THE ROLE OF PASTORAL COUNSELLING IN HEALING SPIRITUAL WOUNDEDNESS OF OFFICIAL FIRST RESPONDERS

Annelene van Straten

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Declaration

I, Annelene van Straten, declare that the thesis that I herewith submit for the doctoral degree **Doctor of Philosophy in Theology** at the University of the Free State, is my independent work, and that I have not previously submitted it for a qualification at another institution of higher education.

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Annelene van Straten   Date

Acknowledgements

My help did not come from own strength and power, no, my help came from the Spirit – Zachariah 4:6.

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Dedication

The following dedication on the Facebook page of the National Paramedical Services in Alberton, Gauteng, perfectly describes the feelings and experiences of the official responders.

> To all Emergency Services workers in South Africa, you have pulled dead, mangled bodies from cars. You have lied to people as they were dying... You said they were going to be fine as you held their hand and watched the life fade out.
>
> You have had people fight with you for helping... while trying desperately to stop them bleeding out.
>
> People have spat on you, and called you useless and incompetent, all the while you keeping your cool and biting your tongue. Your boots have seen more blood than layers of polish.
>
> You've been called insensitive for dealing firmly with drug dealers, and the family, after watching their teenager die from a lethal overdose, while he or she was supposed to be in school… reminding them as a parent, they are also to blame as they are not fully involved in his or her life.
>
> You've held dressings on bullet wounds. Done CPR when you knew it wouldn't help just to make family members feel better and have closure. You have stood in the pouring rain, having no part of my body dry, while being verbally abused by a drunk driver, who thinks my flight suit makes a good rave outfit.
>
> You have raced throughout the streets of the city, recalling the horrors that you've seen… these permanently etched in the far reaches of the mind. You've been in high-speed responses... responding to young and old alike... Almost losing control as road users just don't move out of the way.
>
> You've held the hand of the elderly that haven't seen their family for months.
>
> You've waded through large angry crowds by...yourself desperately trying to find the injured. Drove like a madman to help a colleague in need of help.
>
> Let little kids who don't have much sit in my ambulance and pretend they are a paramedic for their birthday. You've taken a lot of people to hospital. Given many a second chance. Prayed for people you don't even know.
>
> Yes, and at times you've been "impatient" when you had to be. You have though, been kind when you could. You admit you have been driven to some dark place and cried by yourself when you was overwhelmed.
>
> You've missed Christmas and other holidays more than you wanted to.
>
> Every EMS worker knows you have done all these things, and more, for lousy pay, exhausting hours, and a short life expectancy. We are humans too we feel too…
>
> You don't want pity, you don't even ask for respect. Just let them do their jobs without killing them.
>
> You have loved, cried… fought the demons in your sleep…. don't judge them, allow them to save and protect that's what they're good at.
>
> For all the medics out there...
> # NEVER LOOSE HOPE. STAY FOCUSED, BE STRONG.
> OUR PRAYERS ARE WITH ALL. BLUE. RED AND GREEN ALIKE
> BE SAFE OUT THERE.

National Paramedical Services
31 December 2018 at 13:06

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List of Acronyms and Abbreviations

CISD   Critical incident stress debriefing

EMS   Emergency medical services

EMT   Emergency medical technician

ICAS   Independent Counselling and Advisory Services

OFR   Official first responder

PTS   Post-traumatic stress

PTSD   Post-traumatic stress disorder

PTSS   Post-traumatic stress symptoms

USA   United States of America

Abstract

The spiritual woundedness of official first responders is a problem that is not often recognised or acknowledged by mental health practitioners. Holistic healing in mental health focuses mostly on the biopsychosocial wounds suffered by traumatised persons. Spirituality, with no agreed upon definition, has been condensed to its core in this study, consisting of elements featured in most spiritual definitions. The major elements were that of meaning-making, connectedness, and hope. The study was grounded in a narrative approach to therapy and positioned within a postfoundational notion of practical theology. The Art of War, written by Sun Tzu, was used as a metaphor throughout the study to explain the war-like work environment in which the official first responders find themselves. The study aimed at examining the nature of the spiritual woundedness of the official first responders and to explore the possibility of a narrative pastoral approach to therapy in the healing of their spiritual woundedness. By employing purposive sampling, co-researchers were selected to narrate their experiences. The main findings were that spirituality forms part of the official first responders' religious schemas, and therefore it would be vital to incorporate spirituality in the therapeutic process. Spirituality has been found to be a salient predictor of mental health. In addition, the study found that OFRs struggle with concepts that influence their spiritual healing such as violent acts towards others, masculinity in the workplace, and the burden of a hero-mentality, distrust towards therapeutic interventions, and a lack of support for their families.

Key terms: official first responders; trauma; spiritual woundedness; spirituality; narrative pastoral approach; postfoundational notion of practical theology; biopsychosocial and spiritual model; spiritual healing.

Chapter 1

Waging War: Research Context and Interest

> With strength thus depleted and wealth consumed, the households in the central plains will be utterly impoverished and seven-tenths of their wealth dissipated. Therefore, when in chariot fighting more than ten chariots are captured, reward those who take the first. Replace the enemy's flags and banners with your own, mix the captured chariots with yours, and mount them.
>
> This is called winning a battle and becoming stronger.
>
> Hence, what is essential in war is victory, not prolonged operations. And therefore the general who understands war is the Minister of the people's fate and arbiter of the nation's destiny.
>
> Griffith (1971:63).

1.1   Introduction

The intricacies of what it means to be human, how we have been 'put together', and why we function the way we do, or make certain life choices and choose certain paths, have, since the beginning of time, intrigued scholars and laity alike. They have found that, not only do humans develop and function in certain ways, they are also influenced by their environment, culture and communities. How they react to, and cope with their environment, depends mostly on the narratives they live by, thus shaping who they are (Beck 2015:1). Life stories provide meaning and purpose and help people to understand and accept their own inter- and intrapersonal environment and history (McAdams 2008:257).

Through history, stories of courage and heroism have intrigued and inspired humanity for as long as time exists. Unfortunately, no one has ever become a hero without some kind of battle to fight. War and the battle for power ruled most of history. In its wake, it holds destruction or peace, conquerors and defeat. The words written on the pages of this study tell the story of a different kind of war and its heroes. This is a war fought at ground zero, where crises and trauma may affect a few individuals or where natural or man-made disasters have the ability to impact thousands of lives. A unique kind of hero is born from the ashes of these events. They are forged by earth, wind, water, and fire, or simply by some form of human ineptitude. These brave men and women risk their lives rescuing others during events such as landslides, hurricanes, tsunamis, wildfires, terrorism, or daily accidents such as vehicle collisions or even crime. Bravery comes at a cost, and it has been found that these heroes tend to pay the price in silence by hiding their wounds from the world. Their woundedness appear in many different

forms. It may be physical, psychological, social, or spiritual. This story has its focus on the spiritual wounds of these heroes, who will further be formally referred to as Official First Responders (OFRs).

1.2   Research context, interest and background

The term 'woundedness' originates from the Korean culture and theology, encapsulated by the word 'han' meaning "a festering wound and frozen energy in need of unravelling" (Considine 2013:87). It has its focus on the person as a whole, including communities and their environment. Han does not ask the question 'if', but 'when and how' and what the consequences might be (Considine 2013:87). According to Son (2000:4), the word 'han' is used to describe the heart of a person who has endured or are enduring an affliction; however, the pain, wounds, and scars are "not always apparent or visible because they are the kind that occur deep in the core of a person". Woundedness therefore stems from traumatic life events. Ivy and Partington (2014:166) define woundedness as "the ongoing or residual psychological impact of adverse experiences and psychic conflicts". For the purpose of this research, woundedness is defined in terms of the ongoing psychological impact of stressful and traumatic experiences on one's spiritual well-being.

Traumatic experiences have the ability to confront a person's belief that the world is a safe place to live in. These traumatic and painful experiences confront and challenge a person's beliefs and attitudes and introduce an environment where evil and harmful events take place (Van der Kolk, Weisaeth and Van der Hart 1996:8). These beliefs play a significant role in the interpretation of suffering and the spiritual significance thereof (Nolan and Holloway 2013:60). Spiritual woundedness is often inflicted by the actions and omissions of others, and at times, by modern science and technology (Osmer 2011:5). As a result, these wounds have the ability to undermine a person's central beliefs, which connect them to God, their church community, the meaning of life, society and themselves (McGuire 2008:88). Herdman (2008:301) defined spiritual woundedness as 'the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself'.

Spirituality within this narrative is defined and discussed in Chapter 8, yet it is briefly identified below in order to remain focussed within the boundaries of the topic:

> Spirituality is the quest for ultimate meaning, concerned with a sense of connectedness to, and relationship with God, self, others, and the world, towards a feeling of hope and living a fulfilled life.
>
> (Weathers, McCarthy and Coffey 2015:16; see also Clinebell 1979:106; Sheldrake 2013:3).

Because of the many diverse fields in which spirituality is defined, the researcher combined the most featured elements towards what spirituality means within the narrative of this study.

According to various scholars, the term 'spirituality' has its origin in the Judeo–Christian cultural heritage (Jacobs 2013:2; O'Brian 2014:10; Seinfeld 2012:240) and comes from the Latin word 'spiritus' meaning "breath and life force" (Canda and Furman 2010:76). Eckersley (2007:54) postulates that all humans are spiritual beings. Similarly, Drive (2010:60) states that all human beings are on a spiritual journey in which they seek to find meaning and purpose in life.

The original definition of spirituality is therefore created from Christian tradition and is understood as God, the Holy Spirit, and human beings created in His image. The recent debate on the controversial topic of finding one clear definition for spirituality involves diverse disciplines such as social sciences, psychology and even medicine. One can therefore not ignore the interdisciplinary influences when considering the elements contained within the concept of spirituality.

Spirituality mainly concerns four basic elements: a holistic approach to life; the sacred within religious studies; the quest for meaning-making, purpose of life, and a sense of direction (Sheldrake 2013:3). When interpreting spirituality from a holistic point of view, Clinebell (1979:106) acknowledged, through the development of a growth model, the importance of the spiritual dimension in human wholeness, which consists of seven spiritual needs:

> [T]he need for a viable philosophy in life, for creative values, for a relationship with a loving God, for developing our higher self, for a sense of trustful belonging in the universe, for renewing moments of transcendence, and for a caring community that nurtures spiritual growth.

Weathers et al. (2015:16) attempted to clarify the concept of spirituality by reviewing prior concept analysis in literature, and by making use of an evolutionary concept analysis in which papers were analysed to identify attributes, antecedents, and the consequences of these concepts. As a result, they identified three communalities: the transcendence, connectedness, and meaning-making. They then defined spirituality as follows:

> [A] way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering.

Similarly, McGrath (2013:2) made use of sources from Catholic, Orthodox, Protestant and Evangelical writers to compile a definition for spirituality, motivated by the belief that one lives what one believes. This definition,

concerns the quest for a fulfilled and authentic religious life, involving the bringing together of the ideas distinctive of that religion and the whole experience os living on the basis of and within the scope of that religion.

In support of this definition, Hermans (2014:6) defined spirituality as follows:

Spiritual experiences which are experiences of ultimate meaning, which are existentially relevant, unexpected and sometimes (but not necessarily) objectively strange compared to normal experiences and to a usage-dependent part of religious experiences. Religious experiences are experiences related to human acting and suffering in the name of God but are not necessarily also spiritual.

This researcher was interested in the spiritual experiences of OFRs amid the various traumatic incidences they face on a daily basis. First responders have been classified into the most traumatic occupations as they are repeatedly exposed to trauma, and are constantly put in harm's way (Haugen, Evces and Weiss 2012:1).

Diewitz-Chesney (2012:257) found that among OFRs, paramedics have the highest rate of Post-traumatic Stress Disorders (PTSDs), and stated that current biomedical, behavioural, and socio-environmental interventions do not address the needs of paramedics within their work environment. Paramedics, firefighters and police are exposed to similar emergency events, but studies have found that paramedics have been classified with the worst physical health, psychological well-being, and job dissatisfaction. The reason for this is that paramedics spend more time with their patients, respond to more emergency calls, and therefore have a higher workload. Poor employer support, which has been found to be more stressful than working with patients, has also been reported. Current interventions have been deemed inadequate to address these root problems (Diewitz-Chesney 2012:259).

Another challenge for first responders is the almost unique setting in South Africa with its restrictive infrastructure, severe financial restraints and an extremely violent environment (Brysiewicz 2001:129). Traumatic stressors may include risk of death or injury and witnessing incidents where they have to prevent death. These are the stressors that separate the occupation of a first responder from most other professions (Haugen et al. 2012:371).

The spiritual component inherent within their resource centres for coping with their difficulties is fundamental to their well-being and healing. According to Smith and Charles (2010:320), there exists a moral obligation to address this neglected component within well-being and whole-person healing. According to Diener and Fujita (1997:329), subjective well-being is a person's affective and cognitive evaluation of their own lives and includes facets such as whether the individual is satisfied with his or her life or feels despair. Subjective well-being is relevant to this study because it is a vital part of a person's social structure and plays an

integral part in the manner through which pastoral therapy aims to approach a person's spiritual well-being within the healing process.

The topic of spirituality, and a possible existence of spiritual woundedness among OFRs as an existing and neglected problem which may be addressed through narrative pastoral therapy, was born from the researcher's own work environment. The researcher works at the Disaster Management Training and Education Centre for Africa at the University of the Free State, where she had been in contact with many OFRs studying disaster management. From random and informal discussions, she was motivated to conduct research on the topic of emergency medical services (EMS) and their work environment. From various discussions with EMS personnel, and desperate phone calls from rescue workers who expressed feeling 'lost' and questioning the meaning of their lives and the involvement of God during these chaotic moments, she became aware of their attempts to make sense of their work environment.

The researcher therefore became interested in where these questions might have originated from, why these questions remained unanswered, why they even existed, and what might be a solution. After doing a short literature study, she found that these issues may be compared to the most basic definition of spirituality, where a person's relationship with the transcendent and issues of meaning-making can be found. During informal and unplanned interview discussions with OFRs, a need for addressing these questions was identified, and thus motivated this study.

Current methods of assisting OFRs to cope with the challenges in their work environment include, among others, Critical Incident Stress Debriefing (CISD), which was specifically designed to assist first responders suffering from secondary trauma, with the hope of preventing the occurrence of PTSD. CISD is generally done by peer debriefers (Intveld 2016:57).

Through randomised controlled trials, Tuckey and Scott (2014:51) found that CISD was not the most effective method when treating trauma-related symptoms displayed by first responders and found that early interventions may be more beneficial in these high-risk professions. Interviews with the managers of South African OFRs from various EMS and firefighting departments revealed that these people are aware of an existing programme developed by the Department of Health, aimed at empowering OFRs with various coping skills. This programme, Employer Wellness Programme, is however seldom implemented. It was also stated that this programme does not address religious or spiritual matters.

Crises and trauma form an inevitable part of a person's life journey, and the severity and degree of this trauma have the ability to change a person's life story. Physical, mental and

social well-being have been the main focus when considering what it means to be human and are distinct domains within health care settings. However, health care models have begun to recognise spiritual well-being in their treatment approaches and have found it to be a valuable component within whole-person care (Bredle et al. 2011:78).

The motivation behind the decision to use 'war' as a metaphor for OFR's spiritual woundedness, came from a statement made by Brennan (2011:ix), who referred to OFRs, and in particular firefighters, as 'warriors' in combat. Charles Figley (1997), founder of the Green Cross, and expert in PTSD, examined the trauma of soldiers who returned from war. The researcher postulates that this trauma might be compared to the work environment of OFRs and the consequences of their job. A reporter from the Star, a South African online news webpage (Taylor 2012:online), wrote that due to the high crime levels and attacks on paramedics while on duty, some paramedics have been carrying firearms to defend themselves and their patients.

Therefore, this research made use of Sun Tzu's strategies of combat towards victory in a metaphorical manner, towards an understanding of possible victory over unseen and, at times, unspoken spiritual battles (Griffith 1971:63). The 'Art of War' has a common denominator linking it to this research study, which is mainly found in Sun Tzu himself. According to Brennan (2011:ix), Sun Tzu was a revered general defined by compassion and spirituality, who "possessed a desire for resolution". Therefore, the art of war is not about waging war, but about victory. Brennan (2011:ix) referred to this as David toppling Goliath and claimed that these concepts may be applied to a person's own life. Chapter 8 aims to briefly discuss a few existing methods and models used that might be applied to the contexts of OFRs with the hope of assisting them with the stressful aftermath of 'waging their war'. Overall, this thesis aims to gain an understanding of the spiritual woundedness of OFRs, and from this information, find possible solutions towards healing.

1.3   Significance of this study

Very few studies focus on the spiritual wounds of OFRs who are exposed to stressors and secondary trauma on a daily basis. The majority of trauma studies focus on the psychological wounds of the healer and helpers suffering from vicarious or secondary trauma, or the person who is directly exposed to a traumatic event such as tsunamis, war or terrorist attacks. Klein and Westphal (2011:2) highlight that few studies concerning the well-being of OFRs have been conducted as most of these studies focus on the victims of trauma, and the patients of the paramedics.

However, the researcher has found that recent research has been undertaken to explore paramedic and firefighter PTSDs. Because of the traumatic environment that OFRs work in, they are regularly exposed to stressors and emotional trauma (Dennis et al. 2013:763). It has already been shown through various studies that the OFR occupation is one of the most stressful and traumatic occupations (Courtney, Francis and Paxton 2010:33). A traumatic event has biological, psychological and social consequences following the incident, and may lead to PTSD (Marmar et al. 2006:2). Cunha et al. (2015:1) found that traumatised personnel who suffer from psychological health problems are more likely to terminate their employment. In the United States of America (USA), a fire department responds to a fire emergency every 23 seconds (Madrzykowski 2013:7). In South Africa, very little data is available on the frequency of emergency incidents and disasters OFRs have to respond to.

First responders have to cope with loss, stress, and trauma, feelings of helplessness, self-doubt and organisational difficulties. These difficulties may lead to compassion fatigue, vicarious trauma, burnout, and if untreated, lead to post-traumatic stress. The study by Stanley, Horn and Joiner (2016:25) found that OFRs frequently suffer from suicidal thoughts and behaviour.

A similar study by Levenson, O'Hara and Clark (2010:95), which focussed on stress experienced by police officers in the USA, found that police officers consistently have the most stressful jobs, and are more likely to die by suicide than during their duties in fighting crime.

OFR paramedics in Johannesburg, South Africa, suffer from extensive burnout symptoms, among which 23% of the paramedics experienced patient-related burnout; 38% experienced work-related burnout, and 53% experienced personal-related burnout. Compared to their international counterparts, they experienced a greater prevalence of burnout (Stassen, Van Nugteren and Stein 2012:1).

Perez et al. (2010:113) found that exposure to disturbing images on a frequent basis may lead to secondary traumatic stress and burnout, which in turn is related to an increased protectiveness of family, reliance on co-workers, and general distrust. According to Baird and Kracen (2006:181), vicarious trauma refers to the "harmful changes that occur in professional's views of themselves, others and the world", due to exposure to the trauma of their patients. The responses to, and effects of, this exposure, are associated with disruption to their schema which mostly concerns feelings of distrust, low self-esteem, intimacy problems, feeling unsafe and a lack of control. These feelings each represent a psychological need and are related to inter- and intrapersonal relationships. This is where Baird and Kracen's study concluded, but the spiritual issues that follow these psychological needs, were neglected, as in many other studies concerning the trauma experienced by OFRs. Disrupted

psychological needs such as safety, esteem and intimacy affect meaning-making, hope and inter- and intrapersonal relationships. These disrupted systems of meaning lead to a disrupted spirituality (Pearlman and Caringi 2009:209). Due to the lack of studies in South Africa concerning OFR trauma and woundedness, this data supports the importance of the study in terms of contributing towards a holistic model of care.

1.4   Research problem

Discussions on the well-being of OFRs often focus on PTSDs, with CISD as the most popular method of prevention. Within the mental health sphere, the spiritual wounds and spiritual healing are less explored. Extensive research has shown that the environment in which OFRs work is closely linked with symptoms of stress and trauma and may ultimately lead to a diagnosis of PTSD (Benedek, Fullerton and Ursano 2007:56; Haugen et al. 2012:371; Pietrantoni and Prati 2008:371). Nevertheless, the researcher intended to seek ways in which spiritual intervention may prevent or alleviate the harm caused by this environment.

Literature is sparse concerning the spiritual woundedness and healing of OFRs. Popular intervention programmes and strategies focus on biopsychosocial approaches to healing which include psychological approaches such as Psychological First Aid, Cognitive behavioural therapy, and CISD. Psychological First Aid, which is an early intervention strategy focussing on social connectedness, fostering optimism, restoring a sense of self-efficacy through psycho-education, relaxing training, and cognitive reframing. Speciality care includes psychopharmacology focussing on the biological healing. Cognitive behavioural therapy attempts to correct cognitive disorders through imagery rehearsal, prolonged exposure, and re-exposure to the traumatic events. In addition to these approaches, psychosocial interventions include eye movement decentralisation and processing. This includes re-exposure to the incidents through eye movement, memory recall and verbalisation (Benedek et al. 2007:64). Within their research towards the mental health of first responders, they do not mention the spiritual consequences of experiencing a crisis, nor the spiritual or religious approaches to healing stress and trauma.

From a modernist perspective, the biopsychosocial model includes humanistic approaches such as Maslow's Hierarchy of Needs. Aarons and Richards (2015:164) define humanistic psychology as "an orientation with a model of human psychological health based on the fullest realization and actualization of the self". These authors refer to Maslow's humanistic view of therapy as one of the main contributors in the biopsychosocial model. Maslow focussed on a biopsychosocial approach drawing knowledge from ancient philosophies, the nineteenth and twentieth century European existentialism and phenomenology, and organismic physiology,

which he viewed as holistic psychology (Aarons and Richards 2015:164). This study, however, focussed on a narrative approach to therapy, positioned within the epistemological framework of a postfoundational notion of practical theology, which will be motivated and discussed in the next chapter.

The researcher found that recent studies concerning the well-being of OFRs were mostly conducted in a European (Streb, Hallard and Michael 2014:452) and Asian (Chan, Tang and Hall 2016:282; Hong and Efferth 2015:1) context. The reason for this might be these countries' risk towards disasters, and the vast exposure the media lends to these disasters, such as the Japan Tsunami, the 9/11 World Trade Centre attacks, Hurricane Katrina, and most recently, Hurricane Henry. Research papers focus mainly on major disasters such as the 9/11 World Trade Centre and Hurricane Katrina, and deal with the prevalence of PTSD (Komarovskaya et al. 2014:92; Maslow et al. 2015:198; Perrin et al. 2007:1385; West et al. 2008:689). These papers deal with the consequences of prolonged trauma, instead of being preventative in nature.

Previous trials and studies that focussed on the prevention and healing of stress, trauma, and PTSD among OFRs have yielded inadequate results. CISD, developed by Mitchell in the early 1980s, have been found to be a popular approach as an early post-incident approach (Mitchell and Everly 1995:267). CISD was developed for people working in stressful environments and is focused on helping them process thoughts and emotions (Hawker, Durkin and Hawker 2011:453). Jeanette and Scoboria (2008:314) investigated firefighters' preferences regarding post-incident interventions, and found the effectiveness of CISD to be inconclusive, while firefighters preferred individual interventions as opposed to group interventions. Additionally, they found firefighters to be partial to informal peer support rather than formal interventions. During a randomised controlled trial conducted in Australia, which included the participation of emergency service personnel, the CISD was used as an approach to healing, assessing post-traumatic stress, psychological stress, quality of life, and alcohol use. Tuckey and Scott (2014:38) found that CISD had no effects on post-traumatic stress or psychological stress, and as a result, the efficacy of group psychological debriefing remained unresolved. Psychological debriefing, such as CISD, have been found to be harmful when used in groups for the first time after a traumatic incident, which is the norm after critical incidents. It was intended to be helpful when workers have been previously informally debriefed as a group (Hawker et al. 2011:453).

