

**TOWARD A PASTORAL THEOLOGY OF DIET:
DEVELOPING ANOTHER LENS FOR ADDRESSING
CONSUMPTION AS A CONCERN FOR COMPREHENSIVE
HUMAN WELLBEING IN THE LIFE OF THE CHURCH**

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Abstract

This article develops the notion of a pastoral theology of diet which addresses concerns with consumption as a means for framing the reality of comprehensive wellbeing in the context of the church through the specific lives of pastors and ministers. It presents descriptive understandings of diet, consumption and wellbeing by referencing two combined case studies; a presentation of the method of conversational intervention which sets up a specific type of pastoral therapeutic relationship. This process works as an address of type of depression which often undergirds pastoral and ministerial service as well as congregational life. The representative cases opened a window into their self-experience which provides a glimpse of the effect of obesity in varying forms, as well as, its manifested impact in their lives. Both minister and pastor types discovered that their described leadership experience was also reflective of life within their families and congregations. Very much like diet, consumption and wellbeing required a larger definition and association with food consumption.

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The goal of the pastoral therapeutic and theological work presented in this article was to help pastors and ministers facilitate collaborative change in their own life, the lives of their congregants and the communities. The pastoral therapeutic interventional conversation taught them to intentionally address their understanding and use of diet and consumption in the development of comprehensive wellbeing. They were helped to specifically look at pastoral and ministerial unresolved depression as particularly descriptive of the current cultural milieu in which they serve. As they engage in theo-cultural reflection (teaching and sermon building), they were able to systemically address persistent feelings of uneasiness that antagonized comprehensive human wellbeing by manifesting as consumerism and obesity in varying forms.

INTRODUCTION

There are a number of experiences that continue to undergird my interests in the relationship between human diet regimens as a conceptual framework for understanding our exercises of faith; particularly as these exercises contribute to our instruction around comprehensive human wellbeing in the church. I have also wondered if the connection between food and faith contribute to how we are taught to care for ourselves and for each other. Furthermore, what influences on our diet constructions represent comprehensive human wellbeing? Do any of these influences affect/or are they affected by the faith of persons and the church for the purposes of understanding related pastoral leadership and congregational human wellbeing?

DEVELOPMENT OF A DIET THEOLOGY

In working through the challenges of these questions and other associated concerns, I am aware that every major theological shift in the lives of the characters that significantly advance the Judeo-Christian narratives in both the Hebrew Bible and the New Testament takes place in relation to food.² In our normative practice of Christianity, what is often missed is the significance of how food can be ordered as a structured diet and used to instruct those who eat it for their wellbeing. Human wellbeing as it relates to diet symbolizes the experience and internalized relationship to God through consumption, which is subsequently expressed in the relationships of humans with each other.

To the God-believing community, consumption indicates the specific response and instruction to emulate God's care for members of the community, which is demonstrated through ritual sacrifices. These ritual sacrifices replicate God's care and provision for the community who, in turn, feeds other members of the community. Comprehensive human wellbeing is thus construed as the result of God's satisfaction with the ritual sacrifices of the believing community. The foregoing relationship is, therefore, experienced in two ways. God feeds on the ritual sacrifice and the believers, who engage in the ritual practice, share the remnants of this sacrificial meal amongst themselves. Secondly, it insures that all citizens of the believing community have ample food supply for the

² Adam and Eve and the Tree of Knowledge in the Garden of Eden results in their expulsion so as not to eat from the Tree of Life, The Passover Meal results in the Israelite exit from Egypt. There is the use of food as instructional symbols of personal and corporate acuity in worship by some of the Prophets, Deuteronomists and Psalmists. Abraham and Jesus both used food as indication of religious and political reform in the formation and maintenance of covenant and communion.

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maintenance of self and the lives of their family. Accurate and effective ritual feeding is the responsibility of those who instruct believers to be in the right relationship with God and this is demonstrated and experienced through the exercise of diet.

Why am I talking about food, diet and human wellbeing in the context of the Charles B. Copher Lecture? What is the data that supports my analogical concern with diet, consumption and human wellbeing? Whether we are discussing religious praxis as prefacing diet or popular culture's body-oriented changes in food intake, which leads to weight loss or not, there is the need for discussing concrete data that supports the assertion that diet, consumption and comprehensive human wellbeing are connected. As such the Copher Lecture provides an appropriate context for this discussion in which reports on the data, observations and conclusions that point to the necessity of this proposal can be provided. Almost every facet of personal and corporate life and wellbeing is affected by the structured use of food and my concern is to analyze the immensity of the problems and their web-like relationship in all aspects of human living noting that there is a particular deference in these connections when they are contextualized in the church. The critical argument of this lecture is that people of African descent (including African American) in the Western culture, who generally have had to contend with a number of oppressive situations, emotional and relationally respond to their oppression through their use of the Christian faith and food.

