspire also the hearts and understanding of participants of counseling seminars.

What is special about Christian churches is that they constantly bear witness to God's kingdom and refer to his coming as the new being (*Tillich*). The offering of the sacraments demonstrates the presence of God as something absolute that by all means concerns us (*Tillich*). But the churches, too, are subjected to an ambivalent and paradox experience of reality, for they themselves are subjected to the danger of profanization and demonization. Nevertheless the churches represent God's eternity as the eternal in the here and now. This happens through the power of the Holy Spirit in belief. Belief means accepting redemption through the love of God.

4.5 Black Theology and African Reconstruction Theology

Many African theologians are convinced that the development of an independent African Christian theology has only been possible through the return to African culture and religion. In view of the theological discussion, traditional African culture and religion are seen as frames of reference for an independent theological interpretation of Christian contents. The development of an independent *black theology* is part of the struggle for the social and political transformation of the conditions of inequality and oppression that started in the 1960s in the United States and were then imported into Africa.

It is the time in which in both countries, but also in South America and in Europe the idea of a theology of liberation was circulating which related to the individual human being and also to the peoples of this world. There was a political, social and religious liberation movement which in many respects set in motion a change of thinking and a new way of thinking and acting.

In this global context African theologians regard the pastoral care approach as having emerged from the black theology movement. And this in contrast to the understanding of theologians in the United States and in Europe, who connect the pastoral care movement mainly with the development of humanistic psychology. I see here an important point which makes clear how differently the pastoral care movement is seen from an Africa than from a Western standpoint.

From a Western standpoint the pastoral care movement is of course also a part of the liberation movements which began in the 1960s and continued well into the 1970s and 1980s. Here the Western and African standpoints overlap. But with respect to the cooperative and integrative context of modern counseling and pastoral psychology with psychiatry, psychoanalysis, humanistic psychology and human sciences as well as medicine, the ways of thinking are significantly different and possibly irreconcilable.

Mugambi (J.N.K. Mugambi, From Liberation to Reconstruction 1995) and other African theologians argue that the focus in African theology should shift its emphasis from the Exodus motif in black theology (liberation) towards an *African Reconstruction Theology*. On the one hand African theology has up to now disputed above all with Western theology and attempted to justify itself to it. On the other hand topics such as for example racism, neo-colonialism, bad governance, corruption, bad leadership were in focus.

Several theologians argue that one must stop being apologetic to the West. The time has come to stop denouncing bad circumstances but to start contributing towards the building up of church and society with a *Theology of Reconstruction*. A *Theology of Reconstruction* should encompass all areas of life: political, social, family, personal, occupational, legal and economic. *Theology of Reconstruction* is seen as a form of public theology, which engages socially and politically and aims to change destructive structures in togetherness. Its target is to reach people in public life and thus

promote a sense of citizen-responsibility and of innovation in public issues.

Apart from the *Theology of Reconstruction* another movement has established itself since the end of the 1980s, namely the *Circle of Concerned African Women Theologians*. This is a group of female theologians who have generated important theological work. They focus their theological publications on the question of how they can live their Christian belief within the political, social, cultural, economic and church structures in the different African societies.

4.6 Healing in the Charismatic Independent Churches

Because of their poverty many Africans cannot afford treatment in hospitals. They therefore rely on healing through traditional medicine. Often in the *Charismatic Independent Churches* any form of medical treatment is even rejected, because the focus should be solely on the faith experience. But on closer inspection it is the person of the healer who the focus is on. The believers are convinced that the charismatic leaders of these churches – just as the traditional divine-healers – can act as intermediaries between God and the people.

They are said to have the ability to give the correct diagnosis of an illness and to be able to heal illnesses which modern medicine cannot heal. People trust the prophet-healer because they trust in his charismatic-intuitive powers, and in his connection with the Holy Spirit and also with the traditional spirits. And they put their trust in him because they know him as a member of their community and appreciate his understanding, caring and empathetic attitude. The healing process is combined with prayers but also with rituals.

Mwaura lists some of these rituals: "...sipping or being sprinkled with holy water, being anointed with holy oil, beating drums... to drive away evil spirits, the touching of items associated with the charismatic healer such as clothes.... The healing ceremony also involves a union of the patient with the immediate family, with the extended family, the local community and the supra-natural world by means of dramatic, emotionally charged, aesthetically rich ceremonies that express and reinforce shared beliefs." (a.a.O. p.84)

4.7 Adamic Christology in Pastoral Care

Magezi brings into play the idea of *Adamic Christology* with reference to Luke 3, 23ff and Hebrews 2, 5 – 18. With apologetic intention Luke includes a genealogy table in which he traces Jesus back to Adam and thus justifies his nearness to God. Luke's genealogy presents Jesus Christ as the 'son of Adam and as the son of God'. This was aimed at Jews and Gentiles to make them embrace Jesus Christ as their own true savior. The genealogy is supposed to demonstrate the inclusion of both Jews and Gentiles in God's plan of salvation fulfilled by Jesus Christ. The first Adam was created in the 'image of God.' He bore the likeness of God as the son of God. The person of Jesus Christ unites the 'Son of Man' with the 'Son of God' – both the human and the divine nature.

In Hebrews 2 the divine power of Jesus Christ is justified by his willingness to suffer and to conquer suffering and resist temptation. The humanity of Jesus is emphasized here to explain that Jesus, through his very experiences of suffering, a merciful and faithful high priest is in God's service and that he might make atonement for the sins of the people.... Adam stands as the head of fallen humanity, while Christ stands as the head of redeemed humanity. Hebrews 2 quotes Psalm 8 as an affirmation of Jesus Christ's true identification with humanity as well as with divinity. It is through the first Adam that illnesses and afflictions kept humankind captive.