From a study sample which included 5 759 therapists, investigating the integration of religion and spirituality in therapy, Walker, Goruch and Tan (2004:69) found that the participants considered these factors relevant to their own lives, but rarely referred to it in practice. Yet, a

growing interest towards these topics have recently developed, and psychotherapists have been found to be open to the idea of religious and spiritual issues in their practice, as clients voice the need to include a discussion of these issues during therapy (Post and Wade 2009:131; Worthington et al. 2011:204). Even though religion and spirituality has been found to be successful in the development of coping mechanisms during psychological therapy, therapists at times still fail to include it in interventions aimed at the healing process. This might be because of a lack of training regarding religious and spiritual practices and matters (Elkonin, Brown and Naiker 2014:119) and they might be sceptical of incorporating these matters during therapy.

Empirical outcomes have indicated that many people turn to religion as a coping strategy when having to make sense of life stressors (Pargament, Feville and Burdzy 2011:52). Pargament and Mahoney (2005:13) defined positive religious coping as "efforts to understand and deal with life stressors in ways related to the sacred" (see also Pargament et al. 2011:53). The term 'sacred' does not solely reflect the traditional notions of God or a higher power but includes aspects of life associated with the divine. Related to this, Prati, Pietrantoni and Cicognani (2011:189) found that personal religious coping strategies among rescue workers include prayer and seeking comfort in their religion. Prayer, which is a communicative practice that suggests an introspective reflection and a dispensing of thoughts, is a spiritual practice. Adams et al. (2011:8) found that a positive religious coping strategy commonly used by OFRs during the Hurricane Katrina disaster was their faith and belief in God, thereby recognising the presence of a higher power who is in control and provides a sense of security. Additional core coping strategies employed, included talking to colleagues or spouses, or a detachment from God and others. There findings indicate that not all the strategies employed by the OFR were constructive.

Positive religious coping has been known to be related to positive adjustment. As such, Pargament et al. (2011:51) describe the methods towards positive religious coping as a reflection of "a secure relationship with a transcendent force, providing a sense of spiritual connection to others, and a benevolent worldview". Conversely, negative religious coping strategies suggest "a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance" (Pargament et al. 1998:712), including underlying inter- and intrapersonal spiritual tensions (Pargament et al. 2011:51).

Maintaining a relationship and connectedness to God is also a spiritual belief and found in the core definition of spirituality as defined in this study. Spiritual practices and religious behaviour such as prayer and faith have been associated with the relief of post-traumatic stress symptoms such as anxiety and depression (Hoge, Austin and Pollack 2007:143). The need to

communicate and connect with God seems to be in contrast to the need for detachment. Detachment may be, in this regard, viewed as a form of denial and escape from the emotional traumatic experiences as a result of their work environment. Many OFRs suffer from burnout and compassion fatigue due to the nature of their work, which may cause various symptoms such as a loss of meaning, and alienation from others (Lumb 2016:2; Wessinger 2012:53). As a result, a religious OFR might ponder on questions such as: Why does God allow bad things to happen? What is the purpose of my life? Is God punishing us for our sins? These thoughts are lined with loss of meaning (Park 2013:42) and detachment (Bosch 2009:144) which have been found to be among the main indicators of spiritual woundedness.

When focusing on the present context of South Africa, it becomes clear that there is no known programme implemented in South Africa that specifically addresses the issue of spirituality related to the experience of OFR trauma. Within the health care system, however, the Employer Wellness Programme is available to employees when they are in need of psychosocial care. This programme includes the services of both social workers and psychologists, but not necessarily pastoral care or faith workers (Personal interview, Rowe-Rowe 2017).

Feedback from Kevin Rowe-Rowe (Personal interview 2017), principal of the Free State College of Emergency Care, Department of Health, Bloemfontein, regarding the psychosocial programmes available to OFRs, revealed that these programmes offer counselling, debriefing, stress management and general life skills to employees. This programme was initiated by management in 2005 and was not compulsory. However, the EMS utilised this service through supervisory referral and self-referral. Rowe-Rowe further stated that at the time of the interview there was no specific service allocated to the spiritual needs of OFRs, as the programme comprised of psychosocial interventions only. The chaplaincy service previously available has been terminated in the EMS. A chaplain employed by the EMS and the military mainly provided chaplaincy services. After the 9/11 World Trade Centre terrorist attack in the USA, the main role of chaplains were to minister prayer and be present at ground level to pray over the deceased bodies and various body parts. When an OFR official has died on the scene, all work would be stopped and they would all participate in prayer. The significance of these acts in context to the OFR experience may be found in the pastoral approach where there is a need to go beyond the application of listening skills, towards a spiritual and religious intervention in order to create meaning in a way of standing together and being together (Swain 2011:5). When addressing spiritual needs, chaplains play a vital role in contributing to the holistic healing of individuals. Mowat and Swinton (2007:5) found that, in Scotland, the National Health Service acknowledges the need of chaplains to respond to experienced crises through theological reflection and spiritual practices.

In an informal conversation with the researcher in 2011, an EMS OFR said, "If you have not blead with us, we don't trust you to know how to help us." By this, he meant that if a therapist has not experienced the suffering that OFRs have to endure in their work, they do not trust that the therapist truly understands how to help them. From this statement, the question arose: Is the psychologist appointed at the centre providing sufficient assistance? It seemed that trust between the therapist and OFRs was a major factor to take into consideration when providing help. In a personal interview in 2016 with Mr Neville van Rensburg, provincial rescue and disaster coordinator for the Western Cape Province, he said that he was unaware of any spiritual workers or spiritual guidance available to OFRs. He confirmed the need for spiritual guidance or pastoral care for OFRs, especially in the traumatic context of their work environment. On a personal level, Van Rensburg (2016) stated that in times of destruction – especially when children suffer – he often wondered about God's loving nature. During these trying times, nothing made sense to him. He confirmed his own need to voice these issues in finding peace and rest. This statement might indicate that he often pondered the meaning of life and wrestled with issues pertaining to his relationship with God. Although the Employer Wellness Programme is available to OFRs, the researcher aimed to investigate the available spiritual resources, and to explore the need for spiritual healing and guidance.

In a previous study conducted on pastoral counselling within the EMS work environment (Schröder 2012:iii), it became clear that participants were not clear on where to go for counselling, and that they would welcome a pastoral counsellor as an option towards healing. By making use of purposive sampling, a non-probability sampling method, questionnaires were sent to chosen EMS centres in South Africa. The questionnaires comprised of 33 closed questions and 4 open-ended questions. Questions 1 to 11 were related to demographics; whereas questions 12 to 17 related to the manner in which the respondents in the study coped with stress related to their work. Questions 18 to 33, in turn, contained a Likert scale in which the respondents needed to select their level of agreement to questions pertaining to stress in the work environment. Questions 34 to 35 were open-ended questions relating to OFR's understanding and experience of pastoral counselling.

Previous research, including the above mentioned study, have consistently demonstrated OFR's exposure to work-related stressors (Benedek et al. 2007:56; Chan et al. 2016:282; Haugen et al. 2012:372). OFRs are a vital part of rescue and recovery operations after a crisis or disaster situation. Many times, their work requires of them to manage dangerous situations. They are exposed to stress and trauma, which ultimately may lead to PTSD. Existing resources for coping with this stress have mainly focused on the biopsychosocial aspects of healing and will be further discussed in chapter 10. Each OFR centre has their own unique culture, which is specific to that group. There are, however, certain common traits that have

been identified in most OFR groups as a result of the type of work that they do. Some of these traits include 'black humour', which in turn presents problems towards their willingness to go for any type of counselling. It is clear then that OFR experiences within their work environment may lead to spiritual woundedness. There is, however, according to interviews conducted by the researcher, no formal spiritual care within many emergency response organisations in South Africa.

1.5   Research questions

The following research questions have been formulated for this study:

- What is the nature of the spiritual woundedness experienced by official first responders as a result of their stressful and traumatic work environment?

- How does their spiritual woundedness influence their meaning-making, God concept and relationships?

- How can a narrative pastoral approach to therapy assist these official first responders in the healing of the spiritual woundedness that they have acquired?

1.6   Research purpose and aims

The purpose of this study was to examine the nature of the spiritual woundedness of OFRs as a result of their work environment and to explore the possibility of a narrative pastoral approach to therapy in the healing of this woundedness.

This exploration was done with the use of an in-depth study in previous research conducted globally in a similar context, and by comparing these results with results attained from the qualitative interviews conducted with a selected sample of OFRs in South Africa.

1.7   Research contribution

The central theoretical statement of this study is that the work environment of OFRs may lead to spiritual woundedness and a narrative pastoral therapy approach may contribute towards spiritual healing and therefore, spiritual wellness.

According to Walker and Aten (2012:53), scholars have recently delivered studies on how spirituality and religion can assist in the prevention and healing of psychological, physical, and spiritual trauma, but these studies lack in term of religious and spiritual assessment and intervention. According to Bolman and Deal (2011:4), the soul and spirit are vital components when trying to cope with stressors. Mitroff and Denton (2013:1, 13) describe soul and spirit as

an 'interconnectedness' with self, others and the universe and describes the soul as "a concept of the self that speaks of the whole person integrated in his or her unique way". Meezenbroek et al. (2012:338) define spirituality as "one's striving for and experience of connection with oneself, connectedness with others and the nature and connectedness with the transcendent".

The research contributions might include:

- a contribution towards the therapeutic approach of OFR's coping;

- a contribution towards the policy application of OFR's therapy approaches; and

- a contribution towards the holistic health and wellness of OFRs.

A narrative pastoral therapy approach may have a role to play in the healing of spiritual woundedness. A narrative pastoral therapy approach, which is distinct from psychological approaches as it incorporates spiritual care, have been found to be an effective therapeutic approach to healing (Doehring 2015:xxi; Meezenbroek et al. 2012:336).

1.8 Conclusion

Official First Responders are exposed to stressful and traumatic events on a regular basis. In addition, South African OFRs have to cope with the 'war-like' environment where their own lives are at risk. Stress and trauma has dire consequences on their psychological well-being. In addition, OFRs experiences may lead to a loss of meaning, damaged relationships, and hopelessness, and ultimately, spiritual woundedness. Therapeutic interventions seem ineffective and does not include spiritual dimensions of healing. Chapter 2 is focussed on the research design and how the research will be conducted towards an understanding of OFR's possible spiritual woundedness and ways towards healing.

Chapter 2

Attack by the Stratagem: The Research Design

> While heading the profit of my counsel, avail yourself also of any helpful circumstances over and beyond the ordinary rules. According as circumstances are favourable, one should modify one's plans.
>
> Now the general who wins a battle makes many calculations in his temple where the battle is fought. The general who loses a battle makes but few calculations beforehand. Thus do many calculations lead to victory and few calculations to defeat, how much more no calculation at all! It is by attention to this point that I can foresee who is likely to win or lose.
>
> In the practical art of war, the best thing of all is to take the enemy's country whole and intact; to shatter and destroy it is not so good. So, too, it is better to recapture an army entire than to destroy it, to capture a regiment, a detachment or a company entire than to destroy them.
>
> If you know the enemy and know yourself, you need not fear the result of a hundred battles. If you know yourself but not the enemy, for every victory gained you will also suffer a defeat. If you know neither the enemy nor yourself, you will succumb in every battle.
>
> <div align="right">Tzu (2012:15,17,23,30).</div>

2.1   Introduction

This chapter is concerned with the research design and therefore the plan to conduct research. In a certain sense, the research plan is also a strategy, which can be compared with the 'stratagem' of war. The design of this research as a strategy becomes the vehicle for fighting the metaphorical war of OFRs. This chapter is therefore represented by the metaphor of 'attack by stratagem' and will elaborate on the use of this in due course. The motivation for using 'war' as the main metaphor throughout the study is discussed in Chapter 1.

In the Art of War, Tzu (2012:30) explains that it is necessary to have a strategy towards victory, which is flexible and can be changed and modified in different scenarios. It is also necessary to know the enemy, and know oneself, which in turn leads to the possibility of victory.

In a similar fashion, the metaphorical research 'war' and its strategy in fighting this war represented by the research design, should consider various worldviews in identifying the strategic worldview of this research study. Identifying a specific worldview through which people and their contexts are viewed, becomes paramount to the success of this study in

contributing to the healing process of OFRs. As such, this chapter aims at discussing several worldviews, which inevitably influence both the epistemology and methodology of this research study.

By continuing with the metaphor of 'attack by stratagem', various research strategies were considered, selected and adapted to suit the research design and methodology, with the primary aim of identifying possible spiritual therapeutic approaches which can assist in the healing of spiritual woundedness.

2.2   Research design

This study, positioned within the postmodern, postfoundational worldview, considered a narrative approach to research and therapy within pastoral theology. The study aimed to gain an in-depth understanding of the nature of spiritual woundedness of OFRs and how a pastoral narrative approach to therapy might contribute to the healing of these wounds.

Information was gathered by making use of a qualitative research approach, incorporating theoretical viewpoints of a postfoundationalist notion in practical theology, liaising with a narrative approach to therapy. The aim with this research design was to explore the issues at stake, and to develop alternative narratives that might contribute to the healing of these spiritual wounds. A qualitative approach aims to address the research question in order to provide richer data, and possible paradoxes, which may emerge from the qualitative data sources.

According to Osmer (2011:49), qualitative research is best suited when studying individuals or small groups. This is done by seeking to understand people's everyday actions and practices, and the meaning they contribute to these experiences. Within the qualitative research design, data was collected through an in-depth review of literature concerning previous research conducted on the topic globally, as well as conducting interviews with a selected sample of individuals who work as OFRs in South Africa. Through the specific manner in which data was collected, stories were listened to and heard, taking into consideration their life history and cultural setting. Therefore, the description of a specific context was vital in the understanding of narrated experiences.

Qualitative research is concerned with situations and practices, tasked with identifying and developing understanding of meanings, assuming that humans are 'interpretive' by nature, trying to make sense of the world and experiences (Swinton and Mowat 2016:vii,28). The process of qualitative research is explained by McLeod (2001:3) as a process of rigorous enquiry into aspects of the social world. It produces formal statements or conceptual

frameworks that provide new ways of understanding the world, and therefore comprises knowledge that is practically useful for those who work with issues around learning and adjustment to the pressures and demands of the social world.

As this study focussed specifically on a phenomenon which stems from the psychosocial and spiritual aspects of the human being, the theoretical viewpoints of the qualitative research approach proved most useful. Within this approach, the researcher has utilised a case study research design, which explores a few small instances, events or people in-depth. Within this design the theoretical viewpoints of constructivism (on which a narrative approach to therapy and research is built), interpretivism and a postfoundational notion of practical theology is explored in an attempt to come to a better understanding of the meaning people attach to specific experiences.

In qualitative research, the focus falls on the process, understanding, meaning, data collection and analysis of the study. The qualitative research process is mainly interested in how people interpret experiences (Holloway and Galvin 2016:6). In this study, previous research confirmed that OFRs suffer from exposure to stressful and harmful experiences, and experiences culminating from constant, indirect exposure to stress and trauma, and how these individuals channel their feelings which develop as a result of this exposure (Courtney et al. 2010:33; Dennis et al., 2013:763; Marmar et al. 2006:2; Van Straten 2012:22). The interest of this study was mainly on the expectation that OFRs do suffer from spiritual woundedness, as well as the help available to them, and if a pastoral narrative approach to therapy might contribute to the healing of spiritual woundedness. The research process was a means of engaging the researcher with OFRs, towards and understanding of the importance of spirituality within the coping process.

2.2.1   Case study approach to research

The focus on a case study as research approach constitutes the study of singular entities, which might include various methods of data collection and analysis (Willig 2013:100). A case study approach was used for this study with the aim of focussing on the specific phenomenon of spiritual woundedness within the occupational environment of OFRs. The environment – or instances – surrounding the occupation of OFRs, thus constitutes a case which contains specific elements and persons that will directly and indirectly influence the occurrence of spiritual woundedness within this research context.

Within this research design, a descriptive and explanatory case study approach was utilised. The descriptive case study aimed at describing the phenomenon of spiritual woundedness as it occurs within the real-life context of OFRs in South Africa. In turn, an explanatory case study

approach complimented the descriptive approach by examining the explanatory approach in this research study and making use of metaphorical 'spies' to interpret and explain the data. The concept of 'spies', represents interdisciplinary investigation employed by a postfoundational notion of practical theology with the aim of coming to a better and in-depth understanding of the phenomenon at hand. This movement will be explained in more detail in Chapter 8.

2.2.1.1 Sampling

The sampling technique employed in this study was non-probability sampling. Within this qualitative sampling method, purposive sampling was utilised, whereby the researcher identified specific knowledgeable experts (Tongco 2007:151) within the field of first response.

The research was accompanied by a sample of nine OFRs, who were the 'co-researchers' of this study. The co-researchers were selected via purposive sampling and termed 'co-researchers', as opposed to 'participants' or 'research subjects', as the narrative approach to research, and therapy places the individual at the centre of expertise and experience. Along with the researcher, they were co-explorers of their lives and narratives, towards finding new meaning and creating new stories. By telling stories, individuals give meaning to their lives. Narrative therapy facilitates a relationship where the client and the therapist join, facilitating the re-storying of experiences, towards different possibilities and directions posed by the original problem-saturated story (Combs and Freedman 2012:1034).

The co-researchers were asked to give themselves pseudonyms for the purpose of anonymity. The pseudonyms had to be relevant to their work environment and entail a specific meaning to them. The criteria for selection of the purposive sample were people with

- at least eight years' experience in first response; and
- with experience specifically in disaster first response.

Trust between OFRs and the researcher was a confounding variable in this study and vital to the reliability of the findings of this study. Therefore, this sample consisted of OFRs who had an existing relationship of trust with the researcher. As a result, nine OFRs were prepared to partake in the study as co-researchers, of which only four interviews could be used due to limited information provided by the remaining five interviewees. The background, history, gender, culture, religiosity and environment of OFRs will be discussed in Chapters 5, 6 and 7.

2.2.1.2 Data collection

Open-ended, semi-structured research interviews were conducted with a selected sample of individuals who volunteered to take part in this study. According to Wengraf (2001:4), semi-

structured interviews are not designed to create change in the informant's life, but to collect information with the purpose of bringing reality in line with the facts.

The interviews took place on an individual basis, and not within a group environment. Where it was impossible to have personal face-to-face interviews, or where interviews through the online social network 'Skype' were not possible, telephonic interviews were conducted. Because of differences in OFR expertise, (for example, EMS and firefighters, as well as disaster relief expertise) the co-researchers resided in different places in South Africa and were not necessarily all clustered in one area. This made personal face-to-face interviews difficult at times.

A literature study was conducted to support and enrich the data collected from the interviews. By conducting a literature review, knowledge, theories, and phenomena on the topic are gathered from previous research in support of the new findings in this study (Randolph 2009:2). The data collection process included the seven movements of a postfoundational notion of practical theology, respectively used at different stages of the collection phase.

2.2.1.3 Data analysis

Data analysis was done by transcribing the interviews, identifying themes from the data and grouping the themes into categories. Qualitative coding as data analysis method took place in conjunction with the seven movements of a postfoundational notion of practical theology, which also formed the epistemological basis of this study. Therefore, the primary imperative of both the data collection and data analysis processes was built on the assumptions and movements of a postfoundational notion of practical theology. This implies that data collection and analysis were not mutually exclusive processes and took place continuously and simultaneously. These seven movements of a postfoundational notion of practical theology (Loubser and Müller 2011:6) are as follows:

1. A specific context is described.
2. In-context experiences are listened to and described.
3. Interpretations of experiences are made, described and developed in collaboration with co-researchers.
4. A description of experiences, as it is continually informed by the tradition of interpretation. To be directed by traditions, is the third requirement and corresponds with God's presence and is explored in the fifth movement.
5. A reflection on the religious and spiritual aspects, especially on God's presence, as it is understood and experienced in a specific situation.
6. A description of experiences thickened through interdisciplinary investigation.

7. The development of alternative interpretations that point beyond the local community.

Specific narratives were additionally analysed with the use of the main premises of a narrative approach to therapy and research. Some of these methods include (but are not limited to) the identification of the following:

- Problem-saturated story.
- Landscape of action.
- Unique outcomes.
- Alternative narrative.

2.2.2 Ethical considerations

This study was conducted with a high awareness of ethical responsibility towards the co-researchers. Ethical negotiations are vital between the researcher and the co-researchers. In order to generate rich data, qualitative research depends mostly on building good interpersonal relationships with the co-researchers. These relationships are primarily built on a foundation of mutual respect, which is maintained throughout the research process (Guillemin and Heggin 2009:291).

The researcher had the utmost respect for the co-researchers who participated in this study, valued their individual and unique experiences, perspectives and beliefs, and conducted the research in a culturally sensitive manner. The researcher was constantly aware of, and alert to possible conflict areas. Therefore, the researchers aimed at developing and maintaining mutual respect and understanding throughout the research process, with the aim of reaching shared goals, and receiving mutual benefits at the end of the research project.

Participation was voluntary. Each co-researcher was provided with the necessary information regarding the nature of the research project, and its aims and objectives. In addition, the research was briefly discussed before the interviews to make sure that the co-researchers made an informed decision to participate. The co-researchers had the right to withdraw at any stage, without the risk of harm to their person or reputation.

In order to maximise the potential benefits of the research, it was necessary to induce minimum risk to the co-researchers and ensure as little as possible discomfort. Minimal risk is defined as that "the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life" (U.S. Department of Health and Human Services 2009:11). According to Newman and Kaloupek (2009:598), emotional responses stemming from the interviews are classified within the boundaries of minimal risk. The reason for this is that direct questions do not elicit

the same response as the experience itself would. The researcher was sensitive to possible traumatic memories that may reappear during the interviews. The researcher informed the co-researchers of sensitive issues which would be discussed. She was sensitive to their experiences and possible unresolved issues and tried to create a safe environment where they could tell their stories. Therefore, private, individual, and confidential interviews were conducted. The researcher made sure that opportunities for debriefing were provided after the interviews. A positive outcome from the interviews was that it created opportunities for dealing with unresolved issues and provided the opportunity for re-storying.

The researcher made use of purposive sampling. Accordingly, the co-researchers were selected on the grounds of a long-standing and trustworthy relationship which had already been established, or as a recommendation from trusted sources. The co-researchers were chosen for their years of experience as OFRs. Each co-researcher had the right to privacy and confidentiality. Their identities were portrayed in the form of pseudonyms.

A truthful and honest approach was a fundamental premise of this research study. Therefore, the researcher aimed to interpret and process the data in an honest and truthful manner, without bias and preconceived intentions, and without intentionally misleading the reader. The researcher acknowledged the different authors' work and citations used in this study to the best of her ability.

This research study received ethical clearance from the University of the Free State Research Ethics Committee for Theology and Religious Studies on 7 June 2016. The ethical clearance certificate with ethical clearance number UFS-HSD2015/0469 is added as Appendix A.