PASTORAL THEOLOGY OF DIET

The aim of this lecture is to develop the notions of a pastoral theology of diet, which addresses concerns associated with consumption as a means of developing comprehensive wellbeing in the context of the church with reference to the lives of some pastors and ministers. The lecture has several objectives. It presents descriptive understandings of diet, consumption and wellbeing using two combined case studies. These studies set up a therapeutic relationship to address the depression that undergirds pastoral and ministerial service using a method of conversational intervention, allowing for a more healthful appreciation for depression in the life the congregation and its leader(s). This shift in appreciation specifically helps pastors and ministers to facilitate change in their own lives, the lives of their congregants and the communities in which they live, through means of collaboration with other ministers and other professional mental health specialists. Additionally, these case studies offer an opportunity to make a cursory reference to the experience of obesity that is so often connected with church life and the chronic depression associated with our religious praxis. Unresolved depression particularly, which describes our current cultural milieu, is parallel to life in the church and is a primary theo-cultural contributor to consistent feelings of uneasiness for many practicing Christians.

On three travel opportunities to Israel with cohort groups of pastors³ and in subsequent conversations with other ministerial types, I learned that systematically addressing the issues of depression is necessary for

³ From 2006-09, the Cousin's Foundation funded ITC Holy Land pilgrimages for Spiritual Renewal under the leadership of Dr. Temba Mafico. On two occasions I went with a cohort serving as co-leader of the cohort of pastors.

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diminishing some of the effects of a debilitating sense of shame, often associated with health and weight concerns. In light of the foregoing, interpreting the shame experiences of pastors and ministers from the vantage point of comprehensive human wellbeing can possibly facilitate a different theological instruction and praxis than what we are currently familiar with. In my usual practice with men and women of African descent (primarily) in the West (i.e., in the United States of America), in order for them to move toward comprehensive wellbeing, the experience of shame associated with the experience of internalized white supremacy also needs to be addressed. In the case of the pastors and ministers of the cohort groups I worked with, shame was not of major concern because in practice they moved back and forth between shame and guilt constructs without any sensitivity to the need for internal balance. They often had difficulty accepting the challenge to actualize the need for change in their lives. More poignant, though, was the depression that arose from their ministerial experiences that totally governed their lives. This depression was seminal to the ministry itself and contributed to the experienced internal impasses. The concern that drove their depression was their desire to satisfy God, they realized the impossibility of this task and though there was cognitive realization of this truth, their anxious self was unable to contain the idea of considering the novel notion that their wellbeing was not always healthfully tied to the ritual satisfaction of God.

My ethno-existential placement and familiarity with people of African descent/African Americans drives this discussion although I expect that some beneficial lessons can, must and will be cross-ethnically learned. I am submitting that a significant portion of our corporate disability in relation to diet and body management inside and outside the church can also be attributed to our cultural concerns

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with the impact of race, power or gender-formation and identity-development. The more prominent research is in Feminist Studies such as Patricia Hill Collins has done. In her book, *Black Sexual Politics: African Americans, Gender and the New Racism*,⁴ Collins provides some insights about black women and the cultural dispositions of their bodies in ways that are intended to be means of establishing safety and preservation in environments that are primarily sexually, emotionally and relationally assaulting. In this environment, black women experience a sense of depression that contributes to a degenerative sense of self.

Research is burgeoning also on black men in Black Theology. The work of Dwight N. Hopkins and Anthony B. Pinn looks at the effects of race on the emotional, spiritual and relational development of persons in normalizing racial identity.⁵ Queer theology,⁶ working similarly as Black Theology, looks at the effects of gender construction of the body with the ramifications for understanding the emotional, spiritual and relational development of persons in normalizing different sexual identities. After reviewing a good deal of this material, I would assert that the degree of male and female body mismanagement is likely correlative to our internalized cultural norms that teach us how to dispose of our black bodies in ways that are not beneficial to people of African descent, but are supremely beneficial to the politico-economic enterprises that undergird Western culture. What we believe about ourselves relative to gender, race, ethnicity, and sexual orientation is often interwoven into the

⁴ Patricia Hill Collins, *Black Sexual Politics: African Americans, Gender and the New Racism*. (New York: Routledge Press, 2004).

⁵ Anthony B. Pinn and Dwight N. Hopkins, eds. *Loving the Body: Black Religious Studies and the Erotic*, (Palgrave: Macmillan, 2006).