Pastoral care as a healing ministry is grounded in Jesus Christ, the 'second Adam' and very God himself, who went through Galilee healing every disease and affliction (Mt. 4, 23). Pastoral care and counseling are conceived as a healing art. It is the healing of life (*cura anima et vitae*). Seen soteriologically, healing is connected to Jesus Christ (*soteriology*) who revitalises life (the resurrection of the dead) and makes life meaningful and purposeful through the power of the Holy

Spirit (*pneumatology*).

When pastoral care and counseling are understood as comprehensive, then the occurrence of healing and salvation is not only geared to the forgiveness of sins, but also to a life that is all in all pleasing to God. In this sense healing means a transformative process from a condition of death into a condition of life. Through God's unconditional mercy mankind is led into a new relationship to God – a relationship marked by reconciliation, healing and peace.

In Luke (Lk 24:36 – 49) it is the ascended Jesus of Nazareth who sends the Spirit. In John (John 20, 22) it is the resurrected Jesus who breathes his Spirit into the disciples. God's dynamic presence is fulfilled through the power of the Holy Spirit in the very moments of suffering. Through his Holy Spirit God identifies himself with those who suffer. In prayer it can happen that weeping and lamenting are transformed into the praise of God through the power of the Holy Spirit.

The picture of Christ as the second or new Adam is that of the suffering servant who identifies himself with all who suffer and whose aim it is to end their suffering, to heal the broken and with the power of the Holy Spirit to inspire them to a new life.

4.8. Healing and Salvation in the Context of African Pastoral Care.

The African theologians *Ma Mpolo*, *Magezi*, *Lartey* and others speak of *homo-africanus* elements, which are effective in all African cultures – for instance the sanctity of life; a holistic understanding of life; the importance of community; the power of ancestors and spirits; the theological understanding of sin as a transgressive act (both morally and/or directed against the community), which is punished with misfortune and illness.

Basically it is a question of the idea of *wholeness*. A healthy person and a functioning community is seen as 'whole' when good health (in a comprehensive sense including also social well being) is preserved or restored, and when peace reigns in life together with the family, with the parents and in the larger community of a village or a church congregation. (*Lartey, E.Y., Cura Vitae: illness and the healing of life in pastoral care and counselling, Cape Town, 2008*).

Lartey states that for him three aspects of pastoral practice are decisive: theology (bible study, church history and religious education), social sciences (including sociology, psychology and medicine) and also culture (African belief, African traditions and the corresponding lived practice thereof).

The challenge for African churches today is "to recognize the fears, dangers and actual problems facing its members and to find.... African solutions that are inspired by the Gospel. The Church can no longer continue to ignore the African fear of witchcraft, sorcery and evil spirits.... An attempt should be made to understand these underlying fears, what actually causes them, how they are perceived and how they can be resolved through the saving grace of Jesus Christ." (*Mwaura, a.a.O. p. 98*).

How can Jesus Christ be made relevant to Africans? *Magezi* (*Magezi, Pastoral Care and Healing in Africa: Towards an Adamic Christological practical theology imagination for pastoral healing, in : HTS Theological Studies, Online print, 2016*) raises this question and argues that the missionaries failed to sufficiently take the African context into consideration.

Some of the approaches by African theologians include the treatment of Jesus as the liberator, the healer, the king, chief and predominantly as an ancestor. The overreaching concern of some African theologians is about the family relationship between Jesus and the African people since the two do not belong to the same nation, tribe or clan.

Masamba ma Mpolo, *Vhumani Magezi* and others regard the following common elements in African pastoral care as important:

1) the sanctity of life. Life has its origin and its destination in God. Therefore it is important to protect

and to preserve life by all means.

2) Life to the full is experienced when I share it with others in fellowship.

3) Illness and misfortune are the consequences of sin. Sin is understood as the consequence of the neglecting of relationships to one's ancestors, as a breaking off from social rules and taboos or as the consequence of an attack by deities and evil spirits or as a result of witchcraft.

4) God as the creator of life and as the power which orders the universe is best revealed in and through ancestors and spirits.

5) Life is seen as whole when a person is free of illness and problems. He who has a good marriage and whose children are healthy, he who lives in peace with his parents and his environment leads a holistic (i.e. healthy and happy) life.

Magezi (*Magezi, V. Reflection on Pastoral Care in Africa : Towards discerning emerging pragmatic ministerial responses, 2016*) declares there are four levels of pastoral care: the first level concerns mutual counseling (e.g. between friends and neighbors) in an emergency, these friends and neighbors being part of a community of believers. On the second level a community of believers is created through mutual pastoral care. On the third level several mutual pastoral care contacts can be set up within a follow-up framework. On the fourth level explicit psychotherapeutic counseling is offered.. *Magezi* observes that pastoral care as a theological discipline is not very widespread at all in Africa.

4.9. Critical Question on an Exclusive African Pastoral Care Approach

There are only a few well-known African pastoral theologians, among them: *Masamba ma Mpolo, Emmanuel Y. Lartey, Charles K. Konadu, Wilhelmina J. Kalu, Daisy N. Nwachuku and Daniel Louw*. In Africa the churches note a huge growth, but there is a vacuum with respect to a systematically developed offer of pastoral care and counseling. This situation has barely changed in the last ten years. The African churches are thus in danger of not meeting the growing needs of the people, and that in a changing urban environment. This concerns both the congregations that have grown out of the old mission churches, but also the many new charismatic and pentecostal-oriented congregations. The question is why the African church allows for this deficit.

Basically one can say that the African approach to pastoral care is different from the Western approach: in Europe and in the USA pastoral care has become more and more psychotherapeutic counselling, offered by persons (mostly pastors) who have been especially trained for this work. In the African context counseling is always an offer within the community of believers of a church congregation.

Pastoral care in the African context is in particular a church ministry. There seems to be no need for special psychological training and skilled professional psychotherapeutic counselling. This is different from churches in the West where for example you have specialized counseling for hospitals and for retirement homes, and for the military and for the police and for prisons.