2.2.3   Challenges

Defining spirituality was a challenge. Addis (2018:337) confirms that spirituality remains a topic rarely mentioned in practice, literature, or training programmes in global health care. Yet, ultimate questions concerning whole-person healing, meaning, and purpose in life, remain factors that cannot be ignored in health care.

An OFR's ability to confide in the researcher was a great challenge. The reasons for these challenges are discussed in Chapter 5 and onwards. From the nine interviews, the researcher managed to secure only four co-researchers who were prepared to turn their pain into words. OFRs tend to internalise painful memories and, for many reasons, do not acknowledge them by giving it a name. When OFRs respond to a critical incident, they mostly prefer to talk to their peers about what they experience. Stories are related in a seemingly light-hearted and humorous manner in order for them to keep their masculine 'cowboys don't cry' image intact. As an outsider, a non-OFR, and being female, the researcher faced the challenge of creating

a space where OFRs could feel secure and comfortable enough to reveal their spiritual needs and wounds, if any.

2.2.4   Limitations to the study

The research study is a non-comparative, non-denominational theological study, where the aim is not the comparison of the experiences or viewpoints of different religions. This study focussed on the Christian religion and its understanding of spirituality.

Additionally, because of the qualitative nature of the research approach, and the choice of a small sample, the aim was not to generalise research findings to the broader population of OFRs in South Africa. Instead, the aim was an in-depth understanding of subjective, but nevertheless, important experiences. Similarly, the findings of this study are limited to the South African context and may not be used to make universal statements regarding spiritual woundedness amongst OFRs.

Securing interviews with female participants was a challenge, and therefore limited this study to male OFRs. Masculinity was found to be a major factor to contend with.

2.3   Theoretical viewpoints

2.3.1   Worldviews

The concept of worldviews today is receiving more attention due to the availability and access to literature. An array of approaches exist in which the researcher may approach the research study. These approaches are grounded in different worldviews. Frederick (2009:354) has identified four dimensions concerning these worldviews:

Worldviews describe the nature and purpose of humanity, provide answers and goals to human existence, and provide a sense of ultimacy. Worldviews entail a cosmology-oriented human existence to place or environment and ask questions such as, Is the world a safe place? For example, in modernism, time is divided into a definite beginning, middle and end. Form a Christian and postmodern viewpoint, time and the future, influences the now. Worldviews focus on the nature of problems and may ask, What is wrong with the world? It regards the tension humans have to endure in order to reach their goals. Worldviews concern finding the problems, which are identified in the first three points, and concern aspects of how humans experience healing, health, and wholeness. One's worldview influences choices, how meaning is made, one's purpose in life, the quality of relationships, as well as how hope experiences are interpreted. It is important to acknowledge each person's unique background and history of experience, storied through language, culture, religion and their relationships,

which shapes their worldviews, and how we generalise, categorise and discriminate within our frameworks of understanding (Schlits, Vieten and Miller 2010:18).

Premodernism, modernism and postmodernism, and the relevance of a Christian worldview, are briefly discussed. The researcher used the work of Meyer (2012), Müller (2011) and Van Huyssteen (1997) to motivate the importance of a postfoundational approach to narrative pastoral therapy.

2.3.1.1 Premodernism

Premodernism is positioned within a foundational epistemology, built on revelation as the basis of all knowledge, where all is believed to have been revealed through the Scriptures, as interpreted by the church, who is viewed as the primary authority, while excluding secular voices (Levenson et al. 2010:95).

Some researchers believe that worldviews should not be separated, but rather interlinked. Within pastoral therapy, Dr Carrie Doehring (2014:xxvi) identified three worldview lenses, namely the premodern lens which values the religious and sacred tradition of the client; the modern lens which critically and systematically views sacred traditions; and the postmodern lens where the client's unique story is considered. She combined the three lenses and named them 'tri-focal'. She believed that pastoral therapists who draw upon the tri-focal lens are able to listen to their client's first-order language when expressing issues of faith in a spontaneous rather than critical manner.

Premodernism is depended on religion, philosophy and metaphysics to explain truth (Du Toit 2006:31). Premodernism philosophers and scientists mostly worked within a Christian context. Yet, critical reasoning and the question of truth became prominent matters under scrutiny. Scientists such as Freud (1939) and Pavlov (1904), and philosophers such as Kierkegaard (1843), induced a scepticism towards religion and truth, and managed to broaden the gap between religion and rationality. The slow demise of the church as institution, the 'death' of religion, and the question of the existence of God began to take shape in the form of modernism (Du Toit 2006:31).

2.3.1.2 Modernism

From a premodernism worldview where people's choices were dominated by an absolute authority, modernity held the promise of liberation from, what is held to believe, a time of "ignorance and irrationality" (Van Huyssteen 1999:22). Modernity presented individuals with the idea that each human being is capable of rationality and reason (Van Huyssteen 1999:22-23). Jun (2014:159) referred to Gunton (1994:13-14) who called this modernist liberation

'disengagement', where humans are viewed as individuals, and view themselves as set apart from each other and the world, and in the process, disengaging from God and religiousness. Modernism rejected medieval church rationality, which made a distinction between the transcendent and the immanent. Modernism replaced this rationality with a more superior distinction between "the object and a rational independent thinking" (Hugo 2010:41).

Modernism, falling within the foundational epistemology, was dictated by knowledge derived from reason and experience. Foundationalism consists of beliefs, which can be justified by appealing to self-evident or undisputable knowledge. Non-foundationalism exists when each culture and community have their own rationality and implies a "total relativism of rationalities" (Van Huyssteen 1997:2-3). Knowledge had to be rational and scientifically proven, and therefore the existence of God had to be proven (Van Huyssteen 1997:95). Secular approaches within modern science were only prepared to study that which is measurable and observable and therefore excluding spiritual dimensions and 'soul care' (Sisemore 2014:11).

The Age of Enlightenment and Modernism brought forth seminal social thinkers such as Comte, Durkheim, Marx and Freud, who were united in the belief that religion, sacred practices, and religious institutionalised systems would gradually disappear and be replaced by modern industrialism. Despite their self-proclaimed visionary beliefs of what the future may hold, the 'death' of religion has met a revival in the form of a renewed interest where critics have noted current continued traditions such as churchgoing, New Age spirituality, growing fundamentalist movements and evangelistic revivals such as found in Latin America. Because of the challenge of coping with the secularisation theory today, this study discusses these topics, which might lead the reader to certain questions of positioning or might influence the outcome of the research (Norris and Inglehart 2011:4).

Modernism places truth in the methodology of science (Du Toit 2006:31). Within modernism, the idea of universal truths was born. Modernism adopted this vision of universal truths, whereby science is unified through theoretical rationality wherein values, universal and international, were institutionalised towards one universal truth (Van Huyssteen 1999:27). When referring back to premodernism, this one universal truth within modernism seems to be just another absolute, claiming ultimate authority and a unification of knowledge, institutionalising the way people live. Within Christianity, truth and proof thereof is found in the Apologetics; yet, if it is not a lived religion, it is no wonder questions emerge. Mayers (1984:58) profoundly stated:

> The individual, who says he is a Christian, but does not live like a Christian, actually gives the lie to his own testimony. Unfortunately, unbelievers interpret this contradiction as an indication of the absence of truth in the claims of Christianity.
>
> (also see Puric 2006:2).

Yet, modernism's claim to ultimate authority of truth brought forth postmodern thinkers believing that more than one possible truth exists.

2.3.1.3 Postmodernism

The theorist David Wulff (1997:9) differentiated between modernism and postmodernism when he said:

> [T]hose living in the modern age share a confidence that, in spite of the obvious diversity of conflicting beliefs, reality can become progressively known – if not through some religious revelation, then with the aid of human reason and scientific methods. Post-modernism, in contrast, denies the very possibility of knowing reality. Al beliefs, religious and scientific alike, are social constructions, linguistic products of negotiation among persons living at a particular time and place.

Postmodernism is situated within the belief that there is a particularity of meaning in events and views knowledge in a contextual manner.

Postmodernism rejects the notion of absolute truth, whereby scientific theories are not only based on facts, but also are influenced by both epistemic and non-epistemic value judgements (Van Huyssteen 1999:34). According to Goldberg and Goldberg (2008:346), postmodernity provides people to live lives where reality is invented and created differently by each individual.

Postmodernity, according to Wittmer (2008:15), emanated in the twentieth century where cultural development was built on the beliefs of philosophers such as Foucault, Derrida and Niebuhr. Derrida (1976) and Foucault (1980), viewed by some as radicals, dominated postmodernism where each individual is able to create his own truth. Habermas (1972) and Ricoeur (1971) leaned towards the hermeneutics of interpreting texts. This era is known for its therapy culture of questioning and deconstructing existing notions (Shorrock 2011:65). Postmodernity is described as a cultural state associated with the decline of metanarratives, respect for human difference, an analysis of power, loss of confidence in scientific reasoning, and the rise of technology. Niebuhr's interest in the relationship between Christ and culture brought forth three categories in Christian thinking, namely: "Christ against culture (exclusion), Christ of culture (assimilation), and Christ above culture (synthesis, dualism and conversionism)" (cited by Hurding 2003:266). The Christ-against-culture position suggests an unredeemed culture which is measured in accordance to a Christian culture and are excluded from the inner sanctuary of the church. A Christ-of-culture position are endeavours to balance Christ and culture. The Christ-above-culture position values both Christ as the divine, and culture under divine rule. According to Wittmer (2008:24), the latter position involves compromise, where postmodernity eliminates all claims to truth.

Postmodernism views truth as a subjective existential notion suited only for pondering certain notions and is ontologically inexistent (Du Toit 2006:31). Jansen van Rensburg (2000:55) described postmodernism as follows:

> [T]he objective truth of God's being is no longer the point of departure for theology. People's experience of God, the narratives about God, the subject and the community constitute the postmodern theology. Static, systematic concepts of God are traded for dynamic concepts, creating a hermeneutic and communicative crisis.

In a postmodern, secularised environment, pastoral therapy needs to re-think and re-define the therapeutic approach in order to meet needs such as humanity, intimacy and meaning (Louw 2011:368), without losing focus on God (Louw 2011:257).

Postmodernism poses a challenge within practical theology concerning culture in terms of reason, conservatism and revelation. Hugo (2009:141) described postmodernity as an era of challenges and opportunities in church ministry; and in this research study, focussing specifically on pastoral action. Pastoral care and therapy, within postmodernity, has developed into a participatory, socially constructed, action approach, where the therapist and client are equally tasked in the healing process. Postmodern pastoral therapy leans heavily towards narrative therapy, where the epistemological focus is on social construction allowing a better understanding of conversational therapeutic processes (Hugo 2009:149).

Within the postmodernist worldview, spirituality is viewed as a "universal human phenomenon" (Jacobs 2013:1). When considering postmodern spiritual implications towards change, Jankowski (2002:69) found that, in contrast to modernism's denial of the supernatural and the view that 'God is dead', postmodernism shows an increased interest in the existence of a supernatural and spiritual realm. From a theological viewpoint, postmodernity depends on how one views modernity. Examples of a modernist Christian viewpoint may be seen in the work of Jay Adams during the 1960s (Couture 2003:90). Jacobs (2002:10) concluded that the Judeo-Christian roots and biblical origins within spirituality could not be ignored. When considering stress and trauma counselling from a postmodern viewpoint, Stolorow (2009:208) stated that "human beings would be much more capable of living in their existential vulnerability, anxiety, grief, rather than having to revert to the defensive, destructive evasions" (see also Levers 2012:104).

The start of the twentieth century saw an increase in attention towards the integration of pastoral therapy and psychotherapy (Nelson-Jones 2010:3) and with this, a wide range of models, frameworks and conflicting interest. However, Zinnbauer and Pargament (2000:62) pointed out that religion and pastoral therapy had its fair share of conflict.

The researcher acknowledge the postmodern, postfoundational perspective within this study. A narrative approach to counselling is situated within postmodernism. Within postmodernism, experience is viewed as the primary mediator of truth and reality (McGrath 1999:2). Postmodernism is situated within the belief that there is a particularity of meaning in events and views knowledge in a contextual manner. One of the 'limbs' of practical theology is pastoral counselling. Pastoral counselling is done by specially trained therapists who tend to the emergent needs of their clients, as well as the causes of emotional and psychological distress, while tending to the clients' religious/spiritual lives in relation to their distress. A pastoral counsellor is a "specialized ministry/religious vocation in which religiously endorsed therapists are trained and credentialed in pastoral counselling programmes integrating theological and psychological knowledge" (Doehring 2015:190). A pastoral councillor has been trained to 'think theologically' and are theologically accountable. This distinguishes them from therapists whose education exclude theology (Doehring 2009:8). When considering the pastoral counsellor's Christian faith, commitment and identity in a postmodern paradigm, one of the greatest challenges was stipulated by Lakeland (1997:39):

> To any but the most unconstructed of biblical literalists, the challenge of contemporary religious thought is to keep alive in the postmodern world a religious vision created in a distinctly pre-modern cultural context, honed to a level of sophistication and lived out courageously through many centuries of pre-modernity.

From a postmodern viewpoint, Pargament (2007:136) acknowledged the importance between religion and spirituality within psychology and healthcare. He described the link as follows:

> [B]road and deep, responsive to life's situations, nurtured by the larger social context capable of flexibility and continuity, and oriented towards a spirituality that is large enough to encompass the full range of human potential and luminous enough to provide the individual with a powerful vision.

Postmodern approaches understand religion as socially constructed within particular social contexts (Doehring 2015:192). Narrative therapy is one of the approaches situated within the postmodern paradigm and have been found to be congruent with pastoral counselling and spiritual care. Postmodernism is interdisciplinary and leans towards addressing a deficiency of meaning (Ahmed 2013:3). Meaning-making has been identified as one of the most featured concepts within the vast amount of existing definitions of spirituality within the meta-disciplines.

2.3.2   Neo-liberalism

Neo-liberalist Rogers-Vaughn (2013:5) claimed that the world finds itself in an age where theological discourse in pastoral practice are eroding towards best practices, questioning the core aim of caring for the soul. This paradigm shift is in sharp contrast to the pastoral

hermeneutics of care where "Cura animarum – cure of human souls, remains the essential function of pastoral care" (Louw 1998:1). Neo-liberalism leans towards freedom from the constriction of institutionalised systems of belief, and traditional discourse such as theology (Rogers-Vaughn 2013:7). Dufour (2008:17), a colleague of Foucault, asserted, "the great novelty of neo-liberalism, as compared with earlier systems of domination, is that the early systems worked through institutional controls, reinforcements and repression, whereas the new capitalism runs on deinstitutionalization". This freedom towards 'self' implies a freedom from social norms, towards a boundary-less existence, implying that individuals are alienated from social structures and banned to an existence dependent on the consequences of their own choices. Dufour (2008:157) stated that neo-liberalism produces "individuals who are supple, insecure, mobile and open to all the market's modes and variations". The relevance of religion remains a debate disappearing and re-appearing as the focus shifts from one philosopher to the next. The 'usefulness' of religion is under constant scrutiny, and freedom of choice has led to different beliefs having to compete within the relativism of all religious monopolies, due to each religion's view as having the exclusive path to truth and salvation.

Louw (1998:1) acknowledged that the true meaning of 'the cure of human souls' has been lost to secularised psychology and society, where both lean towards science and an independence from institutions such as the church and church community. He emphasised the importance of pastoral theology and therapy to remain true and focussed on the salvation of the Gospel, understanding human existence within context and relationship, towards meaning, through faith. Thus, the challenge within theology, and in particular practical theology and pastoral therapy, is to understand the revelation of God through Christian truth, towards meaning-making and purpose, meaningful actions of faith and the meaning of human existence.

2.3.2.1   Church as body of Christ

Swinton and Mowat (2016:7) defined practical theology as follows:

> [A] critical theological reflection on the practices of the Church as they interact with the practices of the world with a view to ensuring and enabling faithful participation in God's redemptive practices in, to and for the world.

In the light of this reflection, Ganzevoort (1994:21) beliefs that it is important for the pastoral therapist to realise that those with religious beliefs cope with traumatic or stress-related events based on these religious beliefs.

> Crisis and belief are – seen from a narrative hermeneutic perspective – processes, in which the interpretation and the attribution of meaning are central concepts. When crisis means that old interpretations fail and new interpretations are sought, the influence on the development of belief and unbelief becomes clear.

The importance of the church's involvement and responsibility towards trauma counselling is found in Potgieter's (2015:1) research, highlighting the importance of the realisation and awareness for the development and training of church-based counselling teams. She stressed the urgent need for providing emotional and spiritual care, including biblical foundations, especially in a broken South African society suffering from exceptionally high criminal activity. She suggested that training should not be restricted to a select few in the church but be provided to all who are called to provide trauma care. Goode (2017:222) confirms the dire need for counselling and the involvement of the local church when he says that it is each believer within the church community's responsibility to become involved in leadership and counselling.

2.3.2.2   Neo-liberal spirituality

Spirituality may be expressed in religious as well as non-religious ways (Canda and Furman 2010:75). Canda and Furman (2010:75-76) further explained religion as an institutionalised pattern of values, beliefs, symbols, behaviours and experiences that involve spirituality. When considering spirituality as an aspect of the person, it may be related to a focus on meaning, purpose, well-being, values, relationships, and the transcendence. All beings strive towards most of these aspects in life. Spirituality does not have to include religion, but religion includes spirituality. It might therefore be concluded that we may not all be religious, but we are all spiritual beings. Studies conducted in New Zealand showed an increase in secularisation and a decline in religious adherence (Vaccarino, Kavan and Gendall 2011:87,91). They found that, despite the decline in institutionalised Christianity and religion, many said that they had their own personal way of connecting to God, without the need for churches. This view of deinstitutionalisation leans towards neo-liberalism, as shown previously. Although they confessed to not following a religion, they were spiritual, in particular with an interest in the supernatural. Jing (2014:618) explored the religiosity of non-believers in China and found that a sample of Chinese respondents described themselves as 'non-believers' who proclaimed that they do not believe in the existence of a transcendent being yet believed that religion provided meaning to life and upheld moral standards. He found that many Chinese people focus on spirituality within philosophy, and not spirituality within religion, which is more common. This philosophy holds their guidelines to daily life, and in which they attempt to connect with something beyond their scope of being, in order to satisfy their craving for being transcendent. When dealing with stress and daily coping, spirituality and religion has been known to provide a positive contribution. A nationwide survey of stress reactions in the USA after 11 September 2001 found that prayer, religion or spiritual feelings was the second most common way of coping (90%) with the disaster (Perez et al. 2007:344). Pastoral therapists

are not necessarily tied to a certain church denomination, but offer a helping hand dedicated to the Christian community care and the emotional and spiritual well-being of these individuals.

2.3.3   A Christian worldview perspective

Worldviews do not always hold a Christian viewpoint, emphasising a metanarrative with a biblical foundation and Christian tradition. From a therapeutic perspective, worldviews discern between differences and similarities in each therapeutic approach, create, and guide people (Frederick 2009:352). In order to understand a Christian worldview perspective, it is deemed necessary to identify and clarify the major concepts, which feature in all worldviews, namely truth, knowledge, and belief. Many definitions exist within each worldview; however, the researcher has identified the work of Harris (2004:9) who defined these concepts as follows:

- Truth is "a correct account of reality".

- Belief is "a conviction that something is true, based on evidence, trust, reason, or authority, rather than personal experience".

- Knowledge is "the awareness of the truth … also learning, understanding, and the significance of the facts".

Harris (2004:29) believed that academics are at war and refers to the worldviews as 'combatants'. More specifically, modernism, as natural scientists, are in combat with postmodernists, who are viewed as humanists, with social sciences featuring somewhere in the middle of the war-zone. Christianity, according to Harris, should be reckoned as a credible combatant in possession of knowledge relevant to the contemporary world, "and this knowledge needs to be advanced to the forefront of the cultural and worldview battles now raging" (Harris 2004:23). Science and religion, claiming to be so diverse, answer the same questions. In reality, science offers explanations about the origin of human beings, their destiny, and the meaning of life (Harris 2004:26).

"The wholeness of Christian faith includes personal relationship with Christ, agreement with theological propositions, emotional experience, faith commitments, reasoned arguments, and intellectual aspects" (Harris 2004:23). Therefore, a worldview that is more complete is needed as co-guidelines for assisting OFRs suffering from spiritual woundedness. When considering post-apartheid South Africa, the Constitution of the Republic of South Africa, Act 108 of 1996, gives voice to all religions, and their own claim to truth. These truth claims inform norms and morals, and in turn, shape experience. It was the researchers' responsibility to develop the ability to integrate what is learned through these models towards a holistic approach to healing. The integration process aims to include knowledge, by clarifying, filtering and correcting misinterpretation, and adding a Christian perspective to the subject matter. It was,

however, important to guard against absolutism, which shows disregard to perspectives that differ from its own. Du Toit (2006:93) warned that religion does not have the right to claim truth. Therefore, a postfoundational notion in practical theology may contribute towards the hermeneutics of understanding, and theological reflection throughout the research process of this study.

Müller (2011:2) provided a theological framework within a postfoundational approach where contextuality and narrative therapy are intertwined. Contextuality is specific, concrete and situational. This understanding provides a practical way of doing interdisciplinary research where the theologian uses the concept of transversal rationality. Transversal rationality is a practical way of conducting research when working with different interdisciplinary fields (Van Huyssteen 2006:22). Transversal rationality provides a way of doing interdisciplinary work in a "responsible and workable" manner (Müller 2008:204). Van Huyssteen (2006:22) explains that a postfoundational notion seeks a balance between a person's beliefs, which are anchored in their interpretation of experience, and their beliefs already grounded in rational experience. Accordingly, Van Huyssteen (2006:21) states:

> [T]ransversal rationality is now fused with consciousness … unified by experience of self-presence, emerging over time from a remembering self-awareness in which diverse experiences are transversally integrated as we reach out to others.

By interweaving the concept of transversal rationality and OFR environment, a more clear and holistic understanding of who they are and what they experience and need can be realised and may provide guidelines towards therapeutic intervention.

2.3.4   Practical theology as discipline and praxis

Through the paradigm of Christian theology, language and traditions, practical theology functions within a social realm. This process 'closes the gap' between everyday experiences and religious experience. Practical theology not only addresses these experiences through Scripture, but through action, motivated by elements of the liberation theory, justice, and dignity (Meyer 2014:2). The main challenge to theology and pastoral theology, according to Louw (1998:2), is to "interpret and understand the Christian truth in terms of the human experience of the world".

Practical theology as discipline is described by Ganzevoort (2009:5) as the hermeneutics of lived religion. Religion anchors the discipline in theology. Ganzevoort (2009:3) further defines religion as "the transcending patterns of action and meaning embedded in and contributing to the relation with the sacred". Although practical theology engages in the theological reflection of organisational, psychological, and social issues, it is mainly concerned with religion, at its

centre. Religion as a lived experience can be divided into three types of 'material', namely: texts, ideas and praxis. Texts refer to the textual sources of religious tradition and how these texts are interpreted in relation to other texts concerning the sacred and human experience (Ganzevoort 2009:4). Ideas are conceptual and doctoral structures seek ways in which to express the relationship with the sacred. Praxis is concerned with how humans interact with the sacred. When describing hermeneutics, Ganzevoort (2009:5) says:

> In Practical Theology, we study the field of lived religion in a hermeneutical mode, which is, attending to the most fundamental processes of interpreting life through endless conversations in which we construct meaning. These conversations not only include exchanges with our fellow humans, but also with the traditions that model our life. The exchange with tradition, with all its interpretive power and normative claims, eventually aims at a more profound and more adequate spiritual life.

