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Family Life Conference Paper

Caring for Families Pastorally in a Post Modern World

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ABSTRACT

The question this paper seeks to explore and address is: **''How relevant is the Church in her response to the multiple-dimensional needs families are faced with today?''** This paper explores how positions of carers and the worldviews they hold may contribute to either care or lack of care of families in a post-modern world. The goal of this paper is to present a clear and practical framework of a psycho-pastoral approach that does not permit those offering care to proselytise those seeking care with their own beliefs, understanding, or goals, but rather to empower them to discover within themselves ways ''which will permit them to use their own thinking, knowledge, understanding, power and emotions in ways that best fit their scheme of life'' (Freedman & Combs 1996:6).This approach doesn't claim to be the only way to care for families pastorally, but an illustration of some way. This approach seeks to assist the Church, to care in a more relational-relevant, rather than technical-correct way for families today.

INTRODUCTION

Before we even begin to engage and discuss this all-important topic, let me give credit to those from whom this material originated. Besides those mentioned and given credit to throughout this paper, most of what is written about in this paper comes from the unheard stories, wisdom, experiences and realities of ordinary families in our churches and communities who consult with us with their multiple spiritual, emotional, mental, social, physical, economic, cultural and relational needs. This paper is an attempt to reflect their unheard voices.

The question this paper seeks to explore and address is: **How relevant is the Church in her response to the multiple-dimensional needs – spiritual, emotion, mental, physical, economic and social that post-modern families are faced with today?** We are not questioning the caring nature of the Church, but rather the nature in which she cares. Being caring is not optional – she is called to be an expression and reflection of God's caring nature in the world. The question is, therefore, not whether care is being provided, but rather whether the care provided, is perceived as care or lack of care by the recipients.

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I guess the question we need to ask and pastorally respond to here, is simply this: Why do people, in a highly secularized, post-modern world, with its plethora of mental, emotional, medical, and psychological practitioners, experts and institutions; still prefer to go to the church with their multi-dimensional challenges ranging from simple to complex? Is it because the church offers ''free'' services? Or, is it perhaps because the pastor, ministry person or ministry team are experts who have the ability to offer spiritual quick-fix answers and miracle solutions to the many challenges associated with our post-modern world?

These post-modern world challenges could be anything from something as simple as people feeling lonely and just needing company, to complex issues such as work-related stress, self-esteem issues, abuse, addictions, marital problems, grief of a loved one, trauma, the loss of a job, depression, divorce, children leaving home, (or not wanting to leave home), caring for elderly parents, (or not being cared for by their children), problems with teenagers, or teenagers having problems with their parents, political and economic stress, the pain of not being accepted as a lesbian or gay person or couple, the strain of a child having to run the house after the parent(s) died from HIV/AIDS, etcetera.

Brian H. Childs, (1992:20) provides a simple yet significant and relevant answer - an insight that can radically change the way we interpret and exercise our care role in a post-modern world. He writes:

> While often people will come to the pastor (church) with nothing more in mind than ''chatting,'' it will become clear to the pastor with some counselling experience that there is often a matrix of conflicts and problems that the person (or family) brings along with the desire ''just to talk'' Why people go to pastors (church) when they perceive themselves to have problems too heavy for them to carry alone is an interesting question. Certainly the notion that pastors (church) are **compassionate and caring people able to listen** is an earned one. (Emphasis mine)

''Compassionate and caring people able to listen'', sounds like an ideal purpose statement every church, care ministry and carer should adopt, personalize and be guided by. This *purpose statement* is also the central metaphor on which the thesis of this paper is based.