There is only a weak commitment to pastoral care in general and specifically to pastoral counseling. And there is a lack of integrating psychotherapeutic knowledge and experience in the pastoral care work of the churches. Why is that? Even after almost 15 years of personal involvement in the area of pastoral care education in Africa – above all in the Ethiopian Mekane Yesus Church but also in Tanzania and in Rwanda – I have no answer to this question. Since there is quite a number of Afro-American pastors who have personally undergone Pastoral Care Training in the USA and who apply it in their work as counselors, it can only be because of the special cultural context of African churches that there is so little interest in professional skilled pastoral care and counseling.

Some African theologians such as *Bowers (Bowers, P. African Theology: Its history, dynamics, scope and future, in: African Journal of Evangelical Theology, 2002, vol. 21, p. 109 – 125)* see the reason in the fact that up to now African theology has been above all engaged in the discourse of cultural contextualisation and its theological implications. Thus with respect to pastoral care, too little attention has been paid to many personal and social topics and in-depth theoretical reflection has

been neglected.

A *Church Counselling Center (CCC)* could be established and financially supported by the Central Office in cooperation with the Synod, urban parishes and congregations. To start with adequate rooms (3-4 rooms) could be rented. The pool of pastoral caregivers and counselors would be continuously trained and supervised. This is of course different from pastoral care activities on a congregational and parish level, but would be in close cooperation.

4.10 Is a Fruitful Combination of African and Western Pastoral Care at all Possible?

Considering the backdrop of the 'Western' cultural way of thinking, an encounter with the world of the *'homo africanus'* is quite a challenge. The following fundamental elements of African philosophy, anthropology and cosmology should be kept in mind. In the following text I refer above all to an article by the South African theologian *Magezi* (*Magezi, V., History and Developments of Pastoral Care in Africa: A survey and proposition for effective contextual pastoral care giving, 2016*).

Wholeness. "To be whole means to be sound in health, to be complete, uninjured or undamaged. Again it means to be fully restored after an injury, damage or deprivation. Therefore wholeness has to do with healing, with the total well-being of a person or with his or her total restoration in all its dimensions." (*Igenzoza, Andrew Olu, Wholeness in African Experience. Christian perspectives, in: Lartey, Emmanuel, Nwachuku, Daisy, Kasonga wa Kasonga (eds): The Church and Healing: Echoes from Africa, in: African Pastoral Studies, Vol. 2, Frankfurt. 1991*).

Healing. In an African context any definition of healing must take into consideration the spiritual dimension. Scientific medical care should not ignore the prime importance of the religious factor. The majority of African people believe in the existence of diverse divinities, witches, wizards, deities and the existence of ancestral spirits which are influential on all levels and dimensions of daily life. And the traditional medicine man or diviner knows that his client believes in the efficacy of divination, magic, sacrifice, invocation and herbal medicine.

Community. We are people when we live in a community; we do not exist in isolation. This is what the majority of African people are convinced of. A person can only 'breathe' when living in a community with family, neighbors and clan-members. True death in the African context is the exclusion from the community. One's life has meaning when it strengthens and supports the 'collective self'.

Spirituality. In trying to understand African people, one has to take into consideration the close connection of man and the spirit world, as well as the very close relationship between man and nature. Spirituality attracts African people as well as creativity and spontaneity. Therefore spiritual issues are relevant. For African spirituality, the whole visible and invisible world is filled with spirituality: water, earth, air. Different natural spheres or the realm beneath the earth are part of the entire environment of African people. A person seeks the power of the good spirits to ward off the attacks by the evil powers. Spirituality embraces the whole life.

These spirits are influential everywhere and at any time. And with regard to any kind of religion, this should not be overlooked. The good in the bad is that evil spirits come back only for a short time and then 'disappear' again. Instead, good spirits – mostly connected with ancestors – come back in order to give blessings or advice in crisis situations or to mediate in conflicts. Counselors using Western psychology have to take into consideration the spiritual implications in treatment and never neglect this aspect which is part of 'African reality', otherwise clients and patients will seek traditional healers and participate in the traditions they offer.

As mentioned before, *Masamba ma Mpolo* calls these *'homo africanus'* elements: the sanctity of life; the relation between illness, misfortune and sin; the influential power of spirits and ancestors in the life of individuals and communities. African pastoral care and counseling should always be aware of

the importance of these elements and always include a strong dimension of fostering community life. Pastoral care should always address spiritual issues. Pastoral care should bring together theology, human sciences (including psychology, sociology and medical sciences) and culture.

Critical African voices have argued that a mere African perception would corner one christologically and be in danger of being syncretically misunderstood. For example, the fact that their ancestors are seen as intermediaries between themselves and God. What is necessary, according to *Magezi*, is a theological theory which is contextually relevant to African people but at the same time maintains a clear Christian healing perspective without compromising authentic Christian belief.

Some African scholars emphasize a mixture of Christian pastoral care and traditional African practices. These practices should focus on: support structures to cope with family and relationship problems; spanning the gap between Christian values and the challenges of daily life; offer exorcism and healing in connection with prayer. *Nwachuku* states that the greatest challenge in Africa today is to provide a balance between popular pastoral care practice and a meaningful intellectual and academic reflection. (*Nwachuku, D.N. Practical Theology in West Africa, in: B.J. Miller. MyLemore (ed), The Wiley-Blackwell companion to practical theology, Oxford, 2014*). *Magezi* sees African theology as being predominantly occupied with formulating a decidedly African theology and also pastoral theology as opposed to that of the West. Unfortunately hereby, according to *Magezi*, a very one-sided critical reflection takes place. The West is criticized and traditional African culture is romanticized.

In many respects pastoral care in the African context seems to be in a rut and preoccupied with the *homo africanus* elements. Could it be that these elements are deficient in addressing the challenges in modern, urban and technologically advanced Africa? I have already mentioned that many missionaries were filled with pride and prejudice in regard to African people. Could it be that some African theologians and church people are doing the same in regard to Western theology, culture and pastoral care and counseling?