Ganzevoort (2009:3) explained the relationship between practical theology and religion as follows: "Practical theology has to do with religion. So I take religion as the transcending patterns of action and meaning embedded in and contributing to the relation with the sacred."

The first idea anchors the discipline in religion. The second term qualifies this further by speaking of lived religion. The contribution of practical theology starts with the exploration and understanding of a lived religion, and religious sources like the Bible and religious ideas like doctrines come into play insofar as they relate directly with praxis, often even emerging from the study of praxis. The third term to be included is hermeneutics. In practical theology, one studies the field of lived religion in a hermeneutical mode, attending to the most fundamental processes of interpreting life through endless conversations in which one constructs meaning.

Practical theology is cross-disciplinary, forming a part of theology, using concepts, methods and sources of theological discourse in order to develop constructive theological perspectives (Osmer 2008:163). These perspectives are combined with fields such as the social sciences, health care, and the arts. The meta-disciplinary dialogue within this study will include discussions within the biopsychosocial fields concerning therapeutic models by making use of existing literature.

Practical theology, according to Osmer (2008:163), forms part of theology where concepts, methods and sources of theological discourse are used in order to develop a constructive theological perspective, which in turn initiates dialogue within different theological disciplines, as well as their secular neighbours such as the arts and sciences. Within practical theology, praxis is a lived experience of religion and is concerned with an individual's actions rather than a set of institutionalised religious traditions. Practical theology is a contemplative theological discipline, striving towards a knowledge of God, and at its core, the matter of human spiritual

experience, and the aim to theologically explore such experiences (Swinton and Mowat 2016:vii).

Pastoral theology forms a vital part of practical theology and has its focus on the praxis of communication and interpretation, realisation and action, and liberation and transformation (Louw 2011:155).

Hermeneutics assesses meaning and attempts to understand phenomenology existing within text and human behaviour (Louw 2011:155). Hermeneutics as a study method within Christian spirituality is able to investigate all phenomena within their own landscapes of reference. In the case of this study, it will be concerned with the main points identified in the definition of spirituality, which are meaning-making, the transcendent, and a sense of connectedness. Hermeneutics considers the multidisciplinary views of these concepts and helps to find and reveal how its existence is relevant to whole-person counselling, and to find solutions to existing problems (Perrin, DiGrande, Wheeler et al. 2007:1386). Pastoral hermeneutics in this research is a theological reflection on faith and truth in the search for meaning and a renewed relationship with God. Theological reflection guides pastoral therapy towards a focus on the content of the pastoral approach in understanding the human condition and guides the narrative process and interpretation thereof towards change. This process is what makes pastoral therapy unique, as it has unique outcomes (Louw 1998:5).

When taking a person's spiritual well-being and lived experiences into consideration, and by combining the healing process with practical theology and pastoral counselling, it is helpful to consult existing research. Practical theology is 'deeply imbedded' within a hermeneutical paradigm. The research sought to interpret situations, Scripture and Christian practices, drawing on hermeneutical perspectives in order to understand God and human experience, meaning-making and self, while remaining true to theology and always keeping the eschatology of the gospel narrative in mind (Swinton and Mowat 2016:73). Ganzevoort (2009:1) viewed hermeneutics as the core of practical theology and called it "hermeneutics of lived religion". Hermeneutics focuses on rules of interpretation and human interpretation. Thus, practical theology moves closer to the social sciences by striving to be fully public (Osmer and Schweitzer 2003:6) and is done through dialogue. Practical theology therefore found its voice beyond theology and the church. During these conversations, people try to discover the truth and make sense of experiences. These discussions take place not only between people, but also within traditions that shape lives and hone the power to make a positive spiritual outlook possible (Ganzevoort 2009:5). Hermeneutics may also be described as the science, theory and practice of biblical interpretation (Paterson and Higgs 2005:342; Virkler and Ayayo 2007:16). Paterson and Higgs (2005:342) acknowledge Schleiermacher as

the founder of modern hermeneutics. His aim was to move beyond the illumination of biblical text towards the illumination of human understanding. According to Debesay, Naden and Slettebo (2008:57), hermeneutic understanding is achieved within the hermeneutic circle. In theology, this is done by examining the Bible through interpretation of the individual parts of the text, as determined by the whole, while the whole is determined by the individual elements of the work. Hermeneutical theory is divided into general and special hermeneutics. General hermeneutics refers to the study of the rules governing interpretation of the entire biblical text, which includes historical-cultural, contextual, lexical-syntactical, or a theological analysis. Special hermeneutics refers to the study of the rules, which apply to specific genres such as parables, allegories, types and prophecy (Virkler and Ayayo 2007:18). As mentioned, pastoral counselling falls within the field of theology and makes use of the Bible as its guideline. One of its functions is to fulfil the spiritual needs of individuals (Louw 2011:156).

2.3.4.1 Foundationalism, postfoundationalism and practical theology

Foundationalism ultimately involves inflexible and immovable foundations on which evidential support systems are constructed towards convictional beliefs (Park 2010:1). On the other hand, non-foundationalism rejects the traditional empirical definition of truth, where truth is seen as isolated correspondence between self and the world (Park 2010:1; Thiel 1994:10). Non-foundationalism rejects foundations of belief systems, and that human beliefs are groundless, where individual communities form their own rationality, where knowledge is founded from social practice alone. Therefore, religious and scientific inquiry may co-exist. The need for meta-narratives and theories of rationality are nullified and so too then is the authority of God's revelation; thus, making this unsuitable for theological discourse (Park 2010:2).

Theologically, foundationalism implies biblical literalism, or positivism of revelation, which isolates theology from other reasoning sciences in that it denies the crucial role of interpreted religious experience in all theological reflections (Van Huyssteen 1999:62-63).

Postfoundationalism emerged in response to foundationalism. Postfoundational theology acknowledges context, experience and traditional, shaping religious values. It is not confined to an individual community or related social understanding and aims towards cross-contextual and interdisciplinary narratives and explains interdisciplinary dialogue. It is positioned between modernity and postmodernity (Park 2010:2). Postfoundational rationality is an "awareness of the shared cognitive, pragmatic and evaluative dimensions" (Van Huyssteen 1999:239).

From a postfoundational perspective, practical theology may be interpreted as God's action revealed through Christ. This action forms the hermeneutical centre of the seven movements

within postfoundationalism. Such a postmetaphysical interpretation of God, revealed through Christ, moves away from transcending patterns of action towards a critical interpretation of lived religion. Therefore, it would be un-postfoundational to render the Christian tradition normative (Meyhlan 2014:3). Van Huyssteen (1997:4) describes the postfoundationalist theology as follows:

> [A] postfoundationalist theology wants to make two moves. First, it fully acknowledges conceptuality, the epistemically crucial role of interpreted experience, and the way that tradition shapes the epistemic and non-epistemic values that inform our reflection about God and what some of us believe to be God's presence in this world. At the same time, however, a postfoundationalist notion of rationality in theological reflection claims to point creatively beyond the confines of the local community, group or culture towards a plausible form of interdisciplinary conversation.

Within the postfoundational notion of rationality described above, spiritual constructs may be found in the form of religious traditions, spiritual movements, beliefs, culture, context and circumstances, and add to the spiritual language of experience and how it is interpreted. The language of spirituality may be interpreted in many different ways and within various interpretive actions and is influenced by aspects such as the social construct in which they occur (Swinton and Pattison 2010:35).

2.3.4.2 A postfoundational notion of practical theology and the seven movements

A postfoundational thought towards practical theology mainly concerns human activity within specific cultural and social settings. A practical theology focus is aimed at helping people to understand and cope with their surroundings. The similarities between biblical narratives and the co-travellers' own stories are brought into play. The co-travellers are led on a journey where paradigms of Christian theology and their social sphere is brought together. This path is intended to create an understanding of life experiences and environment, God concepts, meaning-making, hope experiences, and how these experiences form part of the journey. One of the main topics identified in the definition of spirituality is that of one's relationship with, and understanding of, God. Therefore, the study is concerned with the narratives pertaining to how God is contextualised and experienced.

> For practical theology to reflect in a meaningful way on the experiences of the presence of God, it needs to be locally contextual, socially constructed, directed by tradition, exploring interdisciplinary meaning and its needs to point beyond the local.
>
> (Müller 2005:72).

Müller (2011:3) identified conceptuality as one of the key concepts within the postfoundational notion of practical theology, approach. In turn, experience is situational and always interpreted.

However, when considering a postfoundational notion of practical theology, it should be noted that certain guidelines within the field of research is required in order for meaningful reflection to take place regarding experience of, and connectedness to God (Meyer 2010:109). To be able to achieve such meaningful reflection, Müller (2005:78) has constructed seven movements for a postfoundationalist practical theology, whereby practical theology remains locally contextual, socially constructed, directed by tradition, while exploring interdisciplinary meaning, and moving beyond locality. Van Huyssteen (1997:4) identified two moves within postfoundationalist theology.

> First, it fully acknowledges contextuality, the epistemically crucial role of interpreted experience, non-epistemic values that inform our reflection about God and what some of us believe to be God's presence in this world. At the same time, however, a postfoundationalist notion of rationality in theological reflection claims to point creatively beyond the confines of the local community, group, or culture towards a plausible form of interdisciplinary conversation.

The movement seeks to shift boundaries of self-dialogue towards that of interdisciplinary dialogue. Postfoundationalism therefore moves beyond hermeneutics towards an inclusion of interdisciplinary contexts and situations, shifting from individual to social, subjective to discourse (Müller 2011:3). The seven movements of postfoundationalist practical theology are explained as follows (see Loubser and Müller 2011:6):

Three of the seven movements were developed towards directing the exploration of the first requirement, which is that of being locally contextual, namely:

1. A specific context is described.
2. In-context experiences are listened to and described.
3. Interpretations of experiences are made, described and developed in collaboration with co-researchers.

The second requirement is that of being socially constructed, referring to traditions of interpretation:

4. A description of experiences as it is continually informed by traditions of interpretation.

To be directed by traditions is the third requirement and corresponds with God's presence and is explored in the fifth movement:

5. A reflection on the religious and spiritual aspects, especially on God's presence as it is understood and experienced in a specific situation.

The reflection and development of understanding must be thickened through interdisciplinary investigation, where the practical theological researcher must explore interdisciplinary meaning as to meet the fourth requirement, which is directed at Movement 6:

6. A description of experience thickened through interdisciplinary investigation.

The last requirement moves beyond the local and is directed by Movement 7:

7. The development of alternative interpretations that point beyond the local community.

Müller's (2004:300) postfoundational notion of practical theology consists of seven movements and begins in context of theory-laden practices and experiences. The first movement requires that these theory-laden practices and experiences be described and interpreted by interdisciplinary conversation and within a specific context.

In all circumstances, practical theology remains local, concrete and specific, focussing on concrete contexts, thereby distinguishing between practical theology and other theological disciplines. The practical theology movement is a continuum between praxis–theory–praxis, whereby social constructions within concrete contexts are concentrated on. Apart from the theological disciplines, practical theology borders on anthropology, sociology and psychology (Müller 2004:295). Postfoundationalist theology, as a practical theology epistemology, may simply be translated as "a way of thinking about and doing practical theology" (Müller 2004:298).

Where practical theology earlier focussed on church practices aligned to subdisciplines, it has now made a homiletic and ecclesial paradigm shift towards a linear approach, aligning church practices with dogmatic declarations (Meyhlan 2014:10). This linear approach allows the inclusion of religious variants in human practice, which includes lived religion (Ganzevoort 2009), as well as interdisciplinary conversations of context of practice and experience (Müller 2004:300).

Meylahn (2014:2) identifies Müller's seven movements of postfoundational practical theology as follows:

Movement 1:   A specific context is described.

Movement 2:   In-context, existential experiences are listened to and described.

Movement 3:   An interpretation of those storied experiences is made, described and developed. This is done in alliance with the narrator or co-researcher.

Movement 4:   Traditions of interpretation guides and informs the description and development of experiences.

Movement 5:   This movement reflects on the presence of God as understood and experienced within context. A description of experience is done.

Movement 6:   A description of experience is done and thickened by an interdisciplinary investigation.

Movement 7:   Alternative interpretations of experience are made, moving beyond the local community.

During the first movement, the context of this study was described, which has been identified as OFRs in their work environment. Their spirituality in terms of meaning-making, relationship with the transcendent, and hope experiences were explored.

In-context experiences were listened to and described in the second movement. From a narrative therapy perspective, the postfoundationalist approach is advantaged as it is concerned with the true-life stories, moving past the general context, thereby concentrating on specific, concrete circumstances in which the person, as rational being, might find himself. In essence, the approach is reflexively and situationally rooted in epistemology and methodology, while remaining hermeneutical (Van Huyssteen 2006:10).

When interpretations of experiences are made during the third movement, the researcher does not solely listen to experience, but according to Müller (2004:302), also to OFR's interpretation of these experiences, and the meaning given to it. Van Huyssteen (2006:25) states as follows:

> A postfoundationalist approach helps us to realize … that we are not the intellectual prisoners of our contexts or traditions, but that we are epistemically empowered to cross contextual, cultural, and disciplinary borders to explore critically the theories, meanings and beliefs through which we and others construct our world.

When considering the description of experiences as informed by traditions of interpretation, OFR community and culture has specific traditions to consider, the traditions were identified in order to gain an understanding of how they were influenced by these traditions. The researcher also made use of literature from various disciplines to gain insight (Müller 2004:302).

Schrag (1992:75) states that postfoundationalism provides a relationship between disciplines, considering unique or distinct features and voices, towards a metaphor of change, while at the same time remaining experts in their own field of knowledge (Van Huyssteen 2006:19). Meyer (2010:55) explained postfoundationalism as a model utilising various disciplines to study and understand a chosen phenomenon. One specific discipline is not credited as the sole expert or body of knowledge. Postfoundationalism therefore assumes an attitude of non-judgemental

inclusion of various disciplines contributing towards a holistic understanding of the said phenomena.

2.3.5   Pastoral approach to therapy

Pastoral therapy, a basic term which was used in this study as best practice, is concerned with the care of human souls, and belongs within the field of theology (Louw 2011:155). Louw (1998:6) distinguishes between pastoral counselling and pastoral therapy. Pastoral counselling contains the procedure and policy of the pastoral encounter, the attitudes and responses in the pastoral conversation, and focusses on the pastoral relationship. Pastoral therapy entails the healing process through God's grace, towards transformation. Pastoral therapy is a process of healing through relationships, is based on influencing, changing, sustaining, guiding and communicating, and applies Scripture and prayer (Louw 1998:257).

Louw (2011:258-259) further divides the nature of pastoral therapy into four factors: The Word and Spirit creating a trialogue; it is a hermeneutic process of interpretation and understanding Christian faith in human context; therapy is approached in terms of grace and love (agape); it associates between God-images, faith and transformation, it assesses the value of faith in meaning-making. Pastoral therapy differentiates itself from psychological therapy in the following ways:

The content ('what') is determined by the notion of salvation and the dynamic influence of God's promises in Scripture. The source is the Spirit, who communicates the faithfulness of God.

The client ('who') is not only the parishioner but includes all people who are in need and thereby created in the image of God. The reason and motivation ('why') are the compassion of God as Father, reconciliation of Christ as mediator, and consolation of the Holy Spirit. The attitude is agape love. The objective is a mature faith, vital hope, and disclosure of significance of meaning. The environment and context ('where') are *koinonia* (translated: intimate spiritual communion and participative sharing in a common religious commitment and spiritual community).

Pastoral therapy has the same tasks and aims as their secular counterparts (Collins 1988:17). What makes pastoral therapy unique is its guidance towards spiritual growth, repentance of sins, forgiveness, the healing of unresolved emotional wounds – towards social cohesion and transformation. Accordingly, the pastoral therapist, working from a postmodern paradigm can be compared to a coach or teacher and provides support, teaching new skills, encouragement, and motivation, promote positive expectations and helps the counselee in setting new goals towards transformation (McLeod 2013:410).

According to Minnie and Lotter (2012:2), trained therapists in the field of psychology and social work do therapy. Spiritual woundedness caused by religious crises (McBride 2014:13) is often overlooked (Minnie and Lotter 2012:1) and by using guidelines from Scripture, the client may be guided to cope with these problems. Support networks play an important role in spirituality. Bornsheuer, Henrikson and Beverly (2012:199) found that many individuals seek therapy within their church community. Studies have found that persons who seek therapy more often contact pastors or clergy than psychiatrists or medical doctors (Hancock, Ames and Behnke 2014:324; Young, Brown and McCreary 2014:1). It therefore seems that pastoral therapy may contribute to the secular field. Pastoral therapy involves clients seeking help from a therapist who has been trained to engage with people facing spiritual and religious challenges. According to Minnie and Lotter (2012:2), therapy is required in these areas. The pastoral therapist assists clients to make choices towards a positive outcome and transformation (Clinebell 2011:10; Rost 2011:122). Lartey (2003:81) believes that pastoral therapy is based upon "skilled and careful use of relationships, within which conditions are created to facilitate the expression of thoughts and feelings and the exploration of behavioural patterns which may be causing concern". Pastoral therapy differs from other forms of behavioural health disciplines by providing religious and spiritual care (Beder and Yan 2013:56).

According to McMinn (2012:10), the transformation from a purely academic understanding of religious issues into a practical deed (praxis) requires an understanding of spirituality and the process of spiritual formation. McMinn stated that this process is necessary in order to fully address emotional healing within the therapeutic setting. Pastoral therapy explores a person's history of emotional and physical pain, fear, grief, anger and hurt, and this process requires the wounded counselee to recognise their potential capacity to also wound others. It is only after this revelation that the clients may fully understand and accept God's healing in their lives. When individuals act in total and unbound independence, they suffer the consequences of a wounded life. Spiritual healing is evident in the life of someone who bears the fruit of the spirit which is love, joy, peace, patience, kindness, goodness, gentleness, faithfulness, and self-control (Galatians 5:22-23).

2.3.6   Narrative approach to research and therapy

2.3.6.1   Social constructionism

Before a discussion on the development of a narrative approach to therapy could be attempted, this study was situated within social constructionism as an epistemology in dialogue with postmodern and postfoundational notion of therapy and research. Social constructionism offers a systematic way of thinking about social constructs such as identity,

gender, culture, and language. Social constructionism asks: How do we know what we know? Many scholars have philosophised about the answer and concluded that we know what we know by separating our knowing selves from a world that we are getting to know (Kubalkova, Onuf and Kowert 1998:13; Onuf 2012:1). Social constructionism at its core presupposes that people are social beings, and social relations define their humanity. Therefore, social relations construct people into who they are, how they utilise language to form their worlds, and their identities, assuming that truth and knowledge is constructed by humans and communities where reality is open to different interpretations of meaning, stemming from a shared social interaction (Swinton and Mowat 2016:35). Social constructionist therapists adopt a questioning approach to therapy and do not assume to take a 'know-it-all' stance, where knowledge gained is taken for granted. Knowledge is viewed as historically, socially and culturally specific. Social and cultural processes influence what is believed to be truth (Harper and Spellman 2014:97).

The stories of OFRs were therefore constructed in a particular way of how they view the world. Trauma has the ability to disrupt a person's assumptions of how the world is supposed to be. This assumptive world concept (Kauffman 2013:1) is associated with what one believes and perceives the world to be according to beliefs, and what the nature of truth is. Beliefs ground people. It provides a sense of reality, meaning and purpose. Within a person's assumptive world, they might assume that, for example, God is a loving Father. When one's sense of reality is therefore disrupted by a traumatic incident, "the loss of confidence in its truth puts the individual's sense of identity at risk" (Kauffman 2013:1). The person might now view God as a cruel Father. Janoff-Bulman (1992:4) believes that what is most damaged during trauma when considering a person's identity, is a loss of goodness, meaning and self-worth. He stated that "at the core of our internal world we hold basic truths of ourselves and our external world that represent our orientation towards the total push and pull of the cosmos" (see also Kauffman 2013:3). Galbin (2014:82) invites readers to believe that the world exists as it is. However, each person creates their own reality from his perception of this world and their experiences.

When considering OFR's world, language was an important aspect when trying to make meaning of certain incidents. Yet, they tended to internalise their stories. The sole purpose of language is not only to connect people and societies: "People 'exist' in language" (Galbin 2014:84). It is not assumed that all OFRs are spiritually wounded because of their outer worlds and inner wars. From a social constructionist point of view, an understanding of the way their spiritual beliefs and identities have been shaped by social forces is considered vital within the postfoundational narrative therapy process.

The narrative therapist therefore listens to narratives from a point of view where they examine clients' self-narratives concerning their worldviews and experiences in relation to their social construct and beliefs and do so without prejudice or prejudgement (Meyer 2010:81). Self-narratives are stories that identify the storyteller. The concept of identity as narrative is constructed by telling a story, reinterpreting the story, and finding new meaning. This allows a person to renegotiate their identity. "Narrating the self, changes the self" (Ibarra and Barbulescu 2010:150). Narratives and narrative approaches have been recognised as an important part of practical theology, especially in a pastoral narrative approach to counselling (Dreyer 2014:1). Ganzevoort (2012:214) confirms the importance of narratives in practical theology by stating:

> Although in some sense narrative approaches in Practical Theology have been developed only recently, one could claim that there is a long and intrinsic history of their relationship. Religious practices that form the core material for theological reflection in Practical Theology are often directly related to narratives. In one way or other human stories are connected with stories of and about God.

The researcher has identified a narrative pastoral approach to therapy, which aimed to include Louw's (1998:102) pastoral hermeneutics of care. Alice Morgan (2000:2) describes narrative therapy as a non-blaming, respectful approach to therapy, where OFR will be seen as the expert of his own life, where the problem is separated from the person, and their own abilities, beliefs and values are utilised to reduce the influence of problems originating from their work environment. The narrative therapist seeks out a particular way of understanding identities, problems and the effects on people. It is mainly built around the stories told in therapy, and a collaboration between therapist and client.

Paul Ricoeur (1998:132) believes that religion and politics are equally aligned to history. This has never been truer than in the case of South African history, where many theologians tended to be critical towards the way the Bible is employed, because of apartheid, and its socio-political history, especially during the last period of the twentieth century (Lombard 2012:viii). In addition to a narrative approach to therapy, guidelines from Scripture was used to map the path from spiritual woundedness to healing. Jay Adams (2010:17) believes that Scripture's primary function is to counsel, and therefore, the pastoral therapist's duty to use it as a guide. He motivated his belief as follows:

> The Christian Counsellor has a Book that is the very Word of the living God, written in the styles of the individual writers, who were kept free from all errors…, and who, by His providential direction, produced literature that expressed not only what they wanted to say, but what God wanted to say through them.

Adams (2010:17) further said that the Bible is God's breathed book, and therefore adds authority to the message. It is not based on opinion, but a commandment of God.

The central component of spiritual healing in this context is aimed to engage OFRs in meaning making, their relationship with a transcendent, towards spiritual well-being, and to help them narrate a 'new story'. Making meaning of suffering helps an individual to re-evaluate intra- and interpersonal relationships. Meaning-making is defined by one's values and includes one's passions, one's need to understand, and the soul's need for realisation (Brewer 2001:85), which all form part of a person's identity. By considering the above, the researcher has discovered evidence that suggested a relationship between trauma, spirituality, and identity loss. Therefore, OFR's identity, which is shaped and reshaped by the world around them, forms a vital part of this study.