TECHNICAL VERSUS RELATIONAL CARE

Let's quickly go back to the initial question: **''How relevant is the Church in her response to the multiple-dimensional needs – spiritual, emotion, mental, physical, economic and social - facing post-modern families today?**

Based on Child's answer, I distinguish between two care responses: **relational-relevant-care** – the type as described by Child, a response based on *people's need* to be in caring and trusting relationship with the church. Secondly, there is what I call, **technical-correct-care** – a response based on the *church's assumption* that people need and expect more from the church – we assume that they need to be fixed by a ''mechanic'' or ''technician''

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These two responses are interrelated, interdependent, equally important yet distinctively unique emphases on care. Depending on where the emphasis is placed, it can either lead to care, or lack of care. When done with integrity, truthfully and with congruence, in other word when what we SAY (technical) and what we DO (relational) embody genuine care, it becomes a harmoniously balanced movement between **theory** (head-reasoning) and **praxis** (heart-experience), or as Browning (1991:84) describes it - as a movement between ''understanding and explanation, narrative and theory''

The single most destructive reason why people lose faith in the church's ability to care, I would say, is perhaps when they SEE what we SAY and DO are incongruent. So, how best do we create this balance, and through that regain the churches integrity and identity as a caring church in a post-modern world? The answer is simple: ''let's seek to offer care by starting to be truthful in our RELATIONSHIP with one another, instead of trying to be technically CORRECT.'' (Klein: 2012:4)

One could therefore argue: If **relational-relevant-care** is the preferred means of care in a post-modern world, why the dominant leanings towards technical-correct-care – the desire to fix, correct or change ''broken'' families in ways a technician would fix a broken computer? Embedded in these two modes of care are ideas, principles, values, cultural wisdom and discourses about theology and psychology that influence and guide how we think about, understand and practice care or lack of care to families in a post-modern world.

It is therefore an aim of this paper to highlight some of the underlying dominant power, either constructive or destructive, as well as to expose, challenge and correct some of the obscure and therefore dangerous practices, locked up in these two modes of care.

The purpose of this paper is three fold:

- Firstly, it is my fervent wish to draw as clearly as possible, the lines between care and lack of care as represented by each of these care responses.
- Secondly, that these comparisons may assist us in drawing our own conclusion with regard to how we are positioned between these two poles; and
- Thirdly, that it would assist us in deconstructing our position towards becoming more relevant in meeting the pastoral care needs of families in a post-modern world.

TECHNICAL-CORRECT-CARE WORLDVIEW

This worldview has very restrictive views of the family, the carer and care as process. Such views have devastating implications for the family, care ministry and in the long run, even more devastating consequences: emotionally, mentally, physically and spiritually for the carer who is expected and conditioned to be the GIVER of care. It is not uncommon for the carers fitting in this paradigm, to experience high levels of burnout, stress and depression.

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In this worldview, FAMILY is defined as the broken ''machine'' whilst the CARER is seen as the fixer, the mechanic. Freedman & Combs (1996:3) describes this view and its implication as follows: ''This sort of view presupposes that therapists (carers) are separate from and able to control families, that they make detached, objective assessments of what is wrong and fix problems in a way analogous to the way a mechanic fixes a malfunctioning engine.''

The process of CARE, on the other hand, is seen as that which is done **to** and **for** the family and not with family. The family is reduced into a powerless object who passively receives care, whilst the **carer** is being given the status of the powerful subject, who has the exclusive power and licence to give care. The use of power language such as **care-giver** and **care-receiver,** to define the subject-object relationship is therefore not uncommon in this paradigm.

In such power-imbalanced relationships, care can easily be practiced as a *ministry of manipulation*, which in turn informs, influences and guides our methods and means of care, such as our preaching, teaching, leading counselling and pastoral care. It is for this reason that I would suggest that we deconstruct the power language from **care-giver** to **CARER**, and **care-receiver** to **CO-CARER**. From now onwards the words CARER and CO-CARER will be used.

Let's revert back to the essence of what comprises technical-correct-care. We may be technically correct in how we preach, teach, lead, counsel, care, and evangelize post-modern families. We may even be technically correct in how we assess their spiritual, emotional, financial and numerical needs, and even help them grow in these areas. We may even be technically correct in applying the Bible and Laws & Discipline when it comes to correcting dysfunctions and pathologies in these families. We may even be technically correct, by using clever strategies, in how we communicate and mobilize people around a fancy vision, mission, a common goal, objective or impressive programs.