Traditional forms of counseling are worthwhile, but should not be performed uncritically. Traditional African norms should not be promoted in a manner that is regressive by returning and sticking to the past. Instead African pastoral care and counselling should consider and encourage practices that can meet the contemporary African challenges, and probably also the global challenges, since all of us live in a 'global village'.

Magezi states that the current intellectual and practical efforts concerning pastoral care and counseling do not seem to go deep enough. It is important for pastoral care to respond to contextual challenges and to contribute to global care rather than to be narrowly focused. (*Magezi, V., History and Developments of Pastoral Care in Africa: A survey and proposition for effective contextual pastoral care-giving, 2016*)

4.11 Future Perspectives of Modern African Pastoral Care

As a way forward *Magezi* (p. 17f) makes the following suggestions in order to strengthen pastoral care in Africa in the future:

- 1) find a balance between the individual and the community. In addition to an individual person's problem, family tension and pressure may even increase the problem. This is the case if community preferences are against an individual's life and interest. This is also true in regard to the tension between rural and urban communal life, as well as the tension between traditional life and 'Western' individualistic life.
- 2) the tension between blood connection (family, clan) and the brotherhood of people (Christian congregational life) or, more specifically: African tradition versus Christian belief. (What does a new life in Christ mean? Where do I stand in terms of changing values and life patterns?)
- 3) support, encourage and empower marginalized groups – including women and young people. This entails fighting against structural violence such as male dominance, patriarchy, gender conflicts, nepotism, corruption and bad governance.

- 4) support political and economic issues in view of a better life for the poor and for the development of society in general. Pastoral care should shift from just focusing on intra-psychic care and counseling to focusing on preventative and empowerment care – especially the empowerment of women within the church and within society. Pastoral care should also focus on issues of society and on public structures with a view to humanizing and democratizing the environment.
- 5) global citizenship – for example when Africans live in two worlds because of the rise in migration.

Pastoral care in Africa needs to be understood as an integrated task requiring diverse skills. Thus is in accordance with the holistic approach as well as being a challenge, because one single person cannot be all. Care-giving includes religious, sociological, psychological, political, educational skills and more.

Pastoral care is sensitive to individual persons in need, as well as to destructive behavior within society, in politics or in business. Besides theological and pastoral skills, it needs skills of awareness and the skill of communication and verbalizing and bringing to the point and bringing out into the open what is destructive and bad for people.

Pastoral care needs conversational skills and healing skills – including traditional skills, ‘soul skills’ and modern (psychotherapeutic) competence. Therefore it might be necessary for pastoral care in Africa to adopt a multiplicity of different approaches as well as an integrated approach to the complexity of African people’s lives. *Gifford (Gifford, P., Africa’s Inculturation Theology: Observations of an Outsider, Hekima Review 38 18-34, 2008)* supports the conviction that it is good to keep traditional African forms of pastoral care, counseling and healing – but one should not do it uncritically. Traditional African practice with respect to health and healing should not be pursued and promoted if one thus engages in backward-looking counseling which is no match for current and future challenges.

According to *Bowers*, African church leaders are generally less interested in theological reflections than in practical assistance for example with regard to catechetical support or support in youth work and evangelization. Church leaders seem to be more involved in topics such as traditional culture with respect to rites of passage, polygamy, morals (especially divorce, violence in families, premarital sexual relationships), traditional healing (especially exorcism), the influence of ancestors or liturgical practice.

Nwachuku’s (Daisy N. Nwachuku, The Situation of Women in Africa in the Process of Adjustment and Change, 2009 and : Creating Communities through Pastoral Care and Counselling in the Fragmentations of Urban African Life, in: Federschmidt a.o., Voices from Africa on Pastoral Care, 2009) focus is on the question of how in urban situations communities can be set up through pastoral care. Another focus of hers is on the question of how adjustment and change in the situation of African women can be established. I am very glad to see that Nwachuku’s ideas and projects are obviously very close to my ideas of ‘urban pastoral care’ through the Mekane Yesu Church in the capital of Addis Ababa.

4.12 Perspectives of Pastoral Care in Communication between African and Western Understanding -. Therapeutic Healing

It can be seen that the traditional healer operates on the physical, social, emotional, moral, spiritual and environmental level simultaneously because he appreciates the idea of wholeness. Healing is connected with the hope of not only restoring a broken body, but also a broken mind, spirit, desires, aspirations, relationships with one another and with God, with spirits and with ancestors.

This reminds me of an experience from my own childhood at the time of the end of World War II. In the village where I lived with my family there was a doctor, but at that time there was often a lack of medication.

When one of my cousins fell seriously ill, and the doctor told the parents that he could do no more

to help, the child was taken to a natural healer I can still see my cousin being carried into the car that was to take him to the healer. Obviously my family and everyone in the village knew where this healer could be found. Soon after the treatment by the healer, my cousin recovered, a confirmation of the healing power which was attributed to the healer.

Since the 1960s, however, the understanding of illness and healing in Western society and in the Western Christian churches has undergone a fundamental change – surprisingly in the sense of a holistic understanding of the health of the individual and of society. But according to my observations this has had as of yet no influence on a new Western-African dialogue on an equal footing and with mutual interest.

In the last twenty years many people in Germany have become convinced that natural medicines can often achieve greater healing successes than academic medicine. I presume that most Africans are unaware of this development in Western countries. Perhaps there has never before been a greater chance to bring about a common dialogue between traditional African medicine and Western natural medicine.

A competent modern pastoral care approach does not neglect the many aspects of rehabilitation and healing. Jesus came to restore what is broken and heal what is fragmented, to save humankind from sinfulness, sickness, suffering and death. He was compassionate and understanding and his approach in healing aimed at the restoration and well-being of the whole person and of society. To him sickness was not a punishment from God, but a sign of the broken harmony and peace inside a person and with regard to his or her surroundings.

