

effectively to the needs of oppressed persons, and to reflect on ways that the pastor's social location has an impact on pastoral ministry. The focus is *not* on individual pastoral counseling per se, but on pastoral care within the context of marginalized communities and faith communities. How are the realities of racism, sexism, classism, heterosexism, ageism, ableism, and the like prevalent within our faith communities? How can we develop more oppression-sensitive forms of pastoral care?

Theologically, this book assumes that the bias of most faith traditions is with the marginalized: God sees, hears, knows, and lives in the midst of the poor and the oppressed. The primary work of faith communities, then, is human *freedom*—to provide an opportunity for wholeness for all people. While it is true that all human beings struggle and experience pain, the realities of oppression mean that within the system of human structures some persons have more advantages than others. Skilled pastors will have the ability both to recognize and analyze the impact of oppression on individuals and faith communities and to know how to utilize their prophetic role to bring healing, voice, and wholeness to the marginalized.

This volume is a collection of essays that focus on a variety of aspects of pastoral care and oppression. Two introductory essays by the volume editors begin the first section, which sets a broad overview of topics related to the relationship between injustice and pastoral care. While not exhaustive, the second section exposes the reader to a number of communities and discusses pastoral care in relationship to marginalization. Although it would not be possible in a single volume to address pastoral care in the context of every form of injustice, it is our hope that the topics here will provide an introduction to the need for oppression-sensitive pastoral care, and will spark interest in further work in these areas.

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# ONE

## Midwives and Holy Subversives: Resisting Oppression in Attending the Birth of Wholeness

Karen B. Montagno

*But the midwives feared God; they did not do as the king of Egypt commanded them. . . .—Exod. 1:17*

*My mother believed babies were more likely to arrive when the sky was filled with rain clouds than when it was clear. . . .—Chris Bohjalian (1998)*

*Consonant with the understandings of their African forebears, African Americans have always known that persons cannot flourish apart from a community of belonging.—Peter J. Paris (1995)*

**C**ontext and community have shaped my ministry and approach to pastoral care. From the time I was a youth, my experiences and the values of my community were shaping forces. In his foreword to Edward Wimberly's *Relational Refugees*, Gilbert H. Caldwell writes about the innate nature of context: "Whenever we put pen to paper or fingertips to key board, we do so in a particular historical and cultural context" (Wimberly 2000, 11).

"Why you talk so proper? You need to get back to your roots, gal, and I ain't meaning your hair!" These are phrases I remember from childhood—my

southern cousins questioning my “proper” northern way of speaking. Getting back to your roots, to where you came from (in my case, the South), was as important as taking proper care of new growth in hair. Knowing your roots, your community of people, and where you come from was critical to being whole, knowing who you were and where you were going.

My story is one of overlapping contexts. I am an African American woman, a descendent of African people enslaved in North Carolina. Currently, I am an instructor and practitioner of pastoral care, an Episcopal priest in a local parish, a seminary dean, and a parent. My communities are multiple, significant, and formative.

Although my current context is diverse, my African American heritage forms my worldview. My school days in the North were spent during the turbulent struggles for civil rights and the Vietnam era, the 1960s and ’70s. My father, a research scientist, and my mother, a nurse, faced many of the barriers, frustrations, and humiliations of African American professionals who tried to move forward and make a contribution during that time. Like many other African American professionals, they raised funds, marched, and were involved in organizing for the struggle for civil rights.

Our neighborhood was in flux. It was a changing mix of African Americans, white Americans, and Italian and Puerto Rican Americans. It was a time of throwing off old racial norms and labels and claiming a self-defined identity. It was a time of struggle, reclamation, protest, and resistance. In the midst of turmoil, our little neighborhood Episcopal church (an African American congregation) was a place of quiet beauty, nurture, and graciousness.

Equally formative were the seasons of my childhood spent where I was born and bred, in the rural Baptist South. Peter J. Paris lifts up the practical wisdom of elders as an important source of training for African American children: “Whenever their children were separated from their grandparents by geography (as when African Americans had emigrated to the cities), many generations of parents sent their children to live with their parents during school holidays. . . . spending the summer in the care of one’s grandparents enabled the child to learn about their values and experience the practical import of these values” (1995, 144).

Worship, prayer meeting, Bible study, choir practice, and visiting formed the fabric of the week. Neighbors checked from house to house and lent their collective expertise to the issues that emerged. The blazing heat of the sun gave way to the mysteries of the black, black night. Into the night their voices echoed, carrying stories about great-grandparents, grandparents, aunts, uncles, and cousins.

In the midst of growing pains, adolescent angst, these stories of life, death, crisis, recovery, despair, and joy gave me a perspective and sense of wholeness that continues today. It is these overlapping contexts that help shape my approach to pastoral care.