But, do we **understand** how post-modern families are supposed to function and are we attuned to their unique care needs? In other words, are we relevant? Dr Miles Munroe makes this profound statement: ***''If you don't know (understand) how something is meant to function, you will misuse or abuse it.''*** (Munroe: 2001:12) This is a reality we know exists in our churches today. The best way to change it, is to firstly acknowledge that technical-correct-care exists, and secondly to understand what contributes to it being perceived as *less*, or *lack* of care?

a. Technically Correct Care leads to Reactions not Responses

Without understanding post-modern families, our caring for them is reduced into technical-correct imposed care, rather than relational-relevant-care where the family is seen, respected and encouraged to use their own thinking, knowledge, emotions, ideas, creativity and experiences in bringing meaning to their own lives.

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Technical-correct-care strips families of the responsibility to exercise choice; it robs them of the dignified, God-ordained process to explore, experiment and experience with options and solutions that may eventually lead to them taking responsibility for how they perceive and deal with life's challenges.

Such a form of care is perceived as objective and detached; it lacks integrity, truth, honesty, fairness and justice and triggers reactions instead of responses in post-modern families. In my paper, *The Church is in Danger of Losing its Integrity*, I respond in the following way:

> People, whether members, volunteers or paid staff, don't join churches, they join relationships where integrity is evident and authentically practiced, both in and outside of the church. Integrity grows relationships, and relationships, grow churches. Integrity-filled relationships have at its core, visible, tangible, and interlinked fabrics of trust, respect, openness, honesty, love, care and compassion. Without integrity, the church office is turned into a 'holy club'' where disengaged individuals are gathering to do a day's job; a place where congregants become ''club'' members who will pay their dues at the end of a service or month; a place where volunteers come to do their social responsible dues. It becomes a place where mistrust, suspicion, critical spirit, conflict, cynicism, scepticism are flourishing; a place where team work is undermined and what God has called us to do and be destroyed (Klein 2012:4)

Are we surprised when our attempts to care are often met with such reactions as described? Are we shocked by the levels of conflict and tension between members and clergy, clergy and leaders, members and members, leaders and members? Are we surprised by the lack of commitment among members?

Is it fair to make the assumption that the church that doesn't understand how to pastorally care for families in a post-modern world has the potential to lead to lack of care and as a result trigger reactions instead of responses in the families in our care? Does this result in them feeling that their needs are being taken for granted and being undermined?

b. Technical-Correct-Care Undermines Needs

The post-modern family is an ever evolving, dynamic organ, whose needs are evolving accordingly. Has the church got stuck somehow somewhere? Does our preaching, teaching, leading, caring and counselling, meet their specific and unique needs as perceived and experienced by them? How do we care for same sex, blended, child-headed families, single, traumatized, grief-stricken, HIV/AIDS infected and affected and even unchurched families in our communities? How do we even know these are needs?

Do we even care enough to sit down and ask questions in order to understand what these families care about? Most importantly, do we listen to them about how **they** perceive **their** needs and how

they prefer to be cared for by the church? Indulge me for a minute as I quote three short paragraphs from my book, *Centres of Healing,* to express my opinion on the above questions:

> One of the vital lessons I have learned as therapist, is the fact that there is nothing worse than trying to help (care for) people without their permission. It is a total waste of time, energy and effort when you offer help without them seeing the need for help. Helping people without their consent is called *dysfunctional recuing*. It simply means that we are helping people in ways that are unhelpful, disempowering, disrespectful, degrading and invasive.
>
> As a church we often claim to be ordained by God to change, correct and fix people and their circumstances. I think this is an arrogant and distorted way of interpreting our role as church and Christians. Our status as church and Christians does not and never should give us the sense that we have the power, authority, or license for interjecting our ideas, thinking, strategies, goals, values, and model on people without first gaining an **understanding** of the needs of those we are seeking to serve (through caring, loving relationships)
>
> Jesus never healed (cared for) people without asking the critical question, **''What do YOU want me to do for YOU?''** (Mark 10:51)…He never allowed His pre-knowledge (and assumptions) to override the needs as perceived by people. Jesus' question gives dignity to the wounded and broken, it empowers them, and it speaks volumes of respect, care, understanding, and integrity (Klein 2009:27-28)

If, as a church, we are serious about caring for post-modern families pastorally, not only in technically correct, but relationally relevant ways, than making every attempt to first understand their needs, secondly, to be in an authentic relationship with them and lastly, to give them the confidence that they can solve their own problems and create their own preferred new realities.