⁶ Gerard Loughlin, ed. *Queer Theology: Rethinking the Western Body*. (Malden, MA: Blackwell Publishing, Ltd, 2007).

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comprehensive treatment of ourselves, our families, communities, and in our religious praxis. As earlier stated, the critical argument of this lecture is that people of African descent (including African American) in the Western culture, who generally have had to contend with a number of oppressive situations, respond to their oppression through their use of the Christian faith and food.⁷ In order to survive the pain and dysfunction they collaborate in creating and building up their lives in the midst of their African and slave-historied conditions and contexts, with the aid of their varying constructs of God, faith and praxis. This is further demonstrated in the sometimes, competitive Sunday banquets and dinners held on holidays with the pastor, patriarch or matriarch, and/or their proxy in attendance to bless the food; and the various chefs around the table are complimented for the food's taste and artistic presentation.⁸

CASE PERSONALITY STUDIES

Two people, who have been identified in my theological pastoral practice, through my professional contacts in academia and the church, constitute the subjects of this critical reflection. The first of these people is Canton. A 57 year old divorced African American father of four; two females and two males, the youngest being 21. The children constitute a brother and sister who were friends of his

⁷ We are concentrating on the use of faith and food in many of our human emotional and relational self-soothing efforts. The utilization of other methods, such as sex, education and work are utilized in this type of soothing. Note that all of these methods are often organized around faith, with food being used as a dispositional staple in relationships.

⁸ My interest and research has been bolstered by the increasing popularity of people like Dr. Ian's offer of a 50 million pound weight-loss Challenge, Tom Joyner's *Take A Loved One to the Doctor*, Donna Joyner's *Body Gospel*, and the work of Oprah Winfrey and Dr. Oz.

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biological children. They were adopted from the community because they were abandoned by their families after they graduated from high school. Canton is currently a Baptist pastor of a medium sized urban congregation. The second person for this study is Sandra. She is a 45 year old African American married mother of one child, who is in his mid-teens. She has had two miscarriages that have affected her physically and emotionally; but she and her husband have maintained their relationship with marital therapy and respectful care for each other. She is a Presbyterian minister in the process of ordination. Both Canton and Sandra are seminary trained ministers, who are mature African Americans. Their major challenge, which is related to consumption, has affected their physical forms which are marked by forms of obesity. This has kept them in continued depression and has been a challenge in their respective relationships. Their ability to maintain a sense of wellbeing and be sensitive to managing stress has been affected by their gender, socio-cultural locations, and religious instruction.

Canton, who is quite articulate and modulates the tone of his voice when expressing himself while sharing his stories, concerns and frustrations, is slim and has a personality that fills the therapeutic space. He has operated several businesses to supplement his salary/income from the church. Canton, diagnosed with depression is an addicted person, who initiates this therapeutic relationship because of his constant over-use of/addiction to internet pornography. This form of addiction has become a severe distraction as he uses this outlet increasingly to resolve his sexual frustrations and ideations. He has been a pastor for ten years with no externally disruptive behaviors in his pastoral relationship but he is unsure whether he wants to continue or should be pastoring at all.

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Sandra is articulate but mentioned her actual need to learn to express her concerns about herself and life in general a little more. She indicated from the onset of our pastoral therapeutic relationship that the concern, which she wanted to process in therapy, was to be a little more articulate and the need was addressed during our therapy. We have begun to work on her weight challenge and she is working on devising a program of self-management. Though she is somehow drawn to world missions, an interest she has not discussed with her husband and teenage son, she is concerned that her weight might be an inhibiting factor.

The therapeutic experiences of these two personalities, is typical or normative for the cultural expressions of their respective genders and ethnic entities. As pastors, they internalized and operated within the church and denominational norms, along which they both made some interpersonal adjustments in their roles that at times put them at odds with themselves, their families, communities and liturgical assemblies. However painful these adjustments may have been for them and for their relationships, they continued to maintain and play the roles expected of them from the culture and their pastorate. These roles were seminal to their respective personalities. My therapeutic task has, therefore, been to normalize their self-experience as much as possible while facilitating self-confronting relationships that will help them to strengthen their sense of responsibility for self and accountability in their relationships. The goal of this therapeutic exercise is to help them build healthier partnerships and relationships while collaborating with the multiplex communities in which they live and experience their being.