The dissertation further explores the various discourses that lead to epistemological orientations within the field of narrative therapy.

2.3.7 Narrative therapy and the use of metaphors

Persons who are exposed to traumatic incidents tend to externalise events and narrate inner dialogues. These internalised conversations marginalise their description of self, and are mostly experienced as burdensome, because it gives the perception of limited choices (Freedman and Combs 1996:48). As such, narrative therapists seek helpful ways to tell a story in order to find meaning.

Narrative therapy techniques include stories, life chapter exercises, and biographical techniques. The metaphoric stories in narrative therapy as a technique invites the person to signify their loss using a metaphor (Neimeyer 2014:77). Narrative therapy, situated in postmodernism, is concerned with language as a process of knowledge, and the person's ability to create realities (Galbin 2014:90) by making use of narratives to create alternative realities. By applying metaphors in narrative therapy, hidden or deep-rooted ways of thinking are expressed. Incorporating identity work in search for an alternative story is important when remembering the hidden or deep-rooted past and forecasting and transcending a future self (MacLean, Harey and Stringfellow 2017:1221). Identity work is a process of identity shaping and transition and is defined as "the range of activities individuals engage in to create, present and sustain personal identities that are congruent with and supportive of the self-concept" (Snow and Anderson 1987:1348; see also MacLean et al. (2017:1221). When considering these hidden meanings and stories in relation to narrative metaphors, Sontag (1990:93) explained that "one cannot think without metaphors, but that does not mean there are not some metaphors we might well abstain from or try to retire". OFRs have, in a way, mastered

the art of supressing their stories. In order to bring these stories to light, metaphors have the ability to turn concrete visual images into abstract concepts and organise these concepts into different categories (Berger 2011:282).

Metaphors in narrative therapy help the therapist to look beyond the surface and that which is visible, towards a deeper exploration and analysis to hear that which is hidden in what is not said. A person's mind and culture are shaped by stories, which in turn shape perceptions and meaning (Haven 2007:30). When listening to a person's story, the listener engages in a series of related events which are grounded in a narrative plot (Berger 2011:278), embedded in tradition and culture (Haven 2007:30), beliefs and values. Values and beliefs help the person to find meaning and identity (Berger 2011:278).

The postfoundational notion of practical theology and narrative therapy is founded on the principles of the seven movements of Müller and grants the researcher a leeway to become part of the context, as explained. Deconstructive listening and questioning assist in this process towards an understanding of how OFR's self-narratives are constructed (Meyer 2010:38). The concept of deconstruction which is considered as one of the most helpful methods when reading and interpreting text, was coined by Jacques Derrida (1967). Deconstruction is often used when reading and interpreting text and allows multiple actions of interpretation when reading text. It is not confined to only 'expert reading' (Meyer 2010:49). As a critical practice, deconstruction exposes the metaphysical character of language (Peters and Biesta 2009:8). Language as a logocentric act searches for 'the other language' (Derrida 1984:123). Therefore, deconstruction as dual action strives to expand the boundaries of limited reading and listening towards an interpretation of the true meaning behind the narrative. From deconstructive questioning flows deconstructive listening, or *vice versa*, and so it might continue in a rotating pattern or manner, as indicated in the following discussion. According to Meyer (2018: interview) an important implication of deconstructive reading is the notion of power. Deconstruction aims at exposing dominant discourses, which have the power to influence a person's personal narrative, thereby resulting in a person having a grand narrative of himself, which might prohibit him to lead a satisfying life. This might be true for OFRs, when considering their image in society as strong, resilient and invulnerable. The co-researchers' grand narratives and meta-narratives are discussed in Chapter 7.

2.3.7.1 Deconstructive listening

Semi-structured interviews help the researcher to keep to predetermined areas of interest yet provides the freedom for the interviewees to narrate those stories which they feel is necessary topics within their scope of understanding. When analysing the data, it is necessary to cluster together the related narratives into a coherent scheme. Deconstructive listening in narrative

therapy considers the meaning that the OFR attaches to the story. The therapist guides the OFR in discovering the meaning behind the story, evaluating that meaning as satisfying or not, and if not, reconstructing a story with a meaningful meaning. According to Gurman (2008:237), deconstructive questions are asked to analyse the problem-saturated story and to expose the discourse(s) that caused them. The narrative therapist explores OFR's 'landscape of identity' by asking meaningful questions, which generate reflections on their beliefs and values. Landscapes of identity is where a person plots meaning and beliefs in relation to their landscape of action, where a person exercises control over their thoughts, motivations, and where choices are made. The narrative therapist becomes the co-author of the story.

2.3.7.2   Deconstructive questioning

Deconstructive questions may help the OFR to understand problems from different perspectives. By asking deconstructive questions, their stories are broadened to move beyond the present situation, to reveal narratives within history, context, and effects. Deconstructive question is explained as a natural by-product in an effort to understand life stories. The process of understanding is facilitated by metaphors and narratives which provide mental maps of experiences. By asking questions, the stories are thickened, and the interpretation of experience then provides a means of making meaning (Berger 2011:282). One listens to the person in order to understand, and not to change the person (Freedman and Combs 1996:56). By constantly comparing the data collected from the questions and interviews, the therapist is focussed on the predetermined areas of interest, yet this provides the interviewees with the freedom to narrate stories of interest (Petty, Thomson and Stew 2012:380). Deconstructive questioning is used to guide the co-researcher in reflecting on their experiences from a religious and spiritual perspective (Demasure and Müller 2006:418).

Deconstructive listening and questioning forms part of a narrative inquiry. Narrative inquiry systematically gathers and analyses stories, while challenging modernist views of truth, reality, knowledge and identity. By creating and reconstructing stories of lived experience, meaning-making takes place. Through this 'narrative-knowing' process, the OFRs struggle to make meaning of their past, their work environment, experiences, their values, beliefs, hopes and plans for the future, are interpreted. Narrative knowing seeks to unravel complex patterns, social discourses affecting OFR's knowledge creation. Knowledge gained through narrative knowing is "situated, transient, partial and provisional, characterized by multiple voices, perspectives, truths and meanings" (Etherington, 2013:Online). A thematic analysis was done by the researcher, with the emphasis on what was said rather than how it was said. According to Riessman (2005:2), a philosophy of language underlines the thematic approach. She states

that language is the route to meaning, interpreting what is said by focussing on the meaning found in the story.

Within narrative therapy re-storying the original problem-saturated story, is of utmost importance. In order to re-story a narrative, memory plays a vital role. Memory is not only an agent towards the construction of identity, but also a method towards deconstruction of said identity. When considering trauma, deconstruction is held, in part, responsible for the re-memory and recomposing of stories (Fortunati and Lamberti 2008:130). A person's memories invite stories, and yet, many stories are left untold. A person's decision of how they choose to tell their story is shaped by discourse (Freedman and Combs 1996:42). A discourse is defined as "a system of statements, practices, and institutional structures that share common values" (Hare-Mustin 1994:19; see also Freedman and Combs 1996:42).

2.3.8   The art of war as metaphor

At the core of narrative therapy lies the narrative metaphor, which is 'the notion that we make meaning of events through stories' (Freedman and Combs 2012:1037). People's identities are defined and constructed through the stories they narrate. During therapy, these stories are revealed in different layers, and provide the therapist the opportunity to move through the layers of what people choose to tell, in order to discover the deep-rooted problem-story.

> The narrative metaphor alerts us (the therapist) to orient to these accounts as stories, rather than as truths. We see them as reflecting only a few of many possible stories. This perspective helps us engage in listening both to understand people's experience and to notice when people make implicit or explicit reference to events that would not be predicted by the plot of the problematic story. We listen, not only for literal exceptions or for counterexamples to the problem, but also, more generally, for events that do not fit with the problem 1038 *The Counseling psychologist 40(7)* and for clues to what people treasure and how the problem speaks of the absence of something that is treasured.
>
> (Freedman and Combs 2012:1038)

Narrative metaphors illustrate how people's identities are defined and constructed through the stories they tell, re-tell, or choose not tell. The narrative metaphor lends meaning to experiences and relationships. The reason for using the Art of War as a metaphor in this study was related to the experiences and relationships of OFRs, the stories they tell, and how they make meaning. The researcher compared their environment to a battlefield, and the aftermath tends to hold some identical outcomes when considering the well-being of the OFR.

The Art of War was written by the Chinese military strategist, Sun Tzu, in the fifth century BC, and translated from Chinese to English by notable translators such as Lionel Giles in 1910,

and Samuel Griffith in 1963. Sun Tzu's military strategies remain influential to this day, and is recognised in the fields of business studies, within legal domains, as well as social studies. The book played an integral metaphorical role in this research study.

People's thoughts are not solely born from intellect but are defined by concepts of how life and experiences are perceived, how inter- and intra-relationships are managed, and the degree and value awarded to moral living. Lakoff and Johnson (2008:3) considered these conceptual frameworks of living to be metaphorical. Conceptual frameworks are mostly automatic responses and not intentional actions, such as the small matters in an ordinary day. Metaphors influence how a person thinks, perceives and acts. Lakoff and Johnson (2008:3) provided an example of such a metaphor in the word 'argument' in the metaphor 'argument is war'. Thoughts may be verbalised as "I demolished his argument", or "he attacked every weak point in my argument". Here 'argument' is seen as an act of war, where the persons involved are 'opponents', they 'attack' or 'defend', and have strategies to do so (Lakoff and Johnson 2008:4).

The value of metaphors in this study was to simplify that which could not be easily articulated or defined, such as in the case of spirituality and spiritual woundedness. Metaphors are used to communicate and share experience in a way that makes sense and meaning in life and have the capacity to connect disparate ideas and concepts (Smith and Shinebourne 2010:59).

Sun Tzu referred to five fundamental factors when appraising strategies of war, namely moral influence, the weather, the terrain, command, and doctrine (Griffith 1971:63). The five elements will be intertwined in this study as they unfold. The nature of war has been philosophised by many (Kesten 2018:509). Among these ardent philosophers, the Prussian academic and treatise, General Carl von Clausewitz (cited in Kesten 2018:509) described the nature or 'essence' of war as acts of combat and violence, where soldiers found themselves in 'hell'. Von Clausewitz' focus was on the morale and fighting spirit of the soldiers: "War is the realm of physical exertion and suffering … Danger, physical exertion, intelligence, and friction are the elements that coalesce to form the atmosphere of war" (see also Meilinger 2010:1). War has an inevitable, lasting, and burdensome effect on combatants and society. The stressors of war and its aftermath have been known to leave deep and long-lasting emotional and spiritual wounds, as well as mental disorders such as PTSD which are symptoms following traumatic events. In their work environment, OFRs enter war-like situations on a daily basis and their experiences may be compared to that of a soldier suffering from combat and traumatic stress. Combat stress includes exposure to the loss of friends, social and relationship stressors, loneliness, and a loss of privacy. Traumatic stressors include changes in belief systems, loss of meaning and hope, and feelings of helplessness. Ultimately, these

stressors result in spiritual confusion, disillusionment, and loss of faith (Drescher and Foy 2008:86).

2.4 Conclusion

The researcher has positioned this research study within the postmodern, postfoundational notion of practical theology by making use of Muller's (2009) seven movements. Through this lens, the research story will now begin with the first movement, a literature study on the context of the Official First Responder.

Chapter 3

Terrain – The Context of Official First Responders

3.1   Introduction

The seven movements within the postfoundational notion of practical theology implemented in this research, now addresses Movement 1 in this chapter, with the hope of achieving the outcomes. The methodology included a literature study. Following the literature study, the researcher listened to the stories of OFRs (Müller 2009:204) by employing a narrative approach to therapy and making use of deconstructive listening and questioning. Postfoundationalist practical theology, being locally contextual, explores and describes the context and the interpreted experiences discovered in the context (Meyer 2010:110).

The focus of this chapter is on an introduction of OFRs and the situation they find themselves in; OFRs as silent warriors; their situation in context to their work environment; their culture; their coping mechanisms with regard to traumatic and stressful situations; their spiritual identity; and possible spiritual woundedness.

3.2   Official first responders as soldiers – A metaphor

The OFR work environment is metaphorically compared to that of a battlefield (Brennan 2011:ix). They are the soldiers who have to enter into battle:

> When the common soldiers are too strong and their officers too weak, the result is insubordination. When the officers are too strong and the common soldiers too weak, the result is collapse.
>
> Regard your soldiers as your children, and they will follow you into the deepest valleys; look upon them as your own beloved sons, and they will stand by you even unto death.
>
> If we know that the enemy is open to attack, and also know that our men are in a condition to attack, but are unaware that the nature of the ground makes fighting impracticable, we have still gone only halfway towards victory. Hence, the experienced soldier, once in motion, is never bewildered; once he has broken camp, he is never at a loss.
>
> Hence the saying: If you know the enemy and know yourself, your victory will not stand in doubt; if you know Heaven and know Earth, you may make your victory complete.
>
> (Tzu 2012:91,94,95,96)

Tzu (2012:91) warned that the relationship between soldier and officer should be balanced. Without this balance, there will not only be defeat but also a collapse of the army. Metaphorically, this may be compared to OFR's command structure, where it has been found that one of the responsibilities of the supervisor is to observe the warning signs relating to stress and trauma, which may lead to PTSD. Supervisors need to be constantly aware of the situations the OFR face during incidents, and what the outcome might be. They have the responsibility to refer the OFR to a therapist, and not leave this decision to the OFR himself. Van Straten (2012:30) found that, at times, OFRs choose not to seek help but rather remain silent about their experiences. If OFRs do not receive the necessary debriefing and continual emotional assistance, they might suffer from compassion fatigue, vicarious trauma, and spiritual woundedness, which are addressed in Müller's Movement 1 of a postfoundational notion of practical theology.

The enemy, as deduced from Tzu's (2012:95) narration, is metaphorically depicted as the possible exclusion of aspects in therapeutic assistance due to possible ignorance or bias concerning the inclusion of spirituality and religion in the therapeutic process. In addition, the enemy is OFR's spiritual struggles and woundedness. It is necessary to be reminded that all disciplines are valued contributors towards the well-being of the OFR. In this case, the biopsychosocial-spiritual model and its different methodologies of understanding contribute towards a commonality of meaning, purpose and hope, within a sociocultural context (Park 2010:2). From the postfoundational theology of Van Huyssteen and Müller (2011:13), this study incorporates a transversal rationality where the limitations of foundational and non-foundational truths may be overcome by attempting to "envision a responsible and workable, tangent point between disciplines".

Van Huyssteen (2006:147) explains the functions within transversality as being multi-disciplinary with distinct characteristics or features. These features include the dynamics of consciousness, the interweaving of many voices, and the interplay of social practices, which are expressed in a metaphor that points to a sense of transition, lying across, extending over, intersecting, meeting, conveying, without becoming identical.

If OFRs understand how to map and navigate through their stories, they will be able to cope with their work environment in a more efficient manner. This may even reduce the risk of PTSD, which is of great concern to most OFRs. Experienced OFRs have been exposed to multiple crises, and they should therefore have knowledge of what the 'enemy' is capable of. In conclusion, it is necessary for supervisors to know their teams, for the team to know each other, themselves, their commander (God), and the enemy (woundedness) (Tzu 2012:96).

3.3   First Responders and Official first responders – An introduction

First responders are the first persons to take charge on the scene where a traumatic incident has occurred. First responders in general, may include professions such as pastors and chaplains, disaster workers, military personnel, and volunteers who are not necessarily acting on a professional basis but on a voluntary basis (Wimberly 2011:48). They may not always be trained professionals, but persons who volunteer to assist trained professions such as emergency services. First responders may also include civilians who are first on a scene of an accident, and respond by removing hazards, reporting the incident, phoning an ambulance, or assisting the injured if they have the knowledge to do so. It may be a person who survived the event, and now has to immediately respond to the situation. It may also be a civilian bystander who witnesses the scene and makes an impact assessment of the incident. Their response is usually to first ensure that the perimeter is secured and safe, to contact official emergency services, and then to tend to victims at a trauma site without causing further harm. *Official first responders* are the first responders who tend to the emergency scene in an official capacity, and who are trained in emergency response. They include paramedics, trauma nurses, firefighters and police officers. OFRs are defined as trained professionals who provide critical services during emergencies. They are the first officially trained responders on the scene where a traumatic event has taken place such as an accident or disaster scene (Haugen et al. 2012:370).

For the purpose of this study, OFRs consist of the 'blue light organisations' such as EMS, fire and rescue departments and the police services (Lindström et al. 2015:6), and includes health care workers, public health officers, and volunteer first responders who respond to emergency crises in an official capacity. The researcher also identified emergency telecommunicators as OFRs. Emergency telecommunicators are known for their interrogative skills and need to assess an incident, secure the emergency scene, and send appropriate help within a few minutes of receiving a distress call. They need to react to the call by remaining calm and suppressing overt emotional reactions. Intense emotional reactions include feelings of hopelessness, frustration, guilt and horror (Gunderson et al. 2014:1). Although they are not directly exposed to the traumatic incident, their emotional reactions are strongly associated with symptoms of PTSD (Pierce and Lilly 2012:212). Because of their exposure to disasters and trauma, these health and safety workers have to cope with a broad range of mental, emotional, physical, and spiritual reactions. Some of these reactions may lead to an acute stress disorder or PTSD, which may include emotional symptoms such as fear, distress, alterations in work function, and even depression (Benedek et al. 2007:55).

Workplace spirituality have been found to be a valuable component within today's postmodern world, which has sometimes been described as a 'fragmented postmodern society' where both individuality and collective identities are challenged (Van Tonder and Ramdass 2009:10). The OFR who is often confronted with death and mortality, may start to question the meaning of life, and spiritual guidance may include answers to existential questions and help to restore a sense of meaning and connectedness (Canda and Furman 2010:88).

Healing from trauma requires a reverence for life. Reverence requires a state of meditative reflection on life's goodness. Meditative reverence is a consciousness of ultimate being and daily presence. Transformation of trauma is spiritual reverence. Spiritual reverence is the embodiment of soul and the sanctity of life (Raphael and Wilson 2000:251).

3.4   Official first responders as silent warriors

Official first responders are defined as the trained professionals who provide critical services during emergencies (Haugen et al. 2012:370). They are the first official and trained responders on the scene where a traumatic event has taken place, such as an accident or disaster scene. *First responders* are the first persons who take charge when a traumatic incident occurs. First responders have been identified as religious and spiritual caregivers (Wimberly 2011:48), disaster workers, paramedics, firefighters, military personnel, and volunteers. They may not always be trained professionals, but the civilians who are first to respond at a scene. These civilians are referred to as 'spontaneous volunteers'. It may be a person who survived the event, and now has to immediately respond to the situation. It also may be a civilian bystander witnessing the scene and turns to action. Their response is usually to first make sure that the perimeter has been deemed safe, to contact emergency services, and then to tend to victims at a trauma site, as far as not to cause further harm. Official first responders are the first responders who tend to the emergency scene in an official capacity, and who are trained in emergency response.

What attracts OFRs to the profession is mostly the notion of rescuing, saving and serving others. OFRs have been found to be self-sacrificial (Stanley et al. 2016:26). The pressures they have to cope with are long working hours, stressful and traumatic incidents they respond to, additional paperwork and administrative work, and shift work, and at times an imbalance between family and work life. Dissatisfaction may be caused by burnout, work overload, and health and mental problems due to work stress (Nirel et al. 2008:537). In South Africa, it is especially stressful when OFRs respond to incidents, as there is the additional threat of violence and crime against them, which contributes to their vulnerability. It has been found that, while carrying out their duties, OFRs have had to deal with personal threats of violence

(Stewart and Swartz 2005:364). From January to November 2016, 40 incidents of crime against EMS were reported in the Western Cape Province alone (Etheridge 2016:1). The Western Cape Province is plagued by gangsterism and substance abuse, with high rates of sexual offences (Western Cape Government 2012). Here OFRs are challenged with crime, racial, linguistic and cultural barriers.

Kleim and Westphal (2011:2) highlight that there have been few studies concerning the well-being of OFRs, as most of these studies focus more on the well-being of their patients. However, the researcher found that, research has recently been undertaken to explore paramedic and firefighter PTSDs. Because of the traumatic environment OFRs work in, they are regularly exposed to stressors and emotional trauma (Dennis et al. 2013:763). It has already been shown in the literature that OFRs have one of the most stressful and traumatic occupations (Courtney et al. 2010:33). In the USA, a fire department generally responds to a fire emergency every 23 seconds (Madrzykowski 2013:7). A traumatic event has biological, psychological and social consequences following the incident, and may lead to PTSD (Marmar et al. 2006:2). Cunha et al. (2015:1) found that traumatised personnel, who suffer from psychological health problems, are more likely to terminate their employment.

Shift work adds to stress because of the loss of sleep and the risk of occupational fatigue, and this in turn may lead to OFRs taking sick leave and may ultimately lead to work disability, depression and anxiety. To add to this, EMS have a physically demanding task that is related to patient care and transport, which, if not managed, may lead to a decrease of job performance and workplace accidents (Coffey et al. 2016:361). Nirel et al. (2008:537) found that some emergency medical organisations lack information regarding the characteristics of their work. This might lead to increased pressure on personnel.

Elntib and Armstrong (2014:422) found that emotions stemming from responding to critical incidents were anger, guilt, feelings of failure, helplessness, or even confusion. The result of such emotions is problems with personal relationships, an inability to narrate work-related emotions, insomnia and depression. Negative coping strategies include aggressive behaviour and alcohol abuse. Compelling evidence from scientific studies have shown that emotional, mental and spiritual stressors have an impact on an OFR's problem-solving skills, holistic wellness, social vulnerability, and emotional intelligence. Elntib and Armstrong (2014:418) noted that limited resources are spent on training in these fields. The behavioural standards of OFRs when conducting their duty are directly related to their state of wellness in body, mind and spirit. Training in these fields have been classified as not part of the 'administrative' obligations of the employer, and therefore they have rejected training programmes and assistance in these fields (Goerling 2012:394).

First responders have to cope with loss, stress, and trauma, feelings of helplessness, self-doubt and organisational difficulties. These difficulties may lead to compassion fatigue, vicarious trauma, burnout, and if untreated, result in Post-traumatic stress. Stanley et al. (2016:25) reviewed the statistics of suicidal thoughts and behaviour among OFRs, which revealed an elevation in suicidal thoughts.

The spiritual component inherent in employed coping strategies is fundamental towards a person's well-being. This is an aspect of the OFR's work, which, is often neglected, and the employer has a moral obligation to address this (Smith and Charles 2010:320). According to Diener and Fujita (2013:329), subjective well-being is a person's affective and cognitive evaluation of their own lives and includes facets such as whether the individual is satisfied with his or her life or feels despair. Measuring subjective well-being was relevant in this study as it is a vital part of a person's social structure and influence the manner in which pastoral counselling aims to approach a person's spiritual well-being throughout the healing process.