Context and the community of the caregiver as well as the care seeker set the stage for the pastoral care encounter. For example, here are some of the perspectives I bring:

- The challenges and strengths borne in the historic and continuing oppression of African peoples and other oppressed communities in this country, especially the plight of African American men and boys
- The baby boomer era as a matrix where the tension between conformity and human rights and political action took place
- Geographical diversity—North/South, city/rural, cyclical poverty/upward mobility
- Concerns of African American women and families
- Episcopal ministry and seminary communities

No, only does my context and community inform what I bring to pastoral care, it also gives clues about challenges (both blind spots and sore spots) I may face as a pastoral caregiver. Caregivers from oppressed populations often bring their own struggle with oppression to the pastoral care encounter. Self-care and mindfulness regarding the impact of oppression are critical. While shared oppression can provide valuable insight and solidarity, it also presents challenges. Verna Dozier speaks from her own experience: “One of the great tragedies of being an oppressed people is that you take on, almost without intending to do it, the evaluation of the controlling community . . .” (Dozier 2006, 21).

Valerie Batts (1998) and Suzanne Lipsky (1991) each write about “internalized oppression.” Lipsky tells us that the evaluations and patterned behaviors are created by oppression and racism: “Internalized oppression is this turning upon ourselves, upon our families, and upon our own people the distress patterns that result from the racism and oppression of the majority society” (1991, 3–67). Taking on the negative evaluation of others shatters the self-esteem, authority, and confidence of the caregiver.

Batts describes five expressions of internalized oppression:

- System beating—attempting to get over or around the system through manipulation.

- Blaming the system—deflecting responsibility for one's action; putting all the blame on the other.
- Anti-white avoidance of contact—avoiding contact with whites; distrusting all whites.
- Denial of cultural heritage—distrusting one's own group, accepting that one's own group is inferior.
- Minimization of the political significance of racial oppression—feeling powerless (learned helplessness); misdirecting anger to persons with less power (Batts 1998, 9–11).

Operating from internalized oppression can limit growth and new learning if used habitually or unconsciously. Ultimately, internalized oppression does not address the root cause of the strategy that is oppression itself. Batts relates internalized oppression to what she calls modern racism (1998, 12). Modern racism is old-fashioned racism expressed covertly at personal, interpersonal, institutional, and cultural levels. The two forms of racism play off and trigger each other. The task, then, is to become aware of dysfunctional old patterns of racism and internalized oppression and strategize new options for interrupting all oppression.

The overlapping and interrelatedness of context and community suggests an approach that is holistic, addressing the physical, spiritual, and psychological equally. By holistic, I mean the equally interrelated spirit, body, and mind. These spirits, bodies, and minds cannot remain whole if not integrated and related to community.

Emmanuel Lartey writes about holism, saying that it involves working with other caregivers for the “total well-being of all persons” (2003, 108). This totality includes social networks and the relevant psychosocial, theological, and ethical disciplines.

As a Christian African American, this holism comes together, takes shape, and derives meaning through my faith life. Pastoral care is one way I live out my call to faith. Community and Scripture are reference points. Wimberly points out that the African American encounter with liberative themes in Scripture has fostered a legacy of protest against oppression (2000, 38).

In Scripture, there are many images that have been used as models for the work of pastoral care. For many Christians, Jesus is the chief model of pastoral care as savior/liberator, teacher, healer, and prophet. Further, throughout Scripture there are a variety of models of pastoral caregiving—the divine transformation

in lives of people and communities. Creator, shepherd, the gardener, potter, and wounded healer are common images of pastoral care.

The model that speaks most clearly to me is that of the Hebrew midwives found in Exodus. This story is positioned at the beginning of the iconic story of God's work of liberation from oppression, forging of community, and ongoing presence among the Hebrew people. This story of freedom and conquest may raise political and justice issues for contemporary readers if approached uncritically. All Scripture must be read critically as well with the eyes of faith. Further, there is debate about whether the midwives were Egyptians or Hebrew themselves. For my purpose here they are Hebrew.

The exodus story has been formative and a source of strength for many African peoples in the diaspora as we continue the struggle of freedom in our own contexts:

Therefore they set taskmasters over them to oppress them with forced labor. . . . But the more they were oppressed, the more they multiplied and spread, so that the Egyptians came to dread the Israelites. The Egyptians became ruthless in imposing tasks on the Israelites, and made their lives bitter with hard service in mortar and brick and every kind of field labor. They were ruthless in all the tasks that they imposed on them.