Considering these two personalities and the cultural milieu in which they live and work, they are intelligent, faith-praxis oriented personalities who understand their respective

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calls and perform their duties to their respective denominations and communities. Both Canton and Sandra were strapped with issues related to consumption, which caused them depression and this needed to be addressed through continuing therapeutic conversations related to obesity. Working with them and others in similar conditions helped me to develop a method both of a pastoral therapeutic intervention and theological reflection for addressing their concerns. In other words, therapeutically, my own practical theological experiences in my pastoring career caused me to be counter-transference affected by the issues of Canton and Sandra. This relationship with them involves managing their years of transference experiences, which have been fraught with unresolved disappointments and anger that they have turned in upon themselves in a number of ways. Dealing with these two cases helped me to look at three variables that seem to be normative for how pastors/ministers manage issues related to their wholeness. These variables are diet, consumption and wellbeing. A review of these variables opened windows not only into my self-experience as a pastor/minister but also created opportunities for transference-based learning from my case studies, and this fostered an appreciation of the challenges associated with the pastor's/minister's well-being.

Diet, consumption and wellbeing were viewed through three lenses. The first concerns the literal impact of diet, consumption of food and wellbeing upon the body, which is often the easier one to work with because there are regimens in place that help with physical assessment and embodiment. The second is the development of an appreciable understanding of the systems that impact the constructs that affect our diet, consumption and wellbeing. These are located in both the public and private community sectors, and are affected by changing political and economic

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policies. The third is the metaphorical utilization of diet, consumption and wellbeing for describing and speaking to the ways in which my clients desired to live and actually lived their respective lives while exercising the responsibilities and accountabilities of their pastoral profession. Metaphorical appreciations for diet, consumption and wellbeing helped them to speak to and describe their relationships with their families, congregations and God. The use of the metaphorical understanding of diet, consumption and wellbeing with regard to their relationship with God has been very rewarding in addressing their meta-concerns which were mostly entrenched in their public, private and socio-religious consciousness. Due to the foregoing entrenchment, it was difficult for them to work through their challenges as a normal process toward maturity.

DIET DISCUSSIONS

We will begin our discussion about diet with a definition of diet, a term derived from the Greek word *diaita*, which refers to a person's whole mode of life. The term "diet" is popularly used to refer to a modified pattern of food consumption for some special purpose which is usually associated with weight loss for general and specific health reasons. Today, the term "diet" is usually restricted to people's eating and drinking habits: their daily pattern of eating, the quality and quantity of food, and the frequency with which they eat. To many people the word "diet" means a prescribed allowance or selection of food for some specific purpose.⁹ With such a sense, persons are usually interested in using their diet for weight control, for health and cosmetic

⁹ <http://www.answers.com/topic/dieting#ixzz1EnJv7jEF>. February 23, 2011 10:32AM.

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reasons. As such, we often consider diets as restrictive; particularly, as we direct our efforts toward weight loss. Later in this lecture, I will build upon the ancient notion of diet referring to a person's whole mode of life. My exploration of diet, rests upon a beneficial conceptual understanding rather than what is appraised by the common vernacular of *dieting*.¹⁰

In light of the foregoing, I discovered some important things related to diet over a period of three years, within which I traveled to Israel three times for pastoral renewal retreats funded by Cousins Foundation. These trips were designed for a cohort group of pastors to have the opportunity to rest and do personal reflections upon their ministerial and pastoral calling as well as on their individual personal communal relationships. It was through these three consecutive trips to Israel that I formally made the connections between Christian-praxis, weight and ethnicity in a healthy way. Furthermore, with some limited introduction to *kosher* dietary practices¹¹ during site visits, we gained information and how to optimize the preparation of *kosher*

¹⁰ Tim Key. "Report of the Cardiovascular Review Group Committee on Medical Aspects of Food Policy" (1994). *Nutritional Aspects of Cardiovascular Disease*. HMSO, London
<http://www.answers.com/topic/dieting#ixzz1EnJCBInt> February 23, 2011 10:32AM.

¹¹ *Kashrut* (*kosher*) is the body of Jewish law dealing with what foods can and cannot be eaten and how those foods must be prepared and eaten. "*Kashrut*" comes from the Hebrew root, *Kaf-Shin-Reish*, meaning fit, proper or correct. It is the same root as the more commonly known word "*kosher*," which describes food that meets these standards. Fundamentally, the dietary laws are designed as a call to holiness, which is the ability to distinguish between what is right and wrong, good and evil, pure and defiled, sacred and profane, which is very important in Judaism. Imposing rules on what you can and cannot eat ingrains the kind of self-control that requires us to learn to control even our most basic, primal instincts.