3.5   Work environment of official first responders

In order to understand the work environment of OFRs, it is necessary to look at the emergencies and crises OFRs respond to. South Africa is situated at the southern tip of the African continent and is divided into nine provinces. South Africa is made up of a pluralistic religious society, with eleven official languages. It has been declared a middle-income country with high levels of unemployment. Taking political and social violence into consideration, South Africa does not have a unique story to tell; however, a unique phenomenon, 'apartheid', has been born from the ashes of segregation and exploitation, which describes the history of racial violence in the country, making South Africa one of the most violent countries in the world (George and Swart 2012:202). The culture of violence in South Africa can be traced back to a troubled past where apartheid dispossession and racial and gender discrimination led to income inequality, poverty, the destruction of strong family networks and social insecurity. According to many philosophers, academics, and theorists, apartheid ended in 1994. Post-apartheid mismanagement and inadequate implementation of policies in health care and policing remain major challenges (Allen 2018:2; Coovadia et al. 2009:817). This state of oppression left emotional scars and wounds in the hearts of many South African citizens and may even have left a post-traumatic stress footprint in many communities (Atwoli et al. 2013:1). When taking the concept of meaning-making into consideration, Siqueland (1996:225) found that a person's history plays a role. People make meaning and find purpose in life by constructing life stories. In these stories, their narrative identities are forged. Life stories are internalising, ever-changing narratives of self where the past is selectively reconstructed and the future is anticipated. This in turn provides meaning and purpose

(McAdams et al. 2006:1371). "Meaning in life is characterized as being comprised of people's comprehension of the world around them and their investment in a self-concordant purpose" (Steger 2012:65). Steger (2012:165) further found that people who have greater meaning in life, report a more beneficial experience of spirituality.

Spirituality is the cornerstone of many South African cultures; one of the main reasons being the significant role of church leaders, pastoral counsellors, and traditional and faith healers in communities. South Africans must deal with many diverse challenges in their communities. The challenges South Africans face are not unique but can be described as increasingly violent. Through oppression, human rights violations, violence and injustice, many individuals have suffered from spiritual woundedness (Edwards 2011:335). These circumstances change the dynamics of everyday life, such as the choices that must be made to keep loved ones and property safe, the resources that must be utilised to make such choices possible, how people approach their work environment, and the emotions that accompany these choices. People may react towards violence, and retaliate with violence, and these are some of the critical incidents, which OFRs has to respond to within their work environment. In the Western Cape Province, external violence caused 23.29% of male deaths, and 10.22% of female deaths in 1999. Homicide has been rated as being responsible for 50% of the non-natural mortalities countrywide, traffic accidents 27.8% and suicide 7.4% for the year 1999. Of the 9 236 critical incidents reported at the Grootte Schuur Hospital in Cape Town, 74.6% revealed violence towards men younger than 40; 71.6% violent injuries; 18.8% motor vehicle injuries; and 30.1% alcohol-related injuries (Nicol et al. 2014:549). During most of these incidents, OFRs are on the scene having to cope with these stressful and traumatic situations. To make matters worse, violence toward EMS personnel are on the rise (for example, hijackings). Many personnel have to wear bulletproof vests to work. Experiences of violence have been classified as the most common predictor of PTSD. Bryant (2000:79) defines PTSD as follows:

> the person experienced, witnessed, or was confronted with an event or events that involve actual or threatened death or serious injury; or a threat to the physical integrity of himself or herself or others.

OFRs are the first to be called to action when public safety is threatened. They risk their lives in the line of duty, and the outcomes are often burnout, compassion fatigue, marital dissatisfaction, and inter- and intrapersonal difficulties (Karaffa et al. 2014:2).

OFRs are also challenged with under-resourced an over-utilised health care systems which are ill-funded with taxpayers' money, whereas the private sector caters for middle- and high-income earners who can afford medical aid (Geyer, Naude and Sithole 2002:11). Currently, South Africa, with a population of 50 million people (MacFarlane, Van Loggerenberg and Kloeck 2005:145), has the highest proportional annual death rate in the world (Central

Intelligence Agency 2002:Online), and is faced with emergency patient overload, financial constraints, poor infrastructure such as poor roads and a lack of qualified personnel (Brysiewicz and Bruce 2008:128; MacFarlane et al. 2005:145). The police, as official first responders, have been reported to lack the necessary training or support to respond effectively (Dreyer and Dreyer 2014:7). This in turn places a burden on government health services who need to deliver services to the population. According to Goosen et al. (2003:705), the average time from injury to surgery is approximately 455 minutes, whereas the ideal is 240 minutes. However, an alarmingly high death rate occurs in the pre-hospital stage (Sun et al. 2014:31).

According to Elntib and Armstrong (2014:420), between 200 and 600 critical incidents occur daily in the South African metropolitan areas to which metro police respond. They identified two critical incidents, which elicit the most severe emotional responses: first, incidents involving the death of fellow officers, and second, crowded events with poor operational planning and execution strategies.

3.6   Culture of official first responders

In order to understand the official first responder's responses to stress and trauma, it is necessary to understand their work culture. A history of woundedness that has not been dealt with makes spiritual care complicated. In addition, the therapist needs to understand a client's culture in order to heal their present and help them to be resilient towards their future (Van Byssum 2013:249). When looking at OFRs, Triandis (1994:2) best defines culture as "a set of human-made objective and subjective elements that have increased the probability of survival and become shared among those who communicate with each other". OFRs have the ability to alienate themselves from mainstream culture because of their own values and culture (Karaffa et al. 2014:2). As in war where soldiers become comrades in arms, the OFR culture promotes camaraderie, which provides a sense of belonging and trust (Sattler, Boyd, Kirsch 2014:357). Camaraderie is forged when OFRs face danger together and share emotions as a group, where they lose their self-identity for a group identity. Within this space they feel safe and guarded, be it the firehouse or the emergency medical centre or emergency room (Yarnal 2004:690).

Masculinity plays an integral role in the lives of OFRs. Combat in war was traditionally viewed as the "fundamental proving ground for masculinity" (Yarnal 2004:686). In a similar manner, emergencies mimic the trauma related to war situations. Incorporating spirituality into the healing process of combat soldiers has been found to mend psychological woundedness (Gubkin 2014:1). In an informal interview in 2016 with an ex-conscript in the South African

Defence Force, he revealed that, before combat, the soldiers held a prayer meeting and, at times, even held communion. He said that religion and spirituality played a vital role in keeping the soldiers' morale high. He said that a chaplain was also available on site.

Acts by OFRs when responding to disasters, toxic spills, vehicle accidents and emergencies, are considered a masculine form of combat and heroism (Yarnal 2004:686). Within this combatant environment, the OFR culture demands respect, unity, brotherhood and a shared identity. Their environment provides a space for the celebration of heroic, masculine acts, and a safe space for male bonding and a show of emotions (Yarnal 2004:688). This masculine culture stands in stark contrast to the public's indifference to these acts, where they are sometimes taken for granted, as stated by Sabo (2001:294):

> Behind the cultural façade of mythic masculinity, men are vulnerable … Some of the cultural messages sewn into the cloak of masculinity can put men at risk for early illness and death.

The use of black humour is another coping mechanism within the OFR culture. It nevertheless does not have the ability to minimise the significance of a stressful or traumatic event, although it may allow OFRs to cope and thrive in their environment, even if only momentarily. Humour often helps with a sense of hope and well-being (Garrick 2006:181) and is used by OFRs to distance themselves from the experience (Kuipers 2011:22). Black humour is not meant to be offensive and has the power to present a very serious and stressful event in a casual light. As such, it is used as a coping mechanism to help OFRs deal with the daily issues of death and trauma that surround them (Cain 2012:14), exacerbated by the fact that OFRs and the services they deliver are often overlooked, unappreciated and undervalued (Porter and Hendriksen 2016:50).

OFRs, with specific reference to police officers, are expected to cope with emotions accumulated during on-duty events while off-duty. Koch (2010:920) found that, because of this, these officers mainly choose to cope with the severe stressors by 'figuratively' remaining on-duty at all times. The implications are prone to causing potential relationship problems and marital discord as they often treat everyone as if they are criminals. In the police culture, as in the overall OFR culture, a show of emotions and affect are discouraged undervalued.

The meaning that OFRs attach to certain experiences is influenced by the above-mentioned coping styles, culture, and work environment. When considering therapy within the OFR culture, it is known that they often avoid counselling due to the fear of being labelled as 'weak' or that it might appear on their records (Pelzer 2014:44). They also struggle to trust appointed therapists and have shown to prefer talking to a colleague in an informal capacity, if deemed necessary. Koch (2010:93) confirms this in his study regarding police officers as first

responders and shows that a show of emotion is viewed as a sign of weakness, and they fear to be perceived as weaklings.

Gorman (2010:39) argues that individuals or communities who have been dislocated from their culture, such as the community culture of OFRs, may have lost their ability to become resilient. He further confirms, "if these groups are unable to identify, let alone meet, the higher level needs as proposed by Maslow, than their ability to achieve social and emotional wellbeing are equally impaired".

Taking the work environment and culture of OFRs into consideration, it becomes clear that possible stress and trauma may at times follow in the wake of a day's work. When considering their war-like environment, Brennan's (2011: xvi) referral to firefighters as combatants can be taken seriously. He asserts that, although they do not go to war against people, they place themselves in positions where they must risk their lives to protect them. This 'selfless willingness' to place people above all that is dear to them, such as their own health and their family's well-being, is compared to warriors defending their country.

In order to understand the first responder's responses to woundedness, it is necessary to understand their work culture and work environment, and the role spirituality plays in this environment. A history of woundedness that has not been dealt with makes spiritual care complicated. The counsellor needs to understand a clients' past in order to heal their present and help them to be resilient towards their future (Van Byssum 2013:249).

3.7   Coping mechanisms employed by official first responders

With her focus on South African OFRs, specifically referring to the Western Cape Province, Pelzer (2014:10) found that limited attention is given to the coping mechanisms used by EMS. Coping is explained as a person's efforts to manage stressful situations (Naudé and Rothman 2006:68) and an inability to cope may therefore lead to increased levels of stress. Official First Responder's responses to crises such as vehicle collisions, drownings, suicide, and violence, have to absorb the effects of these experiences while doing their job and then move on to the next incident without much attention to their emotional and spiritual well-being. OFRs mostly make use of informal coping methods such as detachment, remaining focused on the task (problem-focused coping) and to not dwell on the emotions. Koch (2010:92) reports that police officers as first responders adopt ten main coping strategies when dealing with trauma. Of these ten, eight have been identified by the researcher as being related to OFR:

- **Strategy 1 – Strict adherence to, and reliance on their role as police officers**

  By acting strictly according to by-the-book prescribed procedures when having to deal with traumatic experiences is one way of neutralising feelings generated from the events and helps them to detach from the exposure.

- **Strategy 2 – Blocking feelings**

  Feelings are viewed as emotions that hinder an OFR's job and undermines rationality and control. They consciously choose to not express their feelings. It has been found that doing their job is valued, and being busy suppresses feelings of helplessness, frustration and anger. As a result, OFRs are conditioned to discard all feelings, even when they are off-duty.

- **Strategy 3 – Humour**

  Making use of humour, and even black humour, is a coping strategy used by most OFRs to relieve stress. It is a means of depersonalising the event and the victims, and in turn, the intensity of the event is lowered. Expressing humour releases built-up emotions. Pelzer (2014:42) confirms this by stating that informal methods of coping include humour as a coping mechanism, which can relieve tension, improve communications and teamwork, minimises stress, and masks negative feelings.

- **Strategy 4 – Anger**

  Anger is especially felt when responding to a suicide. Suicide is viewed as a selfish and unnecessary act. Anger replaces sadness and helplessness.

- **Strategy 5 – Faith**

  Faith has the potential to relieve anxiety. Prayer and rituals are viewed as an act of transferring the burden of the experience to a higher power. It has been found that faith falls short when trying to make meaning out of death, and they struggle to interpret these events through the faith lens.

- **Strategy 6 – Telling stories**

  Narratives have the potential to organise experiences internally and serves as a reality check when trauma is confronted. In terms of the OFR culture, stories are often told only to colleagues. OFRs believe that no one outside the culture would understand their experiences. For some, talking about their experiences at home contaminates their environment. However, Pelzer (2014:41) indicates that there are OFRs who prefer to make use of informal coping mechanisms by talking to family and colleagues. Yet, as Koch (2010:92) indicated, OFRs remain hesitant to express their true feelings and

emotions, as they are labelled as being 'macho' and cannot show any signs of weakness (Pelzer 2014:41).

☐ **Strategy 7 – Depersonalising the victim**
Depersonalising a victim helps the OFR to view the experience as 'doing a job', for example, objectifying the experience rather than personalising the experience. This is a survival tactic.

☐ **Strategy 8 – High adrenaline, high preparedness, and hyper-alertness**
In order to respond to an incident, OFRs have to be in a state of high alertness and preparedness, as they cannot predict when and to what incidents they will be called out. They often have problems to relax when off-duty as they remain on high alert and adrenaline-filled.

Koch (2010:92) found that all the participants in his study agreed that they started their careers with a sense of idealism, yet, over many years of service, idealism turned to realism, pessimism, and ultimately fatalism. Attending debriefing sessions to help OFRs cope has been indicated as being an unpopular method. Mostly, OFRs resist attending debriefings, as they fear victimisation from their superiors or being labelled as weak by fellow officers. Most OFRs feel that chaplains, psychologists or debriefers do not understand what they are going through. OFRs reported that they would not know how to express what they felt when having to talk about their experiences (Elntib and Armstrong 2014:422).

The South African Firearms Control Act, Act 79 of 2000, article (2)(b)(ii), and the Firearms Control Regulations (2004), article 81 (2) (b) (ii) stipulate the compulsory psychological debriefing of police officers within 48 hours of a violent incident where a firearm was discharged. Debriefing seems to be a logical compliance with the regulations. Considering that the South African police officers have to respond to incidents occurring in one of the most violent countries in the world, the chances that they would encounter critical incidents are most likely (Elntib and Armstrong 2014:418).

According to Wagner and Martin (2012:60), OFRs prefer problem-focussed coping rather than emotion-focussed coping. Sattler et al. (2014:358) report that most debriefing sessions are emotion-focussed, discussing emotional reactions and thoughts. Debriefing sessions, therefore, seems to employ emotion-focussed coping methods, which are methods OFRs try to avoid. Jeanette and Scoboria (2008:314) also remind us that OFRs prefer informal peer support rather than formal debriefing sessions.

3.8 Spiritual identity of official first responders

In his book on *The reinvention of work: A new vision of livelihood for our time*, Matthew Fox (1994:1) wrote:

> Life and livelihood ought not to be separated but flow from the same source, which is Spirit, for both life and livelihood are about Spirit. Spirit means life, and both life and livelihood are about living in depth, living with meaning, purpose, joy, and a sense of contributing to the greater community. A spirit of work is about bringing life and livelihood back together again. A spirit with them.

This statement is indeed applicable to OFRs who have chosen a career of serving the community and risking their lives on a daily basis. They are aware of the cost their livelihood may bring, yet they persevere and try to find ways to cope.

Consciously hiding or ignoring feelings may be viewed as a form of separating the feelings from the person's consciousness. However, specific experiences have the potential to penetrate their consciousness, such as smells and visual images associated with death. No matter how they try, in their line of duty, they will never be able to avoid this.

Research has shown the value of spirituality and religion, which has the potential to decrease levels of stress. As a result, spirituality has become a critical component to well-being. Someone who does not rely on spiritual beliefs, lack the inner resources to cope with stressful and traumatic incidents and experiences. The OFR may come to experience feelings of isolation and separation as they search for meaning (Reese 2008:1).

Literature is sparse regarding the spiritual dimensions concerning the OFR. During random conversations with OFRs over a span of 13 years, the researcher has found that most of them rely heavily on religious and spiritual aspects when searching for meaning and hope when considering their experiences.

3.9 Trauma experienced by official first responders

Extensive research in the field of OFR's exposure to stressful and traumatic experiences has indicated the likelihood of developing PTSD. Feemster (2009:3), a special agent of the Behavioral Science Unit at the Federal Bureau of Investigation in the USA, refers to OFRs as 'wounded warriors'. When OFRs experience a crisis or trauma, their core beliefs regarding the world they live in, may be shattered. Trauma has the ability to call into question one's core beliefs (Reese 2008:1). Some of the possible results of working as an OFR is vicarious trauma and compassion fatigue. Vicarious trauma is the cognitive impact on the OFR due to indirect exposure to stressful and traumatic experience and has the potential to negatively alter and

influence core beliefs and perceptions of meaning (Baum, Rahav and Sharon 2014:111). Enabling the OFR to deal with traumatic experiences, they need to assign meaning to it. Compassion fatigue, on the other hand, is explained as OFR's ability to express empathy towards their patients due to their own stressful experiences (Beck 2011:3) and may lead to avoidance and hopelessness (Lilly and Pierce 2013:135).

When an OFR continually suppresses feelings, it has the potential to create intrapsychic tension, which may lead to intra- and interpersonal conflict. This conflict has been reported to be difficult to overcome (Koch 2010:93). Even though they wear 'armour' to protect them from the consequences of feelings, a certain traumatic experience may have the potential to shatter this 'protective layer' and render them vulnerable. Psychologically, trauma affects a person on a biological, psychological, social, and spiritual domain (Van der Kolk et al. 2007:16). Not telling their stories, have the potential to isolate the OFR, leads to the built-up of internal pressure and relationship stress (Koch 2010:95).

The consequences of the work environment of OFRs have been known to include suicide, alcohol abuse and divorce. Gunderson et al. (2014:1) refer to a review conducted by the Chicago Fire Department in the USA, where 41 of the 1 787 active firefighters' death were contributed to suicides. This review reports that OFRs are at risk of living 15 years less compared to the average civilian. As a result, they developed a programme towards the improvement and sustainability of first responders' behavioural health. The programme includes activities such as goal setting, nutrition, exercise, sleep, relaxation, perspective, empathy, reaching out, and social support. It, however, does not include spiritual guidance.

Martin, Tran and Buser (2017:177) report that firefighters and EMS workers experience higher rates of suicidal ideation and attempts than that of the general population. Alcohol abuse, depression, and post-traumatic stress are also associated with these professions. When considering suicide in general, Koenig (2009:287) found that fewer suicides and less anxiousness are found among religious persons: "Religious beliefs provide guidelines for human behaviour that reduce destructive tendencies and discourage substance abuse." However, it is also found that when a person experiences God as punishing, an increased sense of abandoned and anxiousness is experienced.

Collective conference findings on wellness and spirituality within the police force, as reported by Feemster (2009:3), conclude that spirituality in law enforcement was a vital component towards wellness of the OFR. Post-traumatic growth has been identified as the countermeasure of PTSD, which enables the OFR to employ coping mechanisms and strategies with the aim of transforming spiritual connections and experiences and increasing the quality of intra- and interpersonal relationships (Abel, Walker, Samios 2014:9).

The OFR culture is saturated with traumatic experiences, yet employees neglect activities aimed at recovery (Koch 2010:92). The above discussion emphasises the moral obligation of EMS to support the OFR. Pelzer (2014:42) rightly suggests formal support to adequately process experiences.

Chapter 7 defined and discussed spiritual woundedness of OFRs due to these traumatic experiences. From the vast array of spiritual definitions existing in literature, the study focussed on the core elements featuring in most of these definitions, which is meaning-making, relationships and hope. Feemster (2009:3) said, "as an invisible weapon, spirituality does not weaken the best aspects of policing, rather it greatly accentuates them". This may be true for all OFR professions. When considering the findings in the literature, it seems that OFRs who are spiritually wounded show signs of anxiety, hopeless, meaninglessness, detachment from God, may abuse alcohol, have suicidal tendencies, and struggle with inter- and intrapersonal relationships. Therefore, spiritual guidance should not be excluded when considering therapeutic methods towards the well-being of the OFR.

3.10 Conclusion

Considering the OFR culture, and the official capacity in which they function, it is relevant and vital to consider the consequences their work has on their ability to cope, how it influences their relationships, how these traumatic experiences shape their spirituality and influences their religious viewpoints. Chapter 4 documents the outcomes of narratives produced by the co-researchers. The aim was to understand their journey in context to their work environment, and to identify any signs of spiritual woundedness. Chapter 4 continues with Movement 2 of the postfoundational notion in practical theology, where in-context existential experiences will be listened to and described.

Chapter 4

The Nine Situations – Interviews

4.1   Introduction

The nine situations refer to the territory wherein an army needs to maneuver. The ground on which the army moves influences their mobility. Sun Tzu divided this territory into the following nine situations (Giles 1910:114):

1. Dispersive ground: Fighting on own territory

2. Facile ground: Hostile territory

3. Contentious ground: Territory which is advantageous to the enemy

4. Open ground: Each side has the liberty of movement

5. Ground for intersecting highways: He who first occupies the territory is advantaged

6. Serious ground: The heart of hostile territory has been penetrated

7. Difficult ground: Obstacles such as mountains and rivers

8. Hemmed-in ground: Between enemies

9. Desperate ground: Gorges

Soldiers should constantly navigate their territory and calculate the cost of their decisions accordingly. They need to have tactical strategies in place to know how to respond if they should encounter difficult ground. A pivotal matter to gain victory is the potential to know the enemy and the ground they navigate. This is also true for OFRs when considering the spiritual awareness of knowing the enemy and the territory they move in. In this regard, the enemy can be regarded as elements that might lead to spiritual woundedness, and the territory is their work environment and their personal environment. It has been shown that OFRs would rather deny that they are in danger of potential emotional and spiritual wounds inflicted upon them due to their work environment and experiences (Tran 2018:7). Yet, knowing the risks, and accepting their vulnerability, might help them to navigate through the aftermath of crisis incidents and provide the potential towards spiritual healing. This chapter therefore tells the story of the ground the OFR has to constantly navigate, and the impact it has on their lives.

Chapter 4 makes use of Movement 2 of the postfoundational notion in practical theology, namely in-context existential experiences are listened to and described. Empirical research was conducted and based on the narrative approach in pastoral therapy. The researcher

listened to the co-researchers' stories in order to gain an understanding of their in-context experiences. Each co-researcher was requested to give himself a pseudonym and to give a reason for choosing this specific name in relation to his work environment; they, however, wrote their own names. They seemed embarrassed to provide a pseudonym as if they would seem weak and hiding behind it. The reason for this observation was that they said: "I don't need to hide behind a name"; "I have nothing to hide". The researcher therefore named each co-researcher herself. Greek names were chosen, as it reminded the researcher of the Greek battles and wars fought among themselves. Ancient Greece was divided into many small states, who were constantly at war with each other. However, when the Persian armies tried to invade Greece, they set aside their quarrels and fought together. In the end, they conquered the entire Persian army. The following metaphorical pseudonyms were used instead of the co-researcher's birth names for the sake of confidentiality and anonymity:

- Kato – 'to think' – disaster manager and principal of an EMS training centre (co-researcher)
- Geniko – 'military general' – EMS instructor (co-researcher)
- Pali – 'to fight' – EMS instructor (co-researcher)
- Alexo – 'to defend' – EMS instructor (co-researcher)
- Ergon – 'to work' – firefighter
- Etoli – 'to command' – fire chief
- Hippocrates – 'doctor' – principal of a disaster management centre
- Niki – 'victory' – EMS instructor
- Oikonomus – 'to manage' – disaster manager
- Timao – 'to honour' – disaster manager
- Isos – 'equal' – trauma nurse (short random informal interview)

From these interviews, the four co-researchers' interviews used in this study were Kato Geniko, Pali and Alexo. These four co-researchers who agreed to be interviewed had an already trusting professional relationship with the interviewer, and some have become friends over the years because of their shared interest in OFR. Besides the four co-researchers, the researcher approached additional OFRs who were referred to her by known associates; they were however more reluctant to participate. The remaining five who agreed to be interviewed, were hesitant to share their stories. They remained aloof, and only touched the surface of the topics discussed. In contrast to these participants, the ones with whom the researcher already had a trusting relationship were prepared to tell a more detailed story and were prepared to expose feelings of vulnerability.