RELATIONAL-RELEVANT-CARE WORLDVIEW

I position **relational-relevant-care** within the social constructionist or narrative worldview – a worldview where families are no longer seen as malfunctioning machines that need to be fixed by an expert, but as stories, where the carer ''work **with** them to experience **their** life stories in ways that are meaningful and fulfilling'' (Freedman & Combs 1996:1).

Eric Eberhardt (1996:24) highlights this relational-relevant-care view as he writes: ''Our interest in the stories of others tell…of how their pleasure and pain touches our own pleasure and pain''

How does the relational-relevant-carer, respond to a family whose 14 year old child has fallen pregnant, a son who breaks the news that he is gay? Or a homosexual couple who wants to get married and worship in your church?

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Relational-relevant-care seeks to symbolically embrace the experience (story) of those seeking care, in a story of God's hope, in a tangible ***God-being-with-us experience***. Or as Benner (1994:8) puts it: ''Pastoral counselling (and care) should never be a matter of simply preaching to someone after hearing his or her story. Rather, it involves relating the Word to specific needs and life experiences and embodying it in what Aden (1988:40) has called ''a loving **relationship** of loving service.''

In such an experience the carer simply becomes present, and utterly aware of the presence of God, as well as of the presence of the person(s) in need of care. Another important shift happens within the carer. He or she becomes aware of his or her own helplessness, powerlessness and therefore doesn't claim to have the power to provide quick-fix spiritual or psychological answers, miracle solutions, false hope or neat conclusions to the painful realities of this person or family. The carer, in this moment, realises **that being with** is more important than doing with or doing for.

The carer realises that this moment is not about showing off his or her expert knowledge about God, Theology, psychology, or the Bible; it is not about his or her assumptions, expectations, goals, reputation or status; or about using clever strategies or ideas to manipulate a premeditated outcome. The carer simply becomes available to relate, listen, empathize, and facilitate an often unpredictable process, which will permit those seeking care to use **their** own resources, often buried under their chaotic and pain-filled realities, to create or discover new or different stories of hope.

The main ''job'' of the carer is therefore to minimize his or her external authority and at the same time maximizes the internal authority of those seeking care. Therapist Eric Erickson describes the role and position the carer should be taking as follows:

The therapist's (carer's) task should not be a proselytizing of the patient (those seeking care), with his (her) own beliefs and understandings. No patient can really understand the understandings of his (her) therapist, nor does he (she) need them. What is needed is the development of a therapeutic (pastoral care) situation permitting the patient to use his (her) own thinking, his (her) own understandings, his (her) own emotions in the way that best fits him (her) in his (her) scheme of life. (Erickson: 1980:223)

BEING-WITH forms the essence or the basis of the relational-relevant-care position. How do we create it?

a. BEING WITH - The Essence of Relational-Relevant-Care

I believe that part of why **technical-correct-care** is over popularized, and **relational-relevant-care** not being given the attention and value it deserves, has a lot do with how the world has undervalued the principle of **being with**– relating, and overvalued the principle of **doing for** – fixing.

Reality is that we cannot DO anything of significance with others, unless first BEING connected to them. Caring for people is almost impossible if we have not internalized the **philosophy** of being-with others first. Without this thinking and attitude, we become emotionally detached from those we seek to care for. It is then possible to offer care without necessarily being caring. This form of

care can be physically measured by the carer, but is experienced as emotionally empty, shallow or pretentious by those whom we seek to care for.