Jesus declared his mission in Luke 4, 16: 'to preach the good news to the poor, to proclaim release to the captives, to restore sight to the blind and to set free those who are oppressed.' Pastoral care is related to the three traditional tasks of the church: preaching the gospel (*kerygma*), creating a fellowship with the divine (*koinonia*) and the ministry of loving service to those who are my neighbors (*diakonia*).

In Western countries pastoral care and counseling developed in dialogue with the social sciences and through the setting up of specialized pastoral care in institutions: e.g. through institutionalized counseling in general hospitals, psychiatric wards, correctional institutions and in the context of military and police, as well as through the establishment of emergency calls by telephone ('life line telephone) and emergency pastoral care in connection with (street) accidents (in close cooperation with the traffic police and ambulances). This development has progressed step by step since the 1970s.

I myself can remember there being fierce controversial debates among pastors about this. Some advocated that all counseling be exclusively in the hands of church parishes, and that any special e.g. psychotherapeutic counseling was superfluous. Others championed the cause that counseling should meet the needs of people in an increasingly secularized world, above all in the cities. They advocated setting up special pastoral care in hospitals, where people needed counseling support on site, something which could not be achieved by church parishes on the necessary scale. (In Germany pastors are still responsible for parishes of often more than two or three thousand members!)

From the very beginning value was placed on there being good cooperation with the respective parishes. If a patient wished, his parish was informed that the patient requested a visit from his parish pastor. Parish pastors reacted very differently to these requests: many made the visits regularly, others neglected them.

From the very beginning one attempted to have good cooperation with the medical and nursing staff. This had varying success. Many doctors expressed reservations towards counselors. They feared that the inner structures and proceedings of the hospital would be disrupted if 'outsiders' had direct contact with the patients or cooperated with the staff.

On the other hand there have been very many positive experiences in the last 30 years. Cooperation with mutual respect and a clear distinction between the hospital staff and the hospital chaplains has become firmly established and one can no longer imagine this church work not being there. This is also true of the other areas mentioned in which special counseling has become established.

The development of 'therapeutic counseling' in Western Christian churches dragged on for a long period of time. There were many controversial discussions, for example whether 'therapeutic counseling' could still be understood as Christian counseling or whether it was not rather a form of psychological counseling. There is a wide range of publications on this discussion. I presume that unfortunately only a very few African theologians are aware of these publications.

For African Christian churches I see a great opportunity to practise Christian service (*diakonia*) to fellow human beings in a secular and urban society that is developing very rapidly. Wherever possible good contact to the individual congregations should be made and cooperation put into practice. There should also be a discussion about whether 'counseling in an unfamiliar place' such as hospitals or prisons can take place.

It is a necessary challenge to find out the possibilities of cooperation between Christian churches and secular institutions in a concrete context, and to anchor this institutionally through appropriate contracts. Can the pastor be seen as a man or woman of God in the role of mediator? "The African church must be 'inculturated' - i.e. being in good contact with the individual culture of a society in order to meet the needs of the people in their social, religious and cultural milieu. To achieve this the Church of Africa should as much as possible use healing techniques..... to be effective." (*Maruwa*, aa O. P. 93).

The chaplain who works as a pastoral care giver in a secular institution like a hospital, should be a link between the sick persons and their families and their communities, including the congregations they belong to. Likewise the chaplain should be a link to the staff of a hospital that is taking care of the physical needs of the patient. And, of course, the chaplain should be an intermediary for the ambiguous feelings of the sick person - Will I ever be healthy again?

How can I cope with the problem of me as a weak and dependent person? How can I remain in touch with my strong sides in terms of resilience? And a chaplain should be an intermediary between a person's anxiety and his trust in God's love. In doing this a chaplain should always be aware that he is like a beggar who hopefully is able to tell another beggar where bread can be found (*Martin Luther*).

4.13 Practical proposals in the context of the Ethiopian Evangelical Church Mekane Yesus

On many occasions I have put forward this proposition to leading persons in the Mekane Yesus Church. In such an urban counseling center pastoral counselling can be offered to people looking for help, people who have been uprooted and live in the city, and cannot or only with difficulty be reached by traditional congregations. In a counseling center one could offer counseling also by women who have received training in pastoral care and counseling – for example in one of the counseling courses I offer.

Apart from the idea of a *Church Counseling Center (CCC)*, a concept was developed together with the female participants that offers on the congregation and the parish level counseling from woman to woman. The idea is that educated and skilled women counsel women who seek help. This special parish-related offer of counseling seeks to incorporate the respective parish and to work together closely with the pastor who is in charge of the parish. However, one needs above all care givers who are sensitive to others and aware of their own needs and dependency on the grace and mercy of the one God who from the very beginning loves us and keeps us now and evermore.

5. The special situation in Ethiopia

The situation in Ethiopia has been special from the very beginning on. The *Ethiopian Orthodox Tewahido Church* – with a strong relationship to the Christian stronghold in Alexandria – is one of the two oldest Christian churches, founded in the middle of the 4th century when two Christians named *Fruventius* and *Edesius* from Syrian Tyre arrived in the *Kingdom of Axum*. Years later *Fruventius* received the consecration as Bishop from Athanasius, at that time Bishop of Alexandria. Subsequently the Abyssinian Christian Church became the official religion in the region and flourished, and many churches and monasteries were built. Ethiopia is seen as the first and major centre of early Christianity in Africa.

The *Coptic Orthodox Church* was closely connected to the imperial house. The emperor considered himself to be the direct descendant of King David and Solomon. The biblical story of the visit of the Queen of Sheba to King Solomon in Jerusalem is seen as the founding story of the Coptic Abyssinian Church. This story finds an additional legitimization and enhancement in the legend of the Ark of the Covenant which according to this legend was brought from the temple in Jerusalem to Axum where it is kept somewhere in a church or in a monastery.