The king of Egypt said to the Hebrew midwives, one of whom was named Shiphrah and the other Puah, “When you act as midwives to the Hebrew women, and see them on the birthstool, if it is a boy, kill him; but if it is a girl, she shall live.” But the midwives feared God; they did not do as the king of Egypt commanded them . . . (Exod. 1:11a, 12-17b).

This story is rich with themes that inform my approach to pastoral care. In this reading, women working as a team are models of pastoral care. The agency of women, teamwork, and collective resources are important themes. The women “act” against the powers of the world (the king) because of their fear (or taking seriously the call) of God. There are other themes: oppression, solidarity, resistance, transformation, liberation, and blessing. The context is one of urgency, peril, challenge, and promise.

The function of the midwife is seemingly simple and practical, to attend to birth. In reality, it is quite challenging and complex. Trained in practical

knowledge, collective wisdom, and experience, the midwife is a mentor who offers strategy to empower and bring about the birth. The midwife seeks to preserve health and ensure safety—attending, listening, witnessing to the process and what is emerging. The midwife honors what is being birthed by encouraging and urging the one giving birth to use collective resources necessary for birth. There is attention to forces not seen, but at work. This is much the role of pastoral caregivers.

Any birth is transformative and the work of the pastoral caregiver is to attend that transformation. One aspect of this story that makes it particularly relevant to my context and community is that the midwives take “subversive,” risky, and strategic steps to interrupt and dismantle oppression and to ensure the wholeness and future of their community. They preserve the lives of the male children.

In real time, for my community, there is a sense of urgency, peril, challenge. The liberative acts of African Americans struggling against oppression have been part of the unfolding story of this country. Has the ongoing legacy of oppression and internalized oppression subverted our confidence and power to take risky and strategic steps? Have we turned against ourselves? Has oppression kept us from observing and witnessing to the promise we hold? Has the spell of mobility seduced us from the power of solidarity in community?

Despite many gains, we continue to stagger under the weight of systemic economic and social disparities. African American males have become an endangered species disproportionately predisposed to poverty, prison, violence, and stress-related disease. Salim Muwakkil (2006) describes it as a social emergency.

The theme of resistance suggests a challenge for the field of pastoral care. Moreover, Carroll A. Watkins points to an overlooked role for the field of pastoral care, that of advocacy and agency in dismantling oppressive systems (1999). Taken a step further, the strategies used to attend to oppressed populations are useful in attending, liberating, and transforming all populations. Speaking specifically about the African American situation she says,

... the pastoral care of African Americans is not just a situation that African American pastoral theologians and pastoral caregivers need to address. The existential problems that confront African Americans today are as much an American problem as the institution of slavery was an American problem. Hence the crisis in Black America presents a ministry situation that the field of pastoral theology and care needs to come to terms with, collectively. (1999, 136)

Pastoral caregivers must be agents of the scriptural vision spoken about in the book of Isaiah. Here lamb and lion exist in safety together. Another vision is a sumptuous banquet table with enough for all and to which all are invited. The vision compels us to midwife the birth of a place for all. This is the challenge for pastoral care. These visions suggest this promise is available in combined contexts and community.

As a pastoral caregiver, I have been surrounded by a community of pastoral care colleagues. Their collective voice has been urgent, formative, wise, and supportive. Collectively, they represent my context and community. They have been a source of authority and accountability, as well as challenge. In the final words of this essay they will speak.<sup>1</sup>

They are people of color who are caregivers to oppressed as well as dominant populations. They represent a variety of contexts. They are African, Asian, Native, and Caribbean American. They are lay and ordained. They provide pastoral care in a variety of settings: prison communities, faith communities, seminaries, community organizations, immigrant populations, and mental health communities. They are male and female and span a wide age range. As caregivers they demonstrate commitment to care of community, witness, compassion, and justice in God’s name.

For me, they are the community that Verna Dozier calls a Scripture community: “As I reflected on the images of community in scripture, it seemed to me that there were five characteristics that marked them: a scripture community is a community with a memory, with a ritual life that keeps the memories fresh, with a passion for justice, with a commitment to love, and with a mission” (2006, 94).

I asked these colleagues five questions. Their answers represent many of the issues raised in this essay. The major points of their collective wisdom are paraphrased under each question below. The answers are not listed in order of priority.