The African philosophy, of **''Ubuntu''** is probably one of the most significant philosophies when it comes to helping us see and understand the real significance of **relational-relevant-care**. It corrects the imbalance that exists between overvalued **technical-correct-care** and undervalued **relational relevant care**, by placing a very high value on relationships as basis for care. Dr Reuel Khoza, a committed Christian and outstanding business man, reminds us of the significance of an Ubuntu-invested care-relationship, as he writes:

> Ubuntu is essentially ***relational***, putting the emphasis on the mutual respect and care that human beings should transmit to each other. It crosses all boundaries of politics, economics, culture, and civil society. Because it is within us, not something imposed from without, it finds expression in all spheres of life; from the family to business affairs… Ubuntu can inspire a collective work ethic, offering leaders a way of winning over followers to share a vision and creative teamwork. (Khoza: 2006:6)

Martin Luther King, Jr., (1996:22) used the metaphor **''altruism''** to underline the fact that our care-relationships should go deeper than just feeling sorry, guilty or obliged to do so. He writes: ''True altruism is more than the capacity to pity; it is the capacity to empathize. Pity is feeling sorry for someone; empathy is feeling for the person in need – his (her) pain, agony, and burdens''

Trevor Hudson (1999:73), on the other hand, uses the word **''compassion''** to reinforce the power and significance of relational-relevant-care. He writes:

> Compassion lies at the heart of the authentic Christ-following life… The crucial test of our relationship with the Holy One always involves the quality of our love for those around us. If our communion with God isolates us from the painful realities of our world, inoculates us against feeling the pain of our neighbour and leads us into an excessive preoccupation with our own well-being, it must be suspect. If, on the other hand, it finds expression in greater compassion and a willingness to show care, then it passes the test for genuineness.

Understanding, or even ''practicing'' the values and principles locked up in the philosophies of ''Ubuntu'', ''altruism'' and ''compassion'' is unfortunately not enough. The carer, who truly wants to grow into an authentic identity as **relational-relevant-carer**, must start by deconstructing his or her current care-position. In other words, he or she must be willing to engage in a process of assessing, identifying, challenging, correcting and changing any attitude, thinking, principles, ideas, ideologies, beliefs, perceptions, assumptions, or any other form of social, cultural and traditional conditioning which may have contributed to how he or she is practicing lack of care, whether consciously or subconsciously.

DECONSTRUCTION: TOWARDS RELATIONAL-RELEVANT-CARE

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a. Deconstruct Your Position

Deconstruction is a conscious process through which we are invited into an honest conversation with ourselves about ourselves. Muller (1999:21) is of the opinion that the process of deconstruction naturally begins the moment when, ''we bring our stories of skeletons…out of the cupboard… We need to be honest with ourselves and, as far as possible, honest with others… Such awareness includes an acknowledgement to yourself…''

By choosing to take a deconstructive position, the carer allows him or herself to become vulnerable. Vulnerability, as I put it in my book, *Discovering An Authentic Lifestyle*, is to become aware of the reality that:

> we are human beings with feelings, flaws and imperfections…the worst we can do is to cover it up…Covering up our imperfections with a fake personality, false power, an important position, a pool of knowledge, inflated self-confidence, possessions, or an inflated sense of importance will just worsen things. Vulnerability is the key to opening up the doors to our souls, hearts and minds… Your vulnerability gives people permission to enter into your sacred emotional space and witness how strong you really are. (Klein 2010:94)

David Powlison (2005:167), in his book, *Speaking Truth in Love*, share the sentiment about vulnerability as he writes: ''Truth awakens us to reality. We must know the gravity of our condition as human beings. We tend to defect. We want the wrong things. We are doomed. We need rescue from ourselves, from what we bring on ourselves''

We cannot escape the harsh reality that we are shaped and carried by the beliefs, culture, attitudes, perceptions, and assumptions, bias of society, theological training, as well as schools of thoughts in pastoral and psychological models. These dominant cultures are often laden with power that could distort and deflect the way we think about and do therapy (care). Deconstruction can undo the power these discourses have on us, and those who seek our care.

I hope you don't mind me briefly sharing my story with you. This might be your story too.

17 years back, as young minister and therapist I was convinced that I understood my role as pastoral family therapist, and was confident in my ability to articulate that role with excellence. Having at my fingertips a host of theological and psychological resources, clever strategies and models which provided me with ''expert'' knowledge, religious status, and ''divine'' power to help people, I felt like a magician who could solve and fix any problem.

That created in me a tendency to treat people and families as dysfunctional objects who needed to be fixed, changed and corrected by me. They seemed happy with that, because that was how society conditioned them to think about themselves – as broken parts who needed to be fixed by an ''expert'' fixer – like myself. I benefited and enjoyed, even protected, the unmerited power given to me by society.