Emperor Menelik II became King of Shewa in 1866. Through military conquests of the then Oromo region and through the subjugation of the local ethnic community he was able to extend his kingdom as far as the border of what is today Kenya. At the *Berlin Conference* which took place in 1884/85 under Bismarck's leadership, the European colonial powers negotiated the borders of their colonies in Africa and defined these boundaries.

The borders of Ethiopia were also negotiated and defined, the only non-European colonial power to be able to lay claims. In the year 1898 Emperor Menelik II had completed his conquests and secured them through international law.

There was a failed attempt by Louis Harms from Hermannsburg to get to Ethiopia with the ship 'Candace' which he bought to start missionary work there. It was not until 1927 that missionaries from Hermannsburg were able to start their work in Ethiopia, and that among the Oromo in Western-Wolega. There were also missionaries from other Lutheran mission societies (Sweden, Denmark, Norway) and missionaries from the Reformed Church in the USA.

In the year 1959 from these missionary societies was born the independent Ethiopian Evangelical Church Mekane Yesus (EECMY). (*The old Amharic Geez word – "mekane" – means place, abode*). In the middle of the Communist era the EECMY signed a partner contract of equal rights with the Evangelical Lutheran Church of Hannover in which the sacraments of baptism and holy communion of both churches as well as the rights of ordination were mutually recognized.

In the founding year the EECMY had about half a million members. In the last years it has grown at breath-taking speed and today has probably seven million members. Thereby the Ethiopian Evangelical Church Mekane Yesus (EECMY) is, as far as numbers are concerned, the biggest Lutheran Church in the world – since the different regional churches in Germany count as independent churches, and each has fewer members.

Some years ago the EECMY unilaterally ended its ecumenical partnership with the Swedish Church because they saw the marriage in church of homosexual couples in the Swedish Church as incompatible with the doctrine of the EECMY. The connection to the Hannover Regional Church has remained but for some years now no missionaries have been sent to Ethiopia from the Evangelical Lutheran Missionary Center in Hermannsburg. It is with this church-political backdrop that I conducted my counseling seminars in the EECMY.

5.1 Conflict Management in Oromo Culture

In the course of my stays in Ethiopia and through encounters with people in the context of the EECM I became more and more interested in the question of what helps in counselling, in relation to the cultural Ethiopian context. I was soon struck by the fact that in the tradition and culture of the Oromo there is a centuries old system that in an impressive and often very successful way helps to overcome crises and conflicts: *the Gadda System*. The *Gadda* system is a complex and holistic system that permeates political, social and economic aspects.

Most small-scale conflicts such as disagreements between neighbours, insult, failure to pay debts, and accidental or spontaneous quarrels may be dealt with at a neighbourhood level. The traditional judges perform their functions and fulfill their cultural and moral obligation. It is believed that the offending of and disobedience of the traditional court elders and their decisions causes illness and misfortune within the offender's family.

I refer to the following authors: *Temam Hajidem Hussein, Atete: A Multi-functional Deity of Oromo Women with Particular Emphasis on Human Rights and Conflict Resolution Management. In: Current Research Journal of Social Sciences, vol. 02, No. 1, p. 15-30, 2019* as well as to an article by *Desalegn Chemed Edossa, Mukand Singh Babel, Ahim Das Gupa, Seleshi Bekele Awulachew, Indigenous Systems of Conflict resolution in Oromia, Ethiopia, 2005* as well as to an article by *Eskedar Girum, the Role of Traditional Conflict Management Institution among the Aleltu Oromo Community, 2010* and *Tamene Kenehi, Exploring Gumaa as an Indispensable Psycho-social Method of Conflict Resolution and Justice Administration, in: African Journal on Conflict Resolution, Vol. 13, 2013.*

The Oromo are an ancient people. They are the largest ethnic group in Ethiopia and the wider Horn of Africa. They make up at least 35% of Ethiopia's population. The Oromo society is rich in indigenous institutions of conflict resolution and justice administration. Historians assume that this played a key role in the Oromo's success in their territorial expansions of the 16th and 17th centuries. It strengthened their internal unity and cohesion and allowed the incorporation of external groups.

Traditional African institutions maintain social balance and harmony. Conflict, however, is inevitable. It is a normal part of human life. Some relate conflict to competition e.g. economic interest. Others see conflict as disagreement, antagonism and destructive aggression. The types and causes of conflicts vary from one society to another. The conflict partners may be individuals, families, communities, clans. But human societies always provided mechanisms to deal with conflicts. The different types of conflict management depend on the cultural diversity of communities. In most African societies elders are respected mediators and reconcilers. Traditional conflict management aims at peaceful coexistence and at maintaining and preserving social harmony in society.

The Oromo are aware of the importance of kinsmen, neighborhood, friends, relatives and voluntary organizational obligations in time of trouble and other social events. The Oromo were initially shepherds and farmers governed by the *Gadda* system which organized their political, social and cultural lives. It was a system of rituals of worship as well as a judicial system with legal provisions for the prevention of crimes.

The Oromo nation is one of the first to develop an egalitarian system of democracy. The Oromo institution of *Ateetee* and *Gadaa* show that these Oromo systems contributed to the growth of democracy and to the principles of human rights and conflict-resolving mechanisms. *Temam Hajidem* follows the ethnographic approach in his study of the socio-cultural and anthropological history of *Ateetee* Oromo women. He confirms that it is rather difficult to define the term *Ateetee*. First it is a female deity and a spirit (*ayyaana*). *Ateetee* is a specific spiritual power given to married Oromo women by *Waaq* (God). As *Ateetiyyoo* she helps mothers to deliver a new born baby safely. *Ayyaana* is a spirit through which the women and religious leaders communicate with *Waaq*. Another meaning of *ayyaana* is related to the Oromo calendar (*Dhahaa*): meaning the seven-day week or the 27-day month (according to the lunar calendar) or the commemoration of a special holiday.