Prior to each interview, the co-researchers were informed of the background and context of the study. They gave written and verbal consent to participate in the research and were informed that they could terminate the interview at any moment if they felt inclined to do so. Although the context of the study was communicated to the co-researchers, they were given free rein to start their story where they chose; from there, the researcher aimed to understand any spiritual struggles which may be conveyed during the interviews, and in a delicate manner consider these emotions by asking questions related to the information volunteered.

Nine interviews were conducted, of which the researcher chose four to describe their experiences in detail in this chapter, namely Kato, Geniko, Pali and Alexo. The co-researchers who were Afrikaans-speaking chose to tell their story in their mother tongue. An unfortunate limitation to this study was the lack of female co-researchers. The researcher did not know of any possible female co-researchers when considering the purposive sampling requirements of a management position combined with having been in the field for more than 10 years. However, the researcher approached a few OFR women whom she knew or who were suggested to her, but they were not keen to participate. A lack of time and interest was given as a reason for not participating. They did not answer follow-up phone calls. When her contacts with the female OFRs were unsuccessful, the researcher approached the Free State Fire Department to find possible female co-researchers, but the fire chief was unwilling to expose them to this study. He, however, volunteered to participate himself, and suggested two other male co-researchers. His reason for not allowing the female participants to participate were that they had recently been exposed to trauma, and he felt they were too fragile to participate at that stage. They were in a team consisting of male and female firefighters who were all exposed to the same incidents, yet only the male firefighters were allowed to participate, but the female firefighters not. The researcher was sensitive to the fragile nature of the situation and respected the fire chief's. It was, however, decided that the purposive sampling would thus rather focus on male spiritual woundedness, because of the time frame this study needed to be completed in.

Although the literature shows that the OFR culture is dominated by males and ruled by masculine pride, women have additional challenges such as being considered not physically as strong as their male counterparts (Hollerbach et al. 2017:43), not being placed in managerial or supervisory positions (Russ-Eft, Dickenson and Levine 2008:283) and risking exposure to sexual harassment in the workplace (Bigham et al. 2014:492). These were a few of the challenges that existed. Therefore, further studies are suggested when considering the research topic.

4.2   Co-researcher 1 – Kato

Kato – the Greek word for 'to think' – was chosen for the first co-researcher. Kato is 40 years of age and had been an OFR for 18 years. He is married and has two young children. Besides his training in EMS, Kato has obtained a master's degree in disaster management from the University of the Free State.

Because Kato is a principal of an EMS training center, he preferred to begin his story by giving a background of his paramedic training in context to his work environment and emotional experiences. Kato said that from the first day of EMS training, the procedures and different scenarios were drilled into them and they became used to these types of emergencies. They therefore got used to seeing blood, intestines, and all kinds of destruction during training. When OFRs reach the incident to which they have to respond, they focus on the job at hand and what needs to be done. Mostly, it is only after such incidents that OFRs start reflecting on what they have been exposed to. It is during this time that they wonder whether they did everything they possibly could, whether they did it correctly, and whether they could have done anything differently. Guilt might feature here if any of these questions are answered in a negative way.

Another problem which he pointed out was that the OFR has to deal with emotionally distraught people who arrive at the scene where their loved ones are involved. While the OFR is tending to the patients, they have to deal with the bystanders too.

> En die familie kom daar aan. Of jy doen 'n ongeluk en jy's nog op die toneel, en die familie of die man of die vrou kom daar aan … Dit is die diep emosionele deel, ons kan doen wat ons moet doen, op die ou einde. Ons kan ons werk doen. Die kliniese deel daarvan. Maar as jy kom by die emosionele deel en die hantering daarvan, voel ek, dit is waar jy baie ge*challenge* word.

Kato said that it is the responsibility of the emergency medical technician (EMT) to convey the news of a death to the loved ones and to write the death certificate. The researcher was not aware of this. The researcher found this responsibility given to the EMT as OFR to be a problem because the same OFR who had to fight to keep the person alive, is now invested in the situation that he must convey the news of the death to the emotionally distraught people at the scene while he should actually deal with his own emotions and think about everything that he should or should not have done.

An additional problem discovered in this interview is the fact that, while the OFR has to convey this very traumatic news to the loved ones, and has to deal with their emotional state by consoling them and sometimes having to find a support network before he can leave, he is under pressure to also respond when the next call comes in. This is mostly due to a shortage

in staff. The OFR now has to leave this traumatising and unfinished business to respond to another scene, to save another person or persons in distress. Therefore, they cannot afford to process what have just happened, because they do not have the time to do so:

> En jy help gewoonlik, en vra of jy nog iets vir hulle kan doen … want hulle is in 'n emosionele toestand. So jy vra, kan ek vir jou 'n begrafnisonderneming kontak? So moet help met hulle reëlings? Is daar 'n familielid of julle geestelike leier? [sodat] ons kan jou help kontak.

> Dit gaan nie meer oor die pasiënt nie, dit gaan nou oor die familie. So jy moet absoluut *in tune* wees met hoe die mense wat om jou staan ook voel. Ja. (Wat gebeur, want hulle praat baie oor *Compassion Fatigue* en *burnout*, is dit wat julle moeg maak?) Dit is die groot emosionele aspek daaraan … want dis *draining*.

As indicated, burnout is a major factor to consider within the work environment of OFRs. If they have to deal with such situations on a regular basis, it becomes clear why they suffer from compassion fatigue and burnout. The EMT seems to be under immense pressure when considering that he is not permitted time to process his own experiences. When a call comes through for an EMT to respond, he might still be busy at a scene, and now have to respond to another incident. There might be a shortage of staff, said Kato, so they do not have time to complete the emotional part of their own experiences:

> Maar die ding van die paramedic beroep wat ons mee sit, is … ons werk nou deur die beheerkamer waar die oproepe inkom, kom ons sê daar is nou 'n tekort aan paramedics, so hulle weet jy is uit na 'n toneel toe ... die emosionele deel van die blootstelling, of die insident, vat gewoonlik baie langer.

It became clear that, while paramedics have received extensive training to deal with the saving of lives, they have clearly not signed up to be a therapist at the scene. Yet, they seem to not have a choice in the matter. Compassion and their caring nature are motivators to stay with the grieving family and console them in whatever manner they know, although they have not received any training in this regard. Kato talked about a certain incident that may explain the severity of the additional burden placed on OFRs. He explained that they responded to a call on the N1 main road, which is a busy road with constant high-speed traffic consisting of busses, trucks and light vehicles. Two friends were riding on their four-wheel quad bikes and, by accident, one of the friends collided with a truck and was seriously injured, and eventually passed away. When the paramedics arrived on the scene, the other friend was so distraught that he tried to take his own life:

> Maar hy is so emosioneel dat hy sy eie lewe wou neem. Hy staan alleen, hy sien ons probeer sy *pel* resussiteer en regkry en ons sê toe sy vriend is nou oorlede. Was hy so emosioneel, hy't gehardloop om voor 'n ander voertuig in te hardloop. So een van die

> ander paramedics het hom platgeduik voor hy in die pad ingehardloop het. So, jy besef
> die emosionele implikasie.

For an OFR to resuscitate a patient is a very intense action, because for that moment, the person's life is in the hands of the OFR. It needs total concentration and effort. To have to concentrate on the actions of the bystanders is an additional burden to cope with. If the boy did manage to commit suicide, it could have led to major feelings of guilt and additional trauma. The paramedic already lost his patient, and now has to deal with the friend's actions and emotions. Kato stated that at times they are so understaffed that they have to respond to multiple incidents of the same nature during one shift. One particular night he had to declare the death of six persons. It was not incidents where people died of natural causes. These incidents consisted of traumatic crises situations:

> Ek het nou laas maand een nagskof gewerk, waar ek in daai nag 6 mense dood verklaar het, en dis omtrent wat die aand oor gegaan het. Ongelukke, nie soos lang sterfbedsituasies, almal was voorbereid nie. *Instantly*, impak, mense in trauma, dood. So jy kom daar aan, en in al hierdie gevalle het die familie op die tonele aangekom. So, partykeer is dit so dat jy 2 ure by van die gevalle besig was, waar die eintlike werk wat ons dalk voltooi het, dalk in 'n uur gedoen [sou wees].

Although OFRs are tasked to save people, they are expected to perform additional tasks that are taken for granted. In the aftermath of an accident, for example, who is responsible for cleaning up the debris or the remains of the victims? Kato said that OFRs take it upon themselves to try and cover as much of the macabre scene as they possibly can, for the sake of the family or friends that might arrive on the scene. The scene cannot be cleaned immediately, because the process includes investigations from the police and forensic pathologists. Kato said that the anticipation of family members arriving and the thought of their responses trigger feelings of dread. While he is trying to process his own feelings about the trauma, he has to focus on how the family will respond when they arrive and has to try to make the process as bearable as possible for them. He says that the irony of the whole situation is that there is no therapist at the scene. The hospitals do have therapists who they can call when necessary, but not at the scene. The OFR runs the risk of causing more damage with the way they handle the situation, as they are not trained as therapists. The researcher was concerned that this might contribute to feelings of guilt. Kato stated that, because there is no therapist to accompany OFRs on their calls, it should be a priority to have a counsellor with whom the paramedic can talk in the aftermath of such incidents. He has suggested that they consult a counsellor in a personal capacity, but medical funds are usually insufficient for such consultations on a regular basis. He said that, in the end, they develop the mentality of 'cowboys don't cry'.

4.3   Co-researcher 2 – Geniko

Co-researcher 2 was dubbed 'Geniko', which means 'military general'. He felt that his birth name was sufficient and he did not have anything to hide. The name 'Geniko' was chosen as it is related to a high-ranking officer in the army who has many soldiers following his lead and who has to be a beacon of bravery on the front.

Geniko has been an OFR for 40 years. He is 59 years of age. He is married and has three children. He proclaims Christianity. He works in a managerial and training position at a provincial rescue center. Geniko started his career in 1997 in the firefighting services, and from 2001 has been part of the Metro Emergency Services. The researcher has known Geniko for at least 12 years, and during these years have listened to many experiences where he had responded to incidents ranging from road accidents to national and international disasters. A few of the major events he had responded to in his career, were the 2003 Bam earthquake in Iran, the 2003 Turkey earthquake, the 2010 Haiti earthquake, the 2011 Japan earthquake and tsunami, the 2013 Malawi floods, many bus accidents and major fires. He referred to himself as an 'old school guy' and held a front of being a 'hard nut to crack'. He is known for his passion for the job and goes to many lengths to promote these experiences in the form of lectures, presentations, YouTube videos and social media motivational messages. However, the researcher was interested in why he was so reluctant to talk about his emotions with anyone, as conveyed during the interview, and his response was that his way of coping with the trauma was in such a manner. Therefore, he gave permission that examples of his posts on social media could be used as part of this research study to explain his experiences; however, only one of his posts on social media was used in this study (see Collage 4.1).

During the meetings with the co-researcher over the years, Geniko has always portrayed an attitude of nonchalance when considering his emotions in his work and experiences. Where the audience would shudder at his stories of horror and destruction, he would appear to brush it off as 'part of the job'. The researcher once asked him if all these experiences that have accumulated in his history have not affected him emotionally, he would always turn the conversation towards the adventure side of the experience and deny any negative emotional influences. Until one night at 22:00, during a telephonic conversation, he said that he felt burnt out and tired. This is one of the reasons why the researcher felt compelled to understand and try to find a way to help, even if the outcome would be minute. For the purpose of this study, it is important to mention that Geniko does not believe in talking to a therapist of any kind about his experiences, and he never has.

Geniko started his story by taking the researcher on the journey to the first major disaster which he responded to, and which occurred in the town of Bam, Iran. Bam, a popular tourist

destination, boasted a population of 97 000 souls. The earthquake occurred on 26 December 2003 at 01:56 in the morning. The death toll was 26 271, leaving 30 000 injured and 100 000 homeless.

He referred to this incident as the one that had the biggest impact on his life when considering his work environment. He stated the reason for this impact on his life as follows:

> Om te kon sien die impak wat die natuur het … jy weet … hoe vinnig kan 'n mens kwesbaar wees … hoe vinnig kan 'n mens … jy weet … vandag is jy nog 'n hele familie, 'n hele gemeenskap nog saam en die volgende dag is almal weg. Dit is die een wat ek sal sê wat die meeste uitgestaan het weens die hoeveelheid mense wat daar dood is, verstaan? Dit was oor die duisende wat daar dood is, jy weet. En wat ook uitgestaan het is, as jy die mense gekry het wat mos nou … Nou is dit die hele familie … die seun en die pa en die ma en partykeer die ouma en die kinders … jy verstaan … so dit was goed wat nogal 'n impak gemaak het want net om te besef dit was die natuur wat dit gedoen het … en hoe vinnig daai mense … want sê nou maar 12 uur die nag was hulle nog 'n familie en die volgende oggend toe is hulle niemand meer nie, verstaan jy? Toe is almal weg.

Considering the above, and the fact that Geniko is a Christian who acknowledged that he believed in the existence of God, the researcher was interested to know how Geniko experienced the hand of God in this disaster, if at all:

> Ja, mens dink mos nou daaraan, ek bedoel, mens dink baie daaraan. [Cynical laugh] Jy weet, baie keer dan vra jy vir jouself die vraag af, jy weet, nou hoekom? Jy verstaan? Maar okay, die mensdom het ook mos saam ... maar jy weet, dis die natuur. Jy weet, dis mos nou nie die mensdom wat dit veroorsaak het nie. En dan dink jy maar daaraan, dan dink jy maar net nou hoe is dit nou moontlik? Veral met grootmense kan dit nog gaan, maar as dit met jou kinders gaan, jy weet … dan dink jy maar, nou hoe laat die Vader toe dat sulke goed nou gebeur. Jy hoor wat ek sê? Ja, mens vra daai vraag.

While on their way to the disaster area in Bam, Geniko said he met an older man who said to him that they respond to a disaster as a human, but return leaving a part of themselves behind:

> Daai deel van jou sal altyd daar bly want wat jy ervaar het daar, kom nie saam met jou huis toe nie. Jy verstaan? Jy gaan nou as 'n mens soontoe … Elke mens is nou maar verskillend hoe hulle die goed ervaar. Dit was nogal waar want baie keer dink jy, 'kon jy nie maar dit nie, kon jy nie miskien dat nie, kon jy nie miskien' … jy verstaan? Dis mos nou nie moontlik dat jy … niemand kan mos nou die wêreld red nie … verstaan?

When considering the fact that Geniko has responded to six major international disasters, the question arose: How much of himself has been left behind?

Geniko was reluctant to name his emotions, or even acknowledge them. On the one hand, he said that he was not shy to talk about it, and on the other hand he said that he 'files' his emotions and does not speak about them, ever. His reasons for not speaking about the

emotions stemming from the traumatic experiences are that he has no choice. He cannot dwell on the negative because he needs to respond to the next call and cannot afford to carry these emotions to the next scene, as it might be even worse than the previous one. He explained that his feelings due to the traumatic experiences are metaphorically filed in drawers, and the drawers are shut to never be opened again:

> Vir baie van ons nè, ek noem dit, die ouens het biblioteek *files*, verstaan jy? Ons biblioteek *files* is so vol. Ons laai net en ons trek daai laai toe, en dan gaat ons vorentoe.

He went on to say that he could not consider dwelling on feelings because 'the show must go on', and who would be doing the job if he did not do it? It is what he was trained to do, and he had a responsibility towards his family as provider. Therefore, he just 'pushes forward'. He tried to explain his feelings by providing the researcher with the following metaphorical explanation:

> Dis soos 'n brander wat jou omslaan, as jy opkom, dan vat hy jou weer om, veral as die branders opmekaar is … jy weet, dis daai tipe van ding, net soos jy dink jy kom op, dan slat die brander om en later dan kom jy uit … verstaan? En dan dink jy hierdie klomp branders het my darem nou lekker geroer. Maar dan gaan jy weer aan …

When considering finding meaning in traumatic events, and where God was in all of this, Geniko stated the following:

> Ja wel, dis maar moeilik partykeer, wat ek nou maar partykeer maak, is sit dit in *File 13*, en jy trek die *file* toe en jy gaan net aan. Verstaan jy? Want partykeer kry jy nie antwoorde nie. Want as jy nou in sekere dele van jou Bybel gaan kyk, jy weet, daar gaan oorloë wees, en daar gaan aardbewings wees, jy verstaan. Maar dit is maar net partykeer, dan vra jy jouself die vraag af, is ... Dit is maar moeilik partykeer, want jy kan nie verstaan, jy weet, dis onskuldige mense wat nou … maar nou ja, dit is … verstaan? Op daai deel gaan ons ook nie te veel in nie want dit raak te … hoe sal ek sê, te *complicated* om dit te probeer uitwerk, verstaan? Dan los ons dit liewerste.

It became clear that Geniko certainly does try to avoid complicated emotional issues within himself. He refers to File 13 (a euphemism for trash can) as a way of discarding these issues; yet, the 'library' where these files are stored remains within himself. He also acknowledges, very bravely, that he does ask these difficult questions from time to time, yet it seems that he has not found the answers and therefore prefers it as an unresolved matter, too complicated to solve.

The researcher asked Geniko if he ever felt that all the emotions that he has filed over the 40 years would someday come pouring out. His response was that he has felt many things, but not that. He confessed that he does come to a point where he feels that he has had enough.

> Maar baie dae voel jy, ek is nou moeg, ek is nou moeg vir dooie mense, ek is nou moeg vir dit, ek is moeg vir dat, partykeer dan dink 'n ou dit, verstaan? Ek dink ons almal kom maar op daai platform wat jy dink jy's nou gatvol.

He denied that his filed emotions might have a future impact on him, yet he seems to, from time to time, suffer from burnout when he indicates his job fatigue. By using a crass word to convey the message, it might be a sign that the feelings of burnout are, in some capacity, a constant presence in his life.

When Geniko talked about therapists, he seemed to become agitated and sounded a bit frustrated when he said that the problem is that the therapists who need to help them do not understand them or their circumstances, and that is the main reason OFRs are not prepared to consult them:

> Nee, ek wil ook nie want hulle praat net 'n klomp nonsens. Hulle verstaan nie. Vra hier vir mense wat jy kan bel, vra jy … ons het 'n organisasie ICAS [*Independent Counselling and Advisory Services]*, ek gaan nie … omdat die goed wat hulle in die eerste plek vra, maak nie vir die ou wat daar sit *sense* nie. En hulle verstaan nie waaruit die persoon kom wat daar gaan sit nie, dis die probleem.

It seems that the help that is available, and the responsible therapists, are not trusted and do not understand the work environment of OFRs. It seems that Geniko needs the counsellor to help him make sense of things and yet the counsellors are portrayed as not making sense themselves. When asked what he would like the counsellor to do, he said that it should be someone from their field of work to help them. They would be prepared to listen to someone who has studied psychology, yet who comes from the 'field'. However, he referred to an 'older nurse' as Mother Theresa, who had not studied psychology but yet she had an 'ear to listen' and they were prepared to talk to her. He was adamant that he would not be prepared to talk to 'normal' psychologists. This again, is an indication for the need of a trusting and understanding relationship being forged between the OFR and the counsellor. Because of the OFR culture of camaraderie and 'macho' attitudes, it is understandable that they would prefer to talk to 'their own kind', when and if they do decide to do so:

> Die tipe werk wat jy doen, jy weet, jy wil ook nie na 'n swakkeling lyk nie en dis hoekom baie mense nie maklik oopmaak nie. Veral die ouer gardes. Ek kan nou nie van ons jong laaities praat nie. Hulle werk bietjie anderster. Ons kom uit 'n harder skool uit. In die ou skool het jy nie ... Jy's nie daar om trane te stort nie. Dit was die ou skool se mentaliteit doerietyd.

Geniko mentioned a problem he has identified which seems to be near to his heart. The problem was that the OFR families, and especially the wives, do not understand the OFR work environment. He identified issues such as divorce being high due to this, as well as the OFR coming home from difficult call-outs and needing peace and quiet time to sort out their

emotions and actions, yet not being granted this quiet time due to family issues needing their immediate attention. To this problem, he suggested a system to be in place and therapists who focus on the family of the OFR in order to help them cope with their spouses' work-related issues, as well as educating them in what to expect and how to react and handle them. He stated that it all begins at home:

> Wat ek nou partykeer beleef is, nou kom die ou by die huis, ek vat nou maar enige voorbeeld, nou kom die ou by die huis, hys moeg, hy't sy alie af gewerk, hy't gesukkel om 'n kind aan die lewe te hou of 'n grootmens, maak nou nie saak wat nie, nou kom hy by die huis, hy't nou daai hele emosionele wroeging gehad, en nou verloor hy miskien die kind of grootmens jy weet, nou moet hy met homself wroeg, jy weet, het ek reg gewerk, het ek nie reg gewerk nie, of het ek te lank gevat om die persoon uit die kar uit te sny, so jy sit met al daai goed. Nou kom jy by die huis, byvoorbeeld: Nou sê ma vir jou, jong, die kinders het dit en dit en dit gedoen, jy moes nog dit gedoen het en jy moet dit gaan kry, op daai stadium soek jy niks nie. Op daai stadium, verstaan jy, wil jy net hê hulle moet jou verstaan, op daai stadium wil jy rustigheid hê, jy wil verstaanbaarheid hê, jy wil ondersteuning hê.

During this conversation, it became clear that the more experienced OFRs do not relate to the younger generation OFRs. The younger OFRs are viewed as 'soft' and not up to the challenge of the job. However, Geniko did mention that the older generation mentors the younger generation, yet they do not seem to last as long as the 'old-school' OFRs.

Geniko mentioned another issue he had experienced as being problematic in his life and seemed very frustrated when talking about this topic:

> En die ander ding … dominees verstaan net so min … ek het eendag met 'n predikant gesels … die antwoorde wat hy my gegee het ... toe hy weg is, toe sê ek vir my vrou: die predikant … hy is miskien goed om huwelike te hanteer. Ek kan nou nie sê ek het al 'n predikant gekry wat so gesteld is daarop nie. En ek dink nie hulle weet nie. Hulle weet nie wat ons doen nie. Wat hy vir my gesê het, was uit onkunde. Die dinge waarmee hy vorendag gekom het, het nie vir my saak gemaak nie. Hy het nie aangeraak oor wat vir my saak maak nie.

Again, it became clear that a trusting and understanding relationship needed to be forged. Geniko seemed to be very bitter towards ministers and what they conveyed to him in the past. Geniko confessed to seeking answers but not receiving any. He said 'where?' He felt that the ministers relate information from the Bible yet it still does not make any sense:

> Ek weet nie of hulle te hoog praat vir ons nie, maar partykeer kry jy net nie die antwoorde nie, dan vra jy, as die Vader dan nou so lief is vir ons, hoekom laat Hy so baie van hierdie goed plaasvind?

Collage 4.1 was taken from various photo collages that Geniko shared on social media showing his feelings. This is a clear indication that Geniko felt isolated in his pain, had little or no support and understanding from others, and felt a lack of gratitude in terms of his sacrifices.

Collage 4.1:   Most will never understand (Geniko)

Our conversation ended by Geniko volunteering information concerning his vulnerability that is portrayed in a YouTube video he dubbed 'If I could only'. He stated that the conversation we had is summed up in the video he made. He made the video as one of the ways to cope with his emotions:

> Daai ding is daar met 'n doel geplaas, verstaan jy? … dit was 'n uitlaatklep, 'n platvorm wat ek MOES gebruik het om myself ... wat ek vir myself moes gedink het. Maar as jy baie mooi gaan luister na die deel wat ek sê en die deel wat die kind sê en die dinge wat jy nou gevra het, dan gaan dit die konneksie bymekaar bring.