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It was not until I was ''plunged'' into, and exposed to the devastating and painful realities of those for whom HIV/AIDS, depression, stress, burnout, divorce, marital and family problems; trauma, suicide, unemployment, teenage pregnancies, violence, abuse, and a host of other challenges, were everyday realities. It was only than that I began to experience the depths of my own helplessness, powerlessness, hopelessness and my own sense of distorted knowing, arrogance and stupidity.

It was only then that I realized that the highly theoretical nature of my specialized and expert training as family therapist, my status as ordained minister and spiritual leader, my knowledge about God and the Bible, did not confer any powers or special authority over me as pastor, therapist, leader and teacher. That was a painful, yet truly humbling and liberating lesson I have learned.

*As I began to practice a ministry of presence, not-knowing and curiosity, in the world of broken individuals and families, I suddenly realized how difficult and destructive it was to apply my own agenda in **their** worlds and lives – worlds I had very little understanding about.*

Those real life experiences forced me into seeing and understanding that ministry to families ''is no longer a matter for a few specialist'' (Winter 1989:294) who know, understand, or who are sufficiently trained, or who have mastered the art of applying clever strategies and techniques in helping and leading others.

b. Not-knowing Position

Muller, Van Deventer and Human, (2001:1) refer to this position as the ''deconstructive agenda" This position emphasizes the fact that the carer can never know or understand more about the life, wants, and needs of the co-carer.

This position emphasizes the role of the carer as facilitator who attempts to put his/her immediate agenda (language, goals, expectations, assumptions, bias, prejudice) aside in order to be fully present with the one seeking help. This agenda suggests that the carer frees himself or herself from constraining frameworks supported and perpetuated by his or her training, beliefs, ideologies, models, culture, tradition, or any other form of negative conditioning. It suggest a deliberate move away from a position of ''power'' and ''knowing''.

The aim of the not-knowing position is a deliberate attempt on the side of the carer to flatten the power, hierarchy, and to create a mutually respectful relationship between the carer and those seeking care. It is the carer's conscious way to firstly relate, and secondly, to guide people towards discovering within themselves the power and confidence ''to work through their myriad of stresses, emotions, and to gain a sense of self-control over the problem, that is beyond the therapist's power, knowledge and expertise''. (Klein 2003: 97-111)

Through this position, the carer invites those seeking care to become co-carers, collaborators or partners in reconstructing new realities for themselves, and in so doing, not grow dependent on the carer. The problem becomes a shared reality between carer and co-carer.

The not-knowing position doesn't imply that the carer is point-blank, or don't know anything. The knowledge of the carer is of the process of care, not of the content and meaning of people's lives. People are experts of their own situations. Prosser (1999:1) sees the carer:

> ''As an expert in the process of change rather than an expert in the life of the client. The therapist (carer) can never know more about the client's life than the client themselves… The therapist (carer) cannot know whether or what change is wanted without asking and does not presume to take a position on the rightness or otherwise of what the client wants…''

The not knowing position reminds us of the fact that we don't have to know the right answers, outcomes or the right interventions to people's problems in order to be helpful. This position liberates and releases those seeking care to know their answers to, and take ownership of the challenges in their own lives. It suspends the carer's pre-knowledge and focuses on the knowledge, understanding and experiences of the one seeking or needing care.

c. Deconstructive Listening

Listening is one of the most powerful and liberating care-tools, yet probably the most undermined and under-used. Freedman & Combs (1996:44) support this sentiment as they write: ''As simple as it may seem…simply listening to the story someone tells us, constitutes a revolutionary act.'' Through genuine, responsive active listening we not only respect, empathize, connect and relate to people, we unlock a gospel experience of hope in them.