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diets and on the dietary adjustments made for tourists, Palestinians and other groups. This was significant as our cohort groups interacted with international Israeli and Palestinian communities during our visits to traditional Jewish and Palestinian neighborhoods. The travel experience supported the notion that faith-based people have to consider the possibility of their food consumption and the physical operations of the body as having a great deal more to do with our theological espousals and culture-based religious ritual practice than it was previously considered. This awareness changed my outlook on my food combinations and intake.

With regards to the nature of this project, I would suggest that we develop or make systemic changes to our understanding of how we prepare food, why and how we eat. This is particularly significant considering the relational and in some instances, economic maladies connected with diet, consumption and well-being, which were discovered in the course of the research for this project. With the rising destruction of personal and corporate economies, human beings are experiencing various forms of internal disarray and are trying desperately to balance their personal and public lives. The inability to balance personal and public life, which is a psychological and relational stressor to families and communities, is also experienced in the religious community and by pastors and their families. The response of pastors to stress does not simply refer to the food we eat in response to a demand for short-term convenience, but often involves who prepares what we eat and how we develop a systematic pattern of consumption. We religiously maintain this pattern because it helps us to manage our lives

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in response to increasing environmental stressors.¹² Our current modes of disposable living have moved us away from healthful food preparation and dietary maintenance. We do not operationally appreciate that our diet is a pattern of food consumption. This pattern is affected by local factors including geography, climate, food availability and culture. The function of the diet is to maintain life by supplying essential proteins and vitamins for healthy survival and reproduction with both obvious and subtle effects on long-term individual and corporate health.¹³

My case studies helped to shed light on the complexity of the diet metaphor. Both the cases and the metaphor galvanized an interest in addressing the systemic nature of human food consumption and its effects on the human body. I learned with my clients the culpability of addressing previously understood emotional and relational concerns that constitute evidence of physical maladies. My work shifted from simply getting them into a *twelve-step program* or in participating in a new food intake physical fitness regimen. My pastoral therapeutic work was a comprehensive address for both the debilitating personal and corporate mythologies, which were intra-psychically used by my clients in caring for themselves and to bring them to restoration. As part of a new functioning diet and consumption construction, we looked at how these mythologies were used to garner a sense of internal integrity with self, family, community, God and the mythologies themselves. The theological reflection developed was a

¹² Tim Key. "Report of the Cardiovascular Review Group Committee on Medical Aspects of Food Policy" (1994). *Nutritional Aspects of Cardiovascular Disease*. HMSO, London
<http://www.answers.com/topic/dieting#ixzz1EnJCBInt> February 23, 2011 10:32AM.

¹³ Ibid.

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move toward wellbeing and had a food and body management component. This helped me together with my clients to build our respective sense of self-appreciation and also therapeutic relationship that supported this type of reflection. The theology of our work together addressed the benefit and developed the content of our respective healthy diet planning, which moved us toward integrated body, relational, mental/emotional and spiritual health. This type of theoretical therapeutic operation balanced our respective interests in the wellbeing of our souls and bodies and shifted the fundamentals of our theologizing toward giving serious considerations to wellbeing. Such alignments balanced body and soul, emotions and faith, and deploys them into valuable relational material so that emotional wellbeing is equated to the wellbeing of the spiritual and the often defaulted physical.

CONSUMPTION: A CULTURAL CHALLENGE

Consumption refers to the food, goods and services that are used for the maintenance of specific standards of living and life in general. Consumers for our discussion, refers to people, who make use of food, goods and services in the process of maintaining the standards of living and life. Pastorally and theologically speaking, consumerism is an ethical system undergirded by economic principles for capital gain that is developed for the continuing use of food, goods and services, to benefit the provider. Consumerism, understood from the perspective of economics is the cultural theory, which creates political and economic attachments to possessions and materialistic values in light of specified political and economic reform. It predisposes individuals and groups toward greater utilization of goods and services for personal gain. This definition is beneficial for understanding

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pastoral theological reflection because it aids both the pastoral care provider and the recipient's to appreciate the depth to which the capitalist is committed to creating new consumers and offers insight into the weight of the ailment and how it affects the formation and maintenance of the human personality. As a significant contributor to relational suffering, consumerism fosters depression when participation in the consumer activity goes unrequited. The corrective to this type of depression is pastoral theological conversation that addresses the emotional pain and associated socio-cultural components. Consumption and consumerism work with the assumption that all relationships have the potential of being healthful and beneficial toward human development and corporate progress. A similar assumption that our political economic systems work toward our fiduciary benefit undergirds the participation, maintenance and support of public and private citizens. The challenge facing the therapist is to help people to work out their self-care in all relationships.