Ateetee ritual ceremonies were performed by Oromo women for various reasons: to overcome crop failure, to mitigate recurring drought, to alleviate epidemic diseases or to defend Oromo lands. The main motive, however, is related to safeguarding and protecting women's rights from infringement by husbands or any male offenders and to solve arising conflicts peacefully.

In Oromo tradition women have religious authority. They are given a highly respected status called *Wayyuu*. When they spoke, the community listened, accepted and appreciated it. It was believed that women are the 'weak part' (however, in reality a strong part) of humanity and thus owned a special religious power with enormous moral and ritual authority.

These characteristics helped them to play a major role in solving community problems. For instance if a conflict emerged among members of different clans, the Oromo women could stop it through a process called *hanfalaa hikkachuu* (from Oromo, *hanfalaa* is a belt made of leather which women tie round their waist, while *hikkachuu* means taking it off). *Hanfalaa hikkachuu* is a process of performing a symbolic gesture where clothes are taken off to show a complete surrender to God. After this action was symbolically performed by Oromo women, everybody involved in the conflict would stop it automatically. Oromo say "*kabajni ilma namaa dubartii dha*", the honour of human beings is due to women.

They use their influence and power in conflict resolution management and also when their rights or the rights of their children were violated and even when the natural environment was affected, for instance in times of drought. *Ateetee ayyaana* is closely related to Oromo cosmology and mythology.

Siinquee is an important tool in conflict resolution and in defending women's rights. *Siinquee* is a long, thin, beautiful stick, as long as a person is high, or even longer. *Siinquee* is given on the wedding day by a mother to her married girl. It comes from the *harooressaa tree* and has a huge significance for Oromo. Once a woman carries this object in her hand and travels through Oromo lands, everyone ought to show her special reverence.

Likewise, if a woman was offended by her husband and grabbed the *Siinquee* stick with her right hand and went to the elders, she was given due regard and listened to attentively. And when other women saw a woman carrying the *Siinquee* stick when traveling through a village, they would murmur to each other: *balaa maltu bué* – what calamities happened to us.

This is evidence that the *Siinquee* represents a weapon for women fighting injustice and oppression. Moreover the *Siinquee stick* symbolizes a special cultural object that has been endowed with features of respect, peace and the protection of women's rights. The *Siinquee* enables women to resolve conflicts which have arisen in their locality.

Coming back to the meaning of *Ateetee ayyanaa* celebrations: they are closely related to reconciliation mechanisms as well as to fertility. It is a fertility tool in Oromo culture. From the time of the delivery to up to two or at the most six months afterwards an Oromo woman carries a special object on her forehead called *Quanafaa*. It is made from the bark of a tree. When an Oromo woman ties it to her forehead, the local people know that this woman has given birth recently and needs special protection and the fulfillment of her needs. Oromo women are given special care during pregnancy as well as after having given birth.

Any person who hurts the *wayyuu* woman that wears *quanafaa* is considered immoral. He has contravened the overall Oromo ethical values and religious principles (*Safuu cabsuu*). On such an occasion a special 'corrective program' would be initiated. The process of bringing the offender to a special 'corrective tribunal' could be commenced by the woman who has been hurt or by any woman who observed the act. Either of them could initiate the invoking of *Ateetee ayyanaa*. Every woman held her *siinquee* stick in her right hand and in her left hand she could carry fresh grasses. Simultaneously the women would begin singing accompanied by the *iiiiii-ululation* sound.

The beginning of this process is called *Ateetee kabaajatuu* or *bulkfachuu* or *facaafatuu*. The women

sang the *Ateetee hymn* – a kind of ultimatum to the offender to pay a compensation. The women march towards a grassy area nearby the village or gather under a *qilxuu tree* (regarded as a female tree) or a sycamore tree for the excommunication of the offender.

At this moment the elders take fresh grass in their right hands and in their left hand the *alangee* (a whip made from hippopotamus skin) as a sign of seeking peace. They approach the gathered Ateetee women, asking them a ritual question: *dhiltee dhinaa* (seeking an apology)? And the women answer as well in a ritual way, saying: *hobbayaa* (we accept what you say). Afterwards the elders enter into negotiations with the *saddeetan hanfaalaa* (council of senior mothers) who led the complaints of the Ateetee attendants. After a lengthy discussion the elders declare their resolution, asking the offender to compensate the offended woman. The guilty person might pay a fine in the form of property and also slaughter a sacrificial animal as a gesture of good will, and also feed the participants.

Should the offender refuse to pay a compensation, or should the woman who accused him not accept the compensation, then the Ateetee participants would curse him and tear down his home. The elders would declare him guilty of having violated Oromo moral principles. They would force him to pay the compensation otherwise he would be banished.

This process shows that the Oromo society focusses on keeping harmony and balance in the community, a society built up on *adab* and *safuu*. *Adab* means: mutual interdependence, recognizing the rights of each other, giving precedence to elders, mothers and pregnant women, showing mercy to children and even to domestic animals and the natural environment. And *Safuu* means: unbroken ethical and moral rule. Apparently the Oromo judicial system does not focus on 'crime and punishment', but rather on keeping harmony and peace through compromise and compensation. Sin is simply a breaking of the cosmic order.

The Oromo women play a major role with regard to other ritual occasions, for instance in terms of finding the right place and time for ritual performances and prayers. Usually the Ateetee rituals were celebrated by the elders. However not all elders knew how this was calculated because one needs knowledge of the position of the stars and their movement, hence related to the lunar Oromo calendar calculation. The right time for celebration is important as some *ayyanaa* are believed to not have a good omen. Therefore it is important to identify the right day on which important ceremonies could be held.