Daniel Louw (1991:46) beautifully summarizes this truth as follows: ''The willingness to listen is the willingness to remove the risk for others so that they may receive the gospel at the deepest level of life. It is a willingness, which requires time, effort, energy, and above all, the love, which tunes in to the other person's situation''
Our over-talking can sometimes create so much noise that both the carer and those we seek to care for, are unable to hear God's whispers in the chaotic story. One of the vital lessons I have learned, is the fact that much of what people say, express and experience, requires no verbal responses or even understanding from the carer – only the time, effort and energy to genuinely listen. This, in turn, helps the carer not only to connect and understand others and their situations better, but also helps the carer to connect and understand himself; or herself better. Tim Eberhardt (1996:24) puts it this way: ''As we listen, we become aware of ourselves and understand our relationship to others and their relationship with us''

Deconstructive listening does not only require time, effort and energy, but also deep **compassion**; and for that to happen, an attitude adjustment is needed on the side of the carer. Trevor Hudson (1999:34), puts this challenge to the Church and those seeking to become relational-relevant-carers:

> Listening is the second essential component of the pilgrim attitude…We grow towards Christlikeness only as we become more caring. A non-caring Christ-follower is a contradiction in terms. However, it is nearly impossible to show real concern, especially for those in pain, unless we first take time to listen. We can only love those to whom we genuinely listen. For this reason, if we intend to put our lives alongside those who suffer and reflect to them the compassion of Christ, our presence must always be a listening one. This could be why James, one of the first spiritual mentors in the Early Church, encourages his readers to be ''quick to listen and slow to speak (James 1:19)

Deconstructive listening, therefore, happens most effectively when the carer listens active-responsively in a non-advisory, non-analytical, non-diagnostic, and non-biased way, but merely in a fashion that would allow and invite those seeking or needing care to ''rely upon the presence of an empathetic self-object'' (Randal 1986:213), that is with them, confirm them, and allow them space to validate themselves through their stories, in a way they understand and prefer to be understood.

d. Deconstructive Questioning

The way in which we ask ''who'', ''where'', ''when'', ''how'', ''which'' and ''why'' questions, doesn't always succeed in inviting constructive, caring conversation or dialogue. In fact it blocks it. It often, in very subtle ways, pushes people to give answers the carer expects them to give. These questions could easily leave people feeling intimidated, interrogated, overwhelmed, suspicious, guilty, judged, and as a result evoke in them a desire to protect themselves and close up.

The purpose of asking questions is to get a caring response from people, and not merely to gain information, interrogate, push or probe, but rather to make people aware of the effect of their own stories on them; to see options out of their oppressive situation; to get excited about outcomes as preferred by them; to feel confident about using their own resources to help themselves, and to get excited about visualizing the hope in their hopeless situation. The purpose and importance of asking deconstructed questions are summarized by Kamsler (1998:65) as follows:

> The emphasis here is on the idea of the client (those seeking care), as the expert, with the therapist's (carer's) role being to ask questions, which generates unique outcomes and new stories. This is in contrast with the more traditional ways of doing therapy (care) where the therapist (carer) is seen as the expert who has the knowledge to diagnose and fix the client's problem.

I find the following introspective questions very helpful in making sure that I stay truthful to the agenda of those I am offering care to, instead of pushing my own detective-agenda.

- Am I showing genuine interest and curiosity in their story when asking questions?

- Do my questions invite and encourage constructive dialogue around their situation?
- Do my questions help them see unique outcomes and new realities?
- Do my questions help them discover or rediscover resources to help themselves?

e. Externalization

As carers, we cannot deny the reality that we are partly ''victims'' of very restrictive and limiting systems, models, schools of thought, ideas, beliefs, as well as societal, cultural and traditional discourses. We are conditioned to see and interact with the world in certain ways. A lot of these ''inherited'' ways might still be technically correct ways, but not necessarily relationally relevant when it comes to caring for families pastorally in a post-modern world.

The fact is we have so deeply internalized these uncaring methods, ideas, strategies, principles, techniques, philosophies and beliefs, that they became second nature or automatic care-responses. In other words, we don't even think about it as wrong, damaging, hurtful or uncaring.

We'll remain victims of an ''inherited'' worldview, unless we consciously stop, reflect, evaluate and make adjustments where necessary. Externalization is the process through which we put, outside of ourselves, those narrow, limiting, restrictive, unhelpful, even damaging practices which no longer contribute to us being relational-relevant-carers to those we seek to care for, but instead support the idea that carer is the fixer and those seeking and needing our care are the objects to be fixed. The sad reality is that we often use the Bible, prayers, training, pop-psychology and status, to reinforce and justify these practices, positions and powers.