The third assumption that this lecturer finds most intriguing is the expectation that a consumeristic market, whatever its context, is vested in the consumer's comprehensive human safety or wellbeing. As a Christian male of African descent with all the accompanying socio-political economic appreciations that come with this cultural historical location, I am intrigued by the adoption of this assumption across the board. I and others like me, as well as, economically disempowered Euro-Americans assume that the capitalist-oriented system that undergirds our economic understandings and management are constituted of persons who seek to protect and inform consumers about their wellbeing. In other words, there is the assumption that the system has built-in safety protocols that guarantee packaging and advertising of products, food, goods and

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services for improved safety and that the standards will not be compromised in service of greater profit margin.

In relation to consumption, people have options for selecting what to use to manage and support their lifestyles in families, industries, communities, religious assemblies and societies. Mathematical equations and statistical data, production and utility functions are developed to describe the use of products, increase buying power, purchase potential, and expected product use by perspective consumers. The assumption in new economic trends is that persons and groups will seek to maximize satisfaction and distribute their resources to help them derive the greatest satisfaction, ignoring the rules of traditional economics and creating dependency that promotes purchasing at higher costs. In light of the foregoing, consumers now participate in a market that is driven by shifting prices that cause the consumer to be indifferent and to buy goods and services no matter what the cost being driven to despondency, which is a kind of chronic depression if they cannot participate in the manner demanded by the new economic system.

COMPREHENSIVE HUMAN WELLBEING

Laura A. Pratt and Debra J. Brody¹⁴ discuss depression in an article, which helps us to appreciate the depth of both the need for and the benefit of comprehensive human wellbeing. Comprehensive human wellbeing is a technical, albeit elusive, concept, which refers to the web-like character of human relationships. It could be worthwhile

¹⁴ Laura A. Pratt, Ph.D., and Debra J. Brody, M.P.H. *National Statistics for Health Statistics Data Brief Centers for Disease Control and Prevention* Number 7 September 2008
<http://www.cdc.gov/nchs/data/databriefs/db07.pdf> 03/07/11. 8:19PM.

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to also discuss more extensively the character of how humans are related to the ecology since all existence is interconnected in so many ways. The ramification of our ignorance and disrespect for this relationship is not fully known. To this end, included cases present human wellbeing as fundamentally pointing toward an opposite characterization of depression and its myriad of symptoms. Comprehensive human wellbeing essentially addresses the process of human relationships in which normal individual and communal human emotions and self-experiences of fear, anger, sadness and doubt are commonly considered as negative angst. Even though some amount of depression functions in the processes of maturation, there are others that are dictated by conditional and precipitated by situations. The latter type of depression is chronic and completely debilitating and people who suffer from it need special care and assistance. There is the need here for comprehensive human wellbeing, which is not based upon the individual's ability to function but upon the collective wellbeing of the person in relation to the community and the larger society. This form of human wellbeing is possible when we are willing to care for and treat all debilitating diseases by not simply being illness-driven but by working against every possible human discomfort. Furthermore, in comprehensive human wellbeing, we create systems of relationship in which all aspects of human life (i.e., as physical, emotional, spiritual, relational, ecological, economical, and culture-based) are given serious attention when they become problematic and work against the self-experience of wholeness in human beings. These systems ensure that persons and communities have access to wellbeing options when they encounter overwhelming changes in mood, self-attitude, cognitive functions, sleep, appetite, energy level, and the list goes on.

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We work locally and globally to address depression that arises from war, starvation, insurgency, and political displacement along with the damage of the ecology, which creates famine, poisoning of fresh water supplies, displacement of naturally occurring plant, animal and marine life and their global ramifications. Depression, which is reported as the leading cause of disability worldwide by The World Health Organization,¹⁵ is also shown in the deception, shame, woe and its effects on pastoral and ministerial care and counseling, religious leadership, and prophetic intervention.

In comprehensive human wellbeing, we address the uninformed search for it as the major precipitating cause of suffering, decrease in the quality of life, and what impairs social and occupational functions. We do not ignore the demand for treatment, which contributes significantly to increasing healthcare costs as a result of the many chronic medical conditions that arise from it. Our treatment of depression and the uninformed search for comprehensive human wellbeing focuses on compounding poor health and impaired functioning, whether or not the criteria for a diagnosis of major depression are present or not.

PASTORAL THEOLOGICAL REFLECTION

Pastoral relatedness is web-like as it comprises many ways of interpreting and understanding what it means to be both a human being and a pastor. This is indicated by the many disciplines that explore, interrogate and explain human diet planning, consumption and comprehensive human

¹⁵ Ibid.