The original religion of the Oromo is *Waaqueffannaa* – the belief in *Waaqua*, the supreme being and creator of all things. *Waaqua* represents holiness and divinity, prosperity and hopes. *Waaqua* has no pictorial representation. *Waaqua* talks to his people through the *Qualluu*, the ritual leaders of the Oromo. *Waaqua* is the sky God and the sky itself. He grants peace and fertility. He gives rain at the right time, a condition sine qua non for a society of farmers and shepherds. Prayers for peace, fertility and rain are the center of Oromo religion. Mystical beliefs and rituals are present in the community. Because of the belief in spirits (*Ayyana*), illness and disease, personal and communal catastrophes, accidents, deaths, drought or famine even the intervention and offenses against the law of *Ayyana*, breaking a taboo or a prohibition all lead to undesirable consequences or bad luck.

5.2 Gumaa – a Psycho-social Method of Conflict Resolution

In the following outlines I relate to *Tamene Keneni, Exploring Gumaa as an indispensable psycho-social method of conflict resolution and justice administration, in African Journal on Conflict Resolution, vol. 13, 2013*. Conflict destroys not only physical integrity and human dignity, but also property, resources, psychological integrity and social order. Conflicts leave a history of mistrust and animosity between the parties involved. Conflicts can be traumatizing and horrifying for the victims and somehow even for the offenders.

In collective societies such as that of the Oromo, an individual's criminal act is attributed to the entire

immediate group to which he or she belongs. Governmental interventions focus mainly on penalizing or correcting the wrongdoer. The focus is on the individual criminal person. The Oromo Gumaa system strives to bring about restorative justice by focusing on the restoration of psychological and social values which have been damaged or destroyed. It could be a supplement to a state legal system.

For example, in the Oromo understanding a murderer automatically transforms the identity of the group (e.g. family, clan, lineage, ethnic group) to which he or she belongs. The members of the group the victim belongs to have to take the responsibility for revenge. The first target is the murderer's family. On the other hand the members of the murderer's family are asked to take responsibility and protect the murderer and all members of his or her family. This might lead to the disintegration of the murderer's family e.g. if some have to escape into exile to seek a place of refuge and disappear out of sight of the victim's group for some time, and by doing so thus mollify the anger of the victim's group.

Restoring inter-personal, inter-group or inter-community relationships and re-integrating offenders into their communities are important goals of any sustainable conflict-solving and peace-building process. It is common, however, that governments often use legal intervention, punishment and correction as instruments. In the majority of cases this is not enough to bring about enduring peace. Instead, the process should be able to address the problem at the physical, psychological and social levels.

If these aspects are neglected, healing cannot take place. What is necessary is the restoring of mutual trust and peace. For the Oromo, life without community and relationships is deemed meaningless and empty. The idea of Western-oriented legal philosophy is focused on the individual, and does not really suit the strong social orientation of most African countries. Therefore many scholars in Ethiopia call for the incorporation of the *Gadaa* system into the legal system.

Gumaa operates in accordance with the Oromo's belief that crime, including homicide, is basically a violation of relationships in a community. It is crime committed against not only the individual but also against the community to which the victim belongs. Hence it strives to address the problem at community level. This is in contrast to Western legal interventions that often tend to individualize the conflict as well as its resolution.

Gumaa serves as a rehabilitative psycho- and socio-therapy. Undergoing *Gumaa* rites of cleansing and purification is in itself rehabilitative counseling for the individual person and the family concerned. It clears away the fear of vengeance from the victim's side and it clears away a sense of guilt that afflicts the individual. And finally it announces the person's reconciliation with and integration into the community as a means of living in peace.

Gumaa as traditional law provides a valuable psycho-social method of conflict resolution, justice administration and peace-building. In my opinion *Gadaa*-related conflict-management according to Oromo culture is most impressive. The philosophy behind the concept is to establish and re-establish peace and harmony in the community. The concept requires mutual respect and acceptance of the traditional conflict-resolving regulations, and also that of those persons who supervise the process – the elders and the women (with regard to the *Ateetee* and *Siinquee*).

The general holistic approach appears convincing, as does the women's power to fight for their rights. Could it be, however, that in an everyday situation females are generally regarded as inferior in comparison to males. Women are not allowed to participate directly in the *Gadaa* rituals, and even in the process of *Ateetee* they are in the end dependent on the (male) elders and on their decisions. The traditional and common male-dominant and patriarchal position of men shapes everyday life in relationships in general, and in marriage and in family in particular.

According to Oromo culture a woman is protected before and after giving birth to her child. In the case of separation or divorce, however, the husband has the right to take away the child from the mother (after the time of weaning) and integrate the child into his, the father's, family. It is also the

father who gives the name to the child – thus symbolizing his ownership in regard to the child. Furthermore a married woman is very much dependent on her husband, in terms of financial income and social position. She does not have the economic and social means to make her own living.

I am sure that this traditional kind of relationship between males and females may be stable for a while in the countryside. In the urban situation of Addis Ababa and other cities, however, this is no longer self-evident. Once young women are well-educated and in an economically independent situation, they will look for alternatives which are more suitable to their own life perspectives. That is to say, they will feel encouraged to take responsibility for themselves and get away from any kind of dependency.

They will not allow others to decide for them, neither their original family nor their new family after marriage. Instead they will put emphasis on their own decision-making. This has an enormous impact on marriage and family life. Young women refuse to go back to the countryside where they can hardly escape from the traditional way of life. In particular they will refuse to be dominated by their husband or by his mother.

A modern young woman, well-educated and financially independent will be happy to take responsibility for herself. She will seek to live her own life. What is the response of the Mekane Yesus Church in regard to this fast-changing society, especially in the urban situation? Every day hundreds if not thousands of young people from rural areas pour into the city of Addis Ababa seeking a promising future prospect. Many of them will not achieve what they desire. Rather they will end in miserable living conditions. Very many are in need of support and encouragement.

This is a big challenge for diaconia and pastoral care and counseling. A person-centred counseling would be more appropriate and helpful than an authoritarian advice-giving approach which is based on a system of general morals and common rules and regulations.

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