1. What comes to mind when you hear the phrase “pastoral care as if injustice or oppression really mattered?”
  - An understanding of oppression, power, and privilege is key.
  - In an ideal world pastoral care in the face of injustice might mean a redundancy of care. However, there is a profound and deep recognition that, sadly, many do not experience a redundancy of care.
  - Pastoral care is a sacred practice that considers how the Spirit is working in various levels: mind, spirit, body, and community. Pastoral

- care has the goal of transformation, salvation, liberation, redemption, healing, and restoration.
- Care takes place within a particular social, cultural, historical context. It asks the questions, What are the norms, strengths, or challenges of the situation, individual, or group? What does health look like in this context?
  - Being present and available to listen, comfort, mentor, encourage, witness, and advocate is important.
  - Being a practical resource assessing concerns of safety, food, health, shelter, clothing, and livelihood.
  - Pastoral care at its best comes naturally from the community.
2. What skills have been important to you as a pastoral caregiver of color?
- Recognizing that the person or group brings gifts and solutions to the situation as well as challenges.
  - Respect, mutuality, and compassion.
  - Presence, listening, and witnessing. Patience to let the story unfold in its own time.
  - Networking, resource development, and team and coalition building.
  - Credibility is important, which means knowing the person or community and being known.
  - Spiritual practice, prayer, faith, and reliance on God.
  - Counseling and other skills that can be transferred to a variety of contexts.
  - Knowledge or a willingness to explore other contexts, history, cultures, and norms, as well as a willingness to explore assumptions and learn, relearn, or unlearn information.
  - Ability to work as part of a team, share leadership, and empower all ministries. Pastoral care is not the private domain of ordained ministers.
3. What have been particular challenges for you as a pastoral caregiver of color?
- Making sense of the variety of definitions and images of pastoral care.
  - Maintaining and sustaining credibility and dealing with what seems to be rejection. Facilitating care when there is rejection.
  - Resources that can't be accessed because of delivery constraints or inflexible systems.
- Exhaustion, which means knowing personal limits and maintaining a balanced life. Demands are greater because the needs are greater.
  - There has been a paradigm shift; many of the old models of care and ministry are no longer effective.
  - Internalized oppression may be unavoidable, but at least be conscious of when it is happening. Practice other options.
4. What are critical issues that you address as a pastoral caregiver?
- The survival of at-risk populations—urban youth, black men, gay, lesbian, and transgendered people.
  - Domestic and other forms of violence.
  - Addiction.
  - Spiritual formation.
  - Mutual ministry, team ministry, pooling wisdom and talent.
  - Extended aging and end-of-life issues.
  - Nurturing marriage and other relationship concerns.
  - Race and fear of the other, xenophobia, and the current fear of brown-skinned people.
  - Accessing funding resources.
5. What recommendations do you have for students of pastoral care?
- Get experience by encountering a variety of people and situations. Keep learning and growing.
  - Develop and guard a healthy mind, body, and spiritual life.
  - Get to know your community and be known by the community.
  - Gather a toolbox of resources and a network with whom you partner. Ministry in community means teamwork.
  - Develop a regular pattern of contact with a community of support.
  - Develop communication skills. Listen attentively and develop the tactfulness to say the hard things that people need to hear. Honesty and straightforwardness with compassion are important.
  - Develop integrity and confidentiality without secrecy. Develop the ability to hold information and know when situations call for reporting and how to relay the necessity of reporting.
  - Develop some grief counseling skills. Know the dynamics of loss and letting go.
  - Be able to make assessments and develop a plan of action.

Pastoral care for oppressed populations requires taking the impact of oppression seriously. It is a call to solidarity and the work of justice. Context and community are interrelated and inform the perspectives of both caregiver and receiver. Serious consideration of these reveals challenges as well as wisdom and insight. Further, the interrelated nature of context and community suggest that pastoral care is a holistic practice that attends to whole persons—mind, spirit, and body—in community.

The Hebrew midwives are a powerful model of pastoral caregiving; their story offers a way of viewing pastoral care in community and in the context of oppression.

## TWO

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### Love and Power: Antiracist Pastoral Care

Sheryl A. Kujawa-Holbrook

*... power without love is reckless and abusive, and love without power is sentimental and anemic. Power at its best is love implementing the demands of justice, and justice at its best is power correcting everything that stands against love.—Martin Luther King Jr. (1967, 247)*

All love and power are central to God, so, too, they must be central to all who walk in God's way and are concerned about pastoral care. When Dr. King spoke of love and power, he was talking about the "connective tissue" that holds together all of the human community. As the stories from the articles featured in this book suggest, pastoral care that recognizes the realities of oppression is also an exercise in love and power. That is, authentic healing and reconciliation in a world of vast inequities not only requires sharing in God's great love, it also necessitates the power to accomplish genuine human community, hopefully and intentionally.

Love and power together transform pastoral care and make an impact on the larger human community. One of the reasons why so many attempts at pastoral care fail to bring authentic healing and reconciliation is that the overall dominant culture within American society often does not recognize or strive to correct the deep power imbalances experienced by all marginalized people. Antiracist pastoral