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wellbeing. Psychology and theology, along with cultural criticism are critical to pastoral theological reflection, which devises disciplines that can consistently help pastors to understand themselves in more beneficial ways. This project promotes the improvement of personal, individual and corporate wellbeing for congregations, communities, the larger world and their respective leaders.

This pastoral theological perspective discusses the construction of diet as critical to the understanding of self in relation to relevant defined psycho-religious mores. Diet is, therefore, used as the metaphor to develop understandings that also ritually indicate the acceptance and/or alienation of the individual from community. This pastoral practical/theological model is particularly concerned with helping congregants to develop ways of consumption that promote healthy human wellbeing as well as assist pastors in their relationship with the communities that surround their congregations. Their presence as pastoral leaders is effective in promoting a sense of wellbeing in the larger community of their congregations. This pastoral, church and community leadership collateral is currently socially challenged, where the culture expects pastors to provide a standard of care and communal investment as part of the history of the larger Western society and culture.

This project asserts that pastors represent a ritual authority in both religious and secular communities where they are expected to be sensitive to the socio-cultural, communal and political management of food (i.e., how it is provided and consumed) to provide wellbeing. Though Christian pastors often operate without knowledge of their role in the congregation and community, they exercise their ritual authority by blessing food before it is eaten. In other words, pastors do not know whether they have the ritual

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credibility to move the congregation and community toward a healthier understanding and discussion of its comprehensive human wellbeing¹⁷ so as to literally help congregations change their dieting practices. This research process helped me to access the critical corroboration of earlier statistical data on the psycho-social role that food plays in the lives of persons, in the Church and the wider society.

The significant shift in this interventional project was to intentionally address the pervasive depression that often governed the lives of the pastors in this study, which was done through conversation that created relationship space for the pastors by addressing all levels of diet, consumption and wellbeing, family, congregation, community, society and cultural concerns. As we examined the Creation narrative with reference to the expulsion of Adam and Eve from the Garden, it was discovered that food and wellbeing overlapped with each other. For the persons concerned, their depression revolved around possible expulsion from relationship with God. In their desires to intra-psychically work through their distributed fears of being abandoned, they turned to consumption to show themselves as worthy and to prove themselves good to their families, communities, congregations and ultimately to God. They were encouraged to enmesh themselves in their families, communities, churches and with God in dynamic ways that will free them of depression, that often inhibited their awareness of their ritual credibility as congregational and community leaders. My task was to help them to become aware of their skills and to exercise them. They were made aware that they could do this in their relationship with God and that God will not abandon them even if they spoke the truth about their angst in relationship with God.

¹⁷ Ken Stone, *Practicing Safer Texts: Food, Sex and Bible in Queer Perspective* (London: T & T Clark International, 2005), 1-22.

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I have directed my research toward the church's leadership to develop resolutions that are distinct from the offerings of the popular culture for congregants since congregants need their everyday lives to matchup with their faith. They look up to their pastors for an example in which wellbeing and faith praxis match up. What this article offers is distinctive in that it helps pastors to theologically address the church's uncritical borrowing of popular consumption tactics in service to its own advancement. The statistics showing the diminishing health of pastors calls for an evaluation of the methods popular in contrast to comprehensive human wellbeing. Failure to interrogate the values propagated by popular culture, result in collaboration with it, to our own detriment since it offers frustrating solutions which are only temporary. The pastoral therapeutic and theological approach offered here pushes for the resolution of the problem of consumption by addressing the crisis, which lies behind helping pastors and ministers to be theo-critically equipped to address how their human conscience differs from what is currently popular in the church. Such intervention, which should happen in the church, brings the concerns of the pastor and the church into critical conversation with the concerns of God, which can provide space for variable expressions of both the human and divine spirits. The church is therefore called upon not to abdicate its responsibility but to help persons to move maturely toward comprehensive human wellbeing.

Moreover, when pastors are equipped with this type of theo-critical culture, they become sensitive and aware of the need and can help their congregants, who are suffering through the effects of consumption, chronic depression and obesity, to begin to take better care of themselves. This is possible because pastors can live and deliver instructions

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and show by example and an undergirding of theological persuasion that is oriented toward a more comprehensive healthier human wellbeing.