Such a worldview leads us to having very constrained, un-gospel-like, inward-looking conversations without ourselves, which deflect and distort our Christ-like character, chemistry, commitment and call. Without these narrow and restrictive practices, positions and powers, we feel insecure, less confident, suffer failure-mentality; we feel worthless doubt our ability, skills, creativity, and even question our call. we fail to see, explore and experience the many benefits locked up in doing and thinking differently about caring for self and others.

Carers are led to having very constrained conversations with ourselves. Freedman & Combs (1996:48) have this to say about these internalized conversations: ''Problems develop when people internalize conversations that constrain them to narrow descriptions of self. These stories are experienced as oppressive because they limit the perception of available choices''

Externalization has the following benefits for the relational-relevant-carer:

- Freeing the carer from the responsibility and expectation to act God to people
- Untangles the carer from the stresses of needing to fix problems
- Fosters in a carer a new definition and knowledge about themselves.

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Externalization is a gift to the carer who aspires to be a relational-relevant-carer. It helps us to separate person from problem. It helps the carer to understand that you don't have to be that which you have ''inherited'', especially if that is not serving you, and those you are called to serve, through a loving, caring relationship.

Michael White (1995:41) puts it this way: ''The main point about externalization conversation is to introduce a different way of speaking about, and a different way of thinking about that which is problematic – and of course, a different way of acting in relationships which are problematic''

I suggest, if serious about making the shift from technical-correct-carer to relational-relevant-carer, that you consider asking the following externalized questions: ***Do I know what it is about my attitude, language, perceptions, position, principles, thinking, training, culture, or tradition I have to change; and if I do change these things, how would it help me to become a more relational-relevant-carer towards families in a post-modern world?***

CONCLUSION

Back to the question we have asked and tried to answer in this paper: ''**Is the Church relevant in her response to the multiple-dimensional needs – spiritual, emotional, mental, physical, economic and social that post-modern families are faced with today?**

The Church or carer is not called, trained, ordained or given authority for the purpose of rescuing families from life's problems or being saved from spiritual doom. That is called dysfunctional rescuing. People don't need a church or a carer to rescue or save them. They need to be led into a loving, caring relationship of service with Jesus, the One who can rescue and save them.

God therefore did not provide the Church or carer with a Bible, prayer or a set of doctrines to be used as religious ''formula'' to get broken people fixed or saved. This is called religious arrogance; nor is the Church or carer called to design and apply a set of clever rules, questions, strategies or techniques to direct people into heaven. This is called manipulation. Nor is the Church or carer called to measure how much they give to those in need. That is called exploitation.

The answer is NO when care is done from such a technical-correct point of view – in other words, when our understanding of God, theology, other people, our call and position of authority, and the practicing of ministry tools such as the Bible, preaching, teaching, leading, praying, counselling, or any other form of care are directed towards correcting, fixing, changing and saving the perceived powerless, helpless and hopeless dysfunctional families.

The Church, on the one hand, is perceived as caring when the **relationship** between carer and co-carer becomes a sacrament, revealing God's presence in the midst of people's need for spiritual, emotional, mental, physical, economical, and social care. In this relationship the carer and those seeking and needing care are entering into collaborative relationships with each other, and churches

in collaborative relationships with their communities, and as a result, restoration, healing and transformation follows.

In order for the carer to achieve the Church's goal of relational-relevant-care, the seventeenth-century French theologian, Fenelon, gives this timeless advice, which also, in a nutshell, summarizes the message of this paper:

> Speak little; listen much; think far more of understanding hearts and adopting yourself to their needs than of saying clever things to them. Show that you have an open mind, and let everyone see by experience that there is safety and consolation in opining his (her) mind to you. Avoid extreme severity, and reprove, where necessary, with caution and gentleness. Never say more than is needed, but let whatever you say be said with entire frankness. Let no one fear to be deceived by trusting you…You should become all things to all the children of God, for the sake of gaining every one of them. And correct yourself, for the sake of correcting others. (Fenelon 1980:24)

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