PRESENTING THE PASTORAL THEOLOGICAL METAPHOR OF DIET

In conceptualizing the pastoral theological metaphor of diet for the local Western black congregation, there is the need for re-orienting the diet constructs that would support it. Black pastoral leadership who are constantly contending with numbers of oppressive situations, emotionally and relationally responding to oppression experiences through the use of Christian faith and food can be helped to reorient and support the diet constructs. These constructs are operational in both their personal and corporate pastoral life. Pastoral leadership when healthfully working through their organic depression by acknowledging how they are making use of food in their life are able to help their congregants do the same. Pastors not only help in the development of guidelines that assist in the proper and healthy use of food but they also collaboratively develop dietary guidelines for the use of food in support of the comprehensive wellbeing of both the pastor and the congregation. Both develop understanding that diet and consumption are impacted by a larger socio-cultural discourse. Notions of *kosher* and Islamic dietary practices and traditions, which distinguish Jewish and Muslim communities from the larger sometimes hostile society, by helping them to internalize the distilled wisdom of their faith and praxis as a means of solidifying family and community bonds, can be a beneficial resource in this endeavor. Within the concrete reality of their respective socio-cultural and existential experiences, faithful practices

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of diet help to maintain physical, mental and emotional health in stark contrast with the web of local life. A reorientation of Western dietary constructs requires a commitment to the elimination of hunger, which is to some degree, akin to a generalized health-full Christian discourse of resistance. The question is whether we willing to enter into this type of *discourse in resistance*.¹⁸

SUMMARY

The critical argument of the lecture was discovered in the project of working with African-descended pastors located in the Western culture. These pastors generally have had to contend with a number of oppressive situations; emotional and relationally they found their selves responding to their oppression through their use of the Christian faith and food. Interestingly, this response was so organic to their being and role-functioning, until they were unaware of its use and impact upon the self and relations with which they were involved. Our therapeutic interventional conversations were beneficial. They were helped to make multi-level discoveries relative to their use and understanding of food, come to terms with their participation in *larger-world* consumption patterns and economic directives. Although their participation in such systems was often narrowly fixed in the experiences of their congregations, participation in pastoral therapeutic conversations enabled them to more fully ascertain their contribution to the wellbeing of their families, parishes and larger communities. They were able to locate themselves in relational spaces that were larger than what

¹⁸ This is a notion borrowed from Kelly Brown Douglas. *Sexuality and the Black Church* (Maryknoll: Orbis Books, 1999).

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had been prescribed for or by themselves. They enlarged their role functioning because they began to grasp the authority that had been assigned to them by virtue of their presence and participation in the lives of their parishioners.

The case personalities discovered that they could augment some of the dietary practices in their congregations as they did such work in their personal life. They reported trying some new preaching and workshop efforts with their congregations. They engaged some dietary specialist in the development of the workshops that funded some new knowledge in the programmatic life of the congregation. They also reported that some of their congregants took on some different ownership and developed other activities within the life of the congregation. Some of these health changes were dictated by new medical accommodations in the lives of the parishioners. They reported that parishioners recalled conversations and instructions provided through pastoral interventions. These interventions took place through personal testimony of the pastor, workshop promotions, hospital visitations, and etc. As pastors, this type of outcome brought about another point of confirmation of their pastoral authority within the congregation. Pastoral testimony was relieving for the pastor because they were able to do some sharing that did not remove them from their experiencing of the grace of God. The pastors and their congregations experienced themselves authenticated in ways that were previously unknown to them. The affirmation that was reported in our sessions provided yet another opportunity for improvement.

As leaders in the God-believing community, consumption and care for God's people took on different meanings for the pastors. The ritual practices of communal dinners within the life of the congregation and the

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Communion itself encouraged new meaning and expanded interpretation with some different implications. The pastor was helped with intentional interpretation of these experiences in the life of the congregation as emulating God's care for God's people. The ritual practices took on relevant meaning as reflective of their respective engagement of each other as pastor and parishioners. Both pastors worked with their congregations as they contextually imagined Reigndom of God building in their communities. They wrestled with this notion and what this could mean in the modern times for their specific congregation. Up to the completion of the project that undergirded the content of this lecture, they were working this piece through. Sandra's congregation seemed to be making more head-way while Canton was working with his congregation to grasp difference. Traditional reading and practice was more comfortable for them.

Accurate and effective ritual feeding is the responsibility of those who instruct believers to be in the right relationship with God. This can be demonstrated and experienced through the exercise of diet. Discussion of consumption and diet are new territories of discussion in the pastoral therapeutic process and relationship building. Comprehensive human wellbeing is not. Pastoral theological reflection facilitates awareness and exercise there always being a multi-tiered process at work when developing and providing care for God's people. Care developed and utilized in this type of framework works to be responsive to the whole being of the persons and their worlds. For this reason, I have been working toward comprehensive human wellbeing as a discipline and using diet as the anchoring metaphor in this endeavor. Recipients of care are congenial to the use of this system when they are engaged in re-educating self-observation. Subsequently, they develop and

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perform their own corrective, which involves all of the aspects of human wellbeing, physical, emotional and relational.

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