Geniko ended our conversation with a very powerful message:

> Dit is 'n baie goeie weergawe van wat jy nou als gevra het vandag. 'If I could only', is wat almal vra.

When listening to the words in the YouTube video, one cannot help but hear the passion Geniko has for his calling. The message conveys a plight to be heard and understood. He talks about facing daily challenges, and the uncertainty of what to expect during their next shift and even what the future will hold, and what peril and destruction they might encounter. Previous pain is a constant companion. Guilt haunts them, and they are constantly reminded of past incidents, especially when they see children. Geniko talks about his heart, which has been ripped to pieces and the need for the pain he suffered, to stop. He pleads with the community to respect their profession. He refers to the library (his mind) where he has filed experience and pain. They have to operate in this manner, because the next call is waiting, and they cannot afford to spend time trying to figure out their feelings and emotions. He also

pleads for his family to grant him 'time out' when he comes home from a busy day. He asks for time in general to sort it out.

4.4   Co-researcher 3 – Pali

Pali – the Greek word for 'to fight' – currently works at an EMS training center. He is married. He started his training in 2006 when he was 26 years of age and completed his training in 2008. He has been in the service for 10 years. Pali stated that he only started his career in EMS at the age of 26, whereas most paramedics are already qualified at the age of 20, a very young and vulnerable age. He said that from the first day, they are exposed to the practical side of training, which includes crises and traumatic incidents. That means that a teenager of 18 is exposed to such events. The worst most of these teenagers have been exposed to was a sprained ankle on the rugby veld at school. Pali said that he was already an 'old man' when he started his training, so he had a degree of life experience to rely on:

> En nou ewe skielik vind jy jouself in die situasie waar jy in die middel van die nag uitry na 'n township toe en daar's 'n ou wat 40 keer met 'n mes gesteek is en hy bloei die hele wêreld vol, en die gemeenskap is kwaad vir jou en vir hom, en vir die een wat hom gesteek het met die mes, of geslaan het met die stok, of geskiet het, of … gesinsgeweld, ongelukstonele waar jy sien waar families uitgewis is, daai tipe goed is … is moeilik.

Pali stated that these events lead to PTSD, which they are all aware of and had to read about it as it influences each one of them because of their stressful and emotional traumatic work environment:

> Om te sien dat 'n familie uitgewis word. Of om te sien dat 'n tweejarige kind oorleef en die res van die familie is uitgewis.

When asked what it does to them, he replied: "It tears you apart. It breaks you on the inside."

The researcher was interested to know if Pali felt the need to talk to anyone about these feelings, and if so, to whom. He replied that he had to find his own way to being helped. There are programmes in place that mostly consist of social workers, and if they are unable to help you with counselling, you need to find your own psychologist. He stated that he has not been for counselling himself and feels that his department and therapists in general do not understand what an OFR goes through. It seems that Pali does not trust these programmes to understand their needs. At this point, he felt the need to tell the researcher what really goes on in their work environment. A degree of tension and frustration can be felt when he tries to explain their situation:

> Want die situasie waarin jy jouself bevind in 'n hospitaal en 'n setting soos daai, is dit al gekontrolleer. Daar's ligte, toerusting, daar's *back-up*, daar's mense wat jy kan bel,

dis skoon, dis relatief veilig. Waar as jy hier uitjaag, tussen die verkeer, en jy vind jouself in 'n situasie waar ... jy is die enigste persoon in 'n groep mense wat ... en dit het al gebeur ... waar jy daar aankom waar dit of bendegeweld of een of ander kriminele aktiwiteit of iets van daai aard is.

He said that you never know what to expect when you respond to a call. The work environment can be very hostile at times, and the lives of OFRs are in constant danger. To cope with this, he worriedly replied that he has certain systems in place such as making sure that his life insurance is in order and that he and his spouse never part while angry and always greet each other before they part. He does this because he is never sure that he will return home. In addition, Pali has made an arrangement with his colleagues that should he ever be injured in such a way that he will be a burden to his family, they have been instructed not to resuscitate him and rather leave him to die. These issues seem to be constant fear emotions which remain in the back of his mind.

The researcher wondered where Pali goes when he returns from such incidents. He took a long time before answering this question, and eventually said that he goes 'to himself':

Baie dinkwerk, baie oorspeel in die kop, baie deure oopmaak om sin te maak daarvan, om net weer deur dit te hardloop, net om op die punt te kom … het jy alles gedoen wat jy kon? Het jy dit reg gedoen, op die einde van die dag, om aanvaarding te maak in jouself, om vir jouself te kan sê ja, jy het oraait gedoen eintlik … en daar's niks anders nie.

Guilt seems to be an emotion that accompanies the process of trying to make sense of the incident. Pali confided that at the end of the day, it is the soul that is wounded. Many people are insensitive and ask him, "What is the worst thing you have ever seen?" and he does not blame them for this. He feels that is out of ignorance that these questions are asked. When thinking about the worst things, he said that one becomes emotionally tired and dulled. He explained that this is a way of self-protection. It helps him to keep a clinical distance from his patients in order not to become emotionally involved. Worst incidents which outsiders cannot phantom are scenes such as a taxi accident on the N1 where one has to walk through a mess of styrofoam take-away containers with scrambled eggs mixed with the brains of dead people in order to reach the patients. He described his feelings about his worst experience as follows:

Maar ongeag van daai skandering [sic] wat 'n mens opsit, daai skuld wat jy vir jouself maak, kom daar partykeer gevalle wat by jou bly spook. En daardie vraag wat mense vra, wat is die ergste wat jy al beleef het, is 'n baie moeilike vraag om te antwoord want daar is nie net een aspek daaraan nie. Dis nie net een tipe pasiënt wat jy gesien het wat baie erg was nie.

At this stage, Pali was speaking very slowly and softly, as if he was weighing his words. He seemed to wonder how to construct the following sentence into words. When he uttered the words, the researcher fully understood why he spoke with such emotion:

> Daar is 'n geval gewees waar ons uitgevlieg het om 'n 16-jarige laaitie te gaan haal wat gebrand het. En hy het meer as 80% derdegraadse brandwonde oor sy liggaam gehad. En ons het hom ingevlieg, en ek het gestaan by die hospitaal besig om papierwerk klaar te maak, en ek het gehoor hoe die dokter met hom praat, nadat hy sy evaluasie gedoen het en hy het vir hom gesê: 'Boetie, praat jy Afrikaans?' 'Ja, dokter.' Hy sê: 'Glo jy in God? 'Ja, dokter.' 'Want dan moet jy nou bid, want jy gaan nou doodgaan.'

To understand the impact of these situations the researcher tried as diplomatically as possible to ask how he felt. He replied that it was a 'hard knock'. The young boy had no brain injuries and was fully alert when the doctor spoke to him. Pali confided that he did not feel anger towards the doctor for being honest, because honesty is part of the job. He did confess to being very sad. He also did not feel the need to ask God why these things happen, because he asked many questions as a young man, and he never received any answers. Therefore, now he accepts that it might not be nice to go through it at this stage, but one day, in the end, he will know the truth.

When asked how he makes sense of everything, he laughingly replied that he reads many Terry Pratchett books. His face turned serious and he replied that he is very seldom able to make sense of things:

> Ek dink nie dat dit regtig ooit sin maak nie. Want as jy jouself ... Ek probeer ook altyd agter die storie kom van presies wat het gelei tot op daai punt. Ek probeer dit doen. Om sin te maak daarvan.

Pali explained that he tries to make sense of all the violence and cruelty among human beings that lead up to crisis calls that they have to respond to, by understanding the people's situations and circumstances.

When he thinks of his relationship with God, he describes it as 'complex'. Pali does not attend church because he feels that it is filled with hypocrites and ministers who interpret the Bible as they wish. However, he does say that he has a relationship with God yet he tries not to ask Him for the things he would like to have. He understands God as being everywhere. He says that although things might not make sense, it happens for a reason and that he does not need to make sense of things. He has made peace with that. Pali said that many traumatic memories remain and stick to a person, staying in the back of one's mind, troubling one. This made the researcher wonder if Pali never asked questions to try to understand how these unanswered questions influence his relationship with God. He said:

> Almal het maar hul afdag. En op daai af dag, dit is wanneer dit inkom, daai ekstra gewig kom soos 'n vragtrein, en dit kom sit op jou hart, en dit sit in jou agterkop. En dit maak die stoei, die *struggle*, net soveel erger. En dis op daai dae wat die spoke uitkom.

Pali seemed to be a very soft-spoken person. Weighing each word carefully, he quietly talked about his feelings. One cannot help but see the sadness in his expression when he tells his story of ghosts and demons. He seemed to be in constant battle between good and evil, God and demons. He would talk about a God who is in constant control where Pali does not dare ask questions. Might this be in fear of the answers? Or not finding any? On the other side of his thoughts, the demons are battling to rob him of his sense of meaning. This becomes clear when he was asked if he would not mind helping the researcher to understand his battle:

> Jou eie persoonlike *torture chamber*. Want wanneer ek myself in so iets bevind, dan is dit moeilik om sin te maak en te sê, weet jy wat, alles hoef nie sin te maak nie, en dit is alles deel van die plan … as mens dit in 'n geloofsaspek sit, dan sal jy sê dit is nou waar die duiwel uitkom en jou kom tart.

The researcher felt the need to confirm that it was not her intention to make him sad and appreciated his brave honesty to open up his heart and tell his story. Here, Pali said that he really appreciated what the researcher was doing and was trying to narrate this back by comparing his soul wounds with a septic wound. One needs to cut out the dead tissue in order to heal these wounds, and it needs to be done. In other words, it hurts to heal. When asked to give the hurt a name, he conveyed the following:

> Die onsekerheid … hoe lank gaan ek dit nog kan doen? [Crying] Hoeveel kan ek nog saamvat? Wat anders is daar?

The word 'onsekerheid' (uncertainty) is an indication that Pali did not have such a clear indication of what the future holds. When one looks at his hope experiences, the questions he asked did not indicate a certain and hopeful future. His emotional state at this point is an indication of fatigue and hopelessness. The researcher told Pali that, in general, OFRs usually are not keen to show emotion, and asked: What will then be the best way for him to relieve some of the stress? He responded by telling the researcher that gallows humour is a main way of coping. When he and his fellow OFRs come together after a particularly bad call, they would sit around and joke about it as a way of telling their story. By telling these stories, they find that each one is actually trying to process the same emotions and thoughts and that makes them feel not so alone. He refers to OFRs who have been employed for many years and seem to cope well with this way of relieving stress, until one day:

> Jy gaan praat met ouens wat absoluut uitgeknip is vir hier werk wat net eenvoudig op een of ander manier 100% kan *cope*, wat opgewonde is om by die werk te wees, en dan kom al daai spoke uit en al die jare se onderdrukking … maar die ding is … en dan raak dit rof.

He confessed to crying many times because of his work and what they have to go through, yet he said that he is very lucky to have a wife who understands and supports him. She understands when he says that he just needs time alone. Pali does not often speak to his wife about his experiences. This confirms his choice to suppress emotions. The reason he gave for not talking to her, is that he wants to protect her from the horrors that he experienced. He also felt that she would not understand if he told her about the demons that chase him around in the middle of the night. He felt that she would have no idea of what he goes through. Here, he also referred to the high divorce rates in his profession. He felt that it is due to the wife not understanding what they go through. When asked what he does with the demons, he says that he 'chains them':

> Jy kom op 'n punt, jy probeer om hulle te onderdruk, jy probeer om hulle in 'n hok te sit. Jy probeer om hulle vas te maak. En dan kom jy op 'n punt waar jy hulle moet konfronteer, want hulle teer op jou.

What helps, he said, is to confront these issues from time to time although it is a recurring cycle. It is a way of trying to make peace with issues, yet he stated, it is only temporary because it never goes away. "It catches up to you again."

When considering counselling, Pali felt that each person is unique and cannot be counselled in a manner where all OFRs are treated the same. Each person's background history and situations should be considered unique and any attempt to counsel them should be approached from that vantage point. He said that it might help if a story is told where one's perception might be changed yet he felt that it is very dangerous because if one lies to oneself, it might make the demons stronger. It is not good to just try to convince yourself that it's not as bad as it seems. "In your deepest soul you still know the truth." When asked if he had any suggestions to cope with this, he proposed that, metaphorically speaking, the demons' teeth be pulled. When asked how he would go about this, he answered that he does not know and 'alcohol is cheaper than therapy'. Pali now told the researcher that this is another reason for the high divorce rate in their profession, yet he felt that alcohol facilitates the confrontation process when having to deal with the trauma. He said alcohol makes it easier and felt that it gives a person confidence. When asked if he would mind naming some of the emotions he needed to confront, he stated:

> Woede, hulpeloosheid, hopeloosheid in terme van waantoe gaan ons? Waar gaan die lewe uitdraai? Kyk hoe maak mense met mekaar. Dit is … Jy kan dit nie eers dierlik noem nie, want diere doen dit nie eers aan mekaar nie.

> Ek neem daai emosionele lading op myself, ek trek vir my daai baadjie aan. En ek dink tot 'n mate partykeer, dit is hoekom ek so seer het. Dis omdat ek dit aantrek. Want ek probeer verstaan.

This confirms a previous thought where the researcher indicated that, in order to cope with the answers, OFRs would rather not ask questions. Pali said that, in spite of the emotional pain, he still tries to make sense of things. However, the sense-making process has the power to throw him in a ditch, makes him tired, and fatigued, it makes him not care any longer.

To sum up, the people Pali talks to about his pain adds to nobody he can talk to. Yet today he was prepared to talk to the researcher, knowing precisely what the topic would be. However, the researcher was not conducting the interview in the capacity of a counsellor but as a person who was just trying to understand their work environment. That might be a reason why Pali felt relaxed enough to tell his story.

4.5   Co-researcher 4 – Alexo

Alexo – the Greek word for 'fire' – began his career as a firefighter at the tender age of 20, then proceeded to become a paramedic, and is currently a trainer and a leading expert in extraction and rescue missions in South Africa. He is now nearing the age of retirement. He seemed passionate about his job and the researcher could not help but become excited and inspired by his story, which was infused with heroics and challenges. He talked in a very authoritative and confident manner, and his body language was relaxed. He seemed to be happy to talk about his experiences and told the researcher that he has learnt many lessons in childhood that helped him cope with difficult situations and to become the man he is today. Therefore, Alexo decided to begin his story by telling the researcher about his childhood and why he chose to become a firefighter. He said all people experience some type of abusiveness in the form of trauma, poverty and sadness while growing up, and these things shape your character. The researcher noticed that he refers to trauma, poverty, and sadness as a form of abuse as if it is something inflicted upon him. The researcher decided not to interrupt him with questions and left him to direct the story where he felt it should lead. Immediately after making this statement, he said that this brings on the issue of 'belief', and where it fits in. He confided that his childhood years were very challenging, and he grew up in unstable conditions. Alexo lost his father at a very young age. His mother did not feature in their lives. Most of his life was spent in a hostel. The times he was not in the hostel, he and his siblings lived with an alcoholic and abusive uncle. To him, family structure is most important. Alexo said that God has a list of all the people whom He has chosen for a certain purpose. One does not have a choice and should never ask the reason why these things are happening because He is shaping you into someone who has a certain purpose in life. It is the 'category' you are divided into. He sees it as grace.

> [As iemand] regtig die hartseer van die lewe gekry het, en Hy [God] sê: *oraait*, kom Ek
> vat hierdie outjie, want dis nou nie sy skuld dat sy ma en pa en omstandighede, ens.

> ..., maar ek val in hierdie kategorie. En nou word ek groot in hierdie kategorie. En nou kom hierdie genade deur wat Hy vir my gee en sê Jules, hoe kyk jy daarna? Wat wil jy hê? Hoe hanteer jy dit? Soos wat jy groei in volwassenheid. En daai genade het na my toe gekom. Daai spesifieke genade, wat gesê het, hoor hierso, ten spyte van alles, ek gaan nie eendag dit doen nie, ek gaan nie so wees nie.

Alexo believed that difficulties inflicted, build character and help you to become the person you were born to be. Someone else might have taken the easy way out and become an alcoholic, but he believes that through grace, he could make the right decisions. He says that initially his relationship with God started as one of 'survival' and 'negotiation'. He was burdened with hopelessness and started holding on to God. He had to be a man at the tender age of 13 to take care of his siblings. He would come home, and they would have nothing to eat but he always made a plan to provide. At times, he would gather empty glass bottles, sell it and buy bread and 'polony' and that would be their supper. His circumstances brought him closer to God and he grew dependent on Him.

After he finished school, Alexo had to find a job. He decided to join the army. He was placed in an administrative position, lacking the adventure which he craved. For a year, he suffered in a nine-to-five job, and then it came to be that he had the opportunity to become a 'Parabat' in the Parachute Battalion in Bloemfontein. He was accepted, but suffered a serious ankle injury during the practical tests, and was, yet again, placed in an administrative position. He did not have any friends or family in the city and his visits to his siblings in Gauteng on weekends were filled with drama and problems. Nearing the end of his second year in the army, he met his first wife, Monica, whom he soon married. He wanted a good life for them and applied to become a firefighter, which seemed to hold the most adventure, which he craved. This turned out to be a misadventure, because his wife did not understand the OFR culture. Now he had to try to balance his marriage and being a firefighter.

> Daai twee is wat ek nou probeer sê, nou dit het half begin bots. Die botsing in dit is die passie wat ek leef. Ek gaan op 'n veldbrand uit, jy weet, jy slat, jy werk jou *butt* af, jy wil daar wees. Nou kom jy laat in. Nou besef jy by die huis maar die kos is nog reg nie. Nou't jy 'n maat, wat nou die *opposite* is, wat nie werklik verstaan, hier of daar nie. Nou begin die konflik. Jy weet, ek werk my *butt* af, Ma werk ook, maar dis nie so intens, jy weet, en nou begin die dinge krap. Nou begin dit krap, ja.

Alexo explained that, after fighting fires with fellow firefighters who experience the same adrenaline rush, it was hard to go home to where nobody understands the battle that was just fought and won. The camaraderie they shared, and the adventurous life was very important and made him feel needed. He also explained that he put in a lot of effort and laid his life on the line, but there was just nobody to give something back to him. He confessed that these

thoughts were wrong and that he made a mistake. Yet he learned his lesson and is now married again to a supportive wife. To him, validation is one of the most important rewards:

> As iemand in die moeilikheid is, dan het ek belangrik gevoel want ek kon help.

Alexo said that he began to aim higher and craved more adventure and more knowledge. Therefore, he decided to leave the fire department and pursue a career in EMS training. He had a thirst for knowledge and new adventure. Over the past 10 years, he has responded to major national and international disasters. After telling the researcher that he has been viewed as the expert that assist experts when they have depleted ideas on how to extract patients from difficult situations, he said the following:

> Geestelik sterk, groei, ek loop 'n pad saam met die Hemelse Vader, als is *great*. Maar partykeer word ek kwaad. Partykeer is ek hartseer. Partykeer is dit vir my onregverdig as mens, jy weet, ek het 'n bakleiery met God partykeer. *Seriously*.

Alexo talked about experiences that influenced him when he talks about anger and sadness. The Japan tsunami and the Haiti earthquake, which Geniko also mentioned, had a big impact on his emotional well-being. He told the story of an incident that occurred in Haiti where the United Nations protected OFRs due to the desperate state of the victims. They would attack in a group and take water and food and anything they could to survive, because of the devastation they went through. People were so desperate that they would sell the clothes they were wearing just to survive.

> Toe gebeur dit dat ons op 'n plek staan en al hierdie mense is agter 'n heining, ek sal dit nooit vergeet nie, dis een ding, een van die goed wat geprent is, soos 'n paar goed wat geprent is. En hier kom hierdie mense aan, hier kom 'n pa aan op die einde van die dag, met 'n kind, maar dis 'n tweejarige kind, onmiddellik, my tweejarige een wat ek by die huis het, jy weet, onmiddellik. En ek stap na die heining toe hy, in Engels, ... jy weet ... asb. iemand, 'kyk net na my kind'. En jy weet, hy wil weet of die kind dood is of lewendig is. Daar is 'n klomp vlieë wat om die kind draai. So, dis die *visual* prentjie wat jy kry.

What made Alexo 'intensely angry' was the fact that he was not allowed to help because of their own safety. The reasoning behind this, he would later understand, is that if they responded to this one person, the whole crowd would descend on them for help and they would not be able to do the job they came for. When the person in charge of the rescue operation told him 'I understand how you feel', and explained the reason why, he said he felt much better and could understand the reasoning behind the decision.

> Jy is emosioneel want jy sien soveel lyke. Jy ruik soveel. Jy beleef soveel. Jy't soveel … Dis te veel … Jy weet, dit wat inkom is 'n *nightmare*. Jy weet, mense kan nie verstaan nie. Mens kom om 'n draai dan … hoe lyk 4 000/5 000 lyke op 'n hoop? En die honde is besig om te eet van die lyke af. Mense trek hulle klere uit om daai klere te vat en

weer te gaan verkoop om te *survive*. Dan het hulle niks nie. Verstaan jy? Dis die '*worst'* van '*worst'* wat jy sien. En beleef.

Then they have nothing. Do you understand? It's the worst of the worse you see. And experience.

Alexo said that he held on to God through this, but one of his colleagues came home and could just not recover from the devastation he experienced. Alexo further explained that the Japan tsunami disaster was one of frustration. They walked for days on end without recovering any bodies. The reason for this was the amount of rubble.

Ons het geloop vir dae … op hierdie rommel, jy vorder ure in 10/15 meter oor die hierdie *rubble* en as; dis huise bo-op huise. Waar begin jy? Jy weet, ek sê altyd vir die ouens ... die beste voorbeeld is, uhm, jy't die lotto gewen, maar jou kaartjie lê op die asgate. Gaan soek hom en jy het net twee dae tyd. Waar begin jy? Wat maak jy? En, vir alles wat ons deurgemaak het, tot in Japan, tot om daar te kom, deur die omstandighede en dit was koud, en dit was nat, ons het nagte om … ek sê vir jou … dit was regtig … Elemente het ons geëet.

Alexo said that many people have asked him what made him decide to become and OFR, and how does he cope with all the 'blood and brains', as he puts it:

Buiten Japan en Haiti, as jy terugkom huis toe, dan het jy karakter. Jy verander karakter. Haiti se emosionaliteit, jy het vir enige ding net getjank. [Vraag: Hoekom?] Ek dink dis omdat daai wat daar is, dan kom ons baie terug na daai ding, van, wat kry ons hierdie kant? Wat kry ons as ons terugkom uit hierdie goed uit? Hoe lyk ons pad vorentoe?

Emosioneel, eers *excited* as hy uit is, en *thanks*, gee Hom al die eer en dit. En dan agterna, dankie daarvoor maar weet jy wat, hoekom moet ek Jou vra? Hoekom moet ek met hierdie? ... Jy weet, ons het daai ding.

Interessant, God kom nooit op in sulke goed nie, nie in 'n botsing nie, nie in 'n trauma nie. [Verduidelik] Kom ons vat die busramp wat nou onlangs gebeur het, die oproep kom deur, dis chaos op daai toneel, 700/800 mense, hulle het nie *insident command* nie, Alexo, gaan sorteer dit uit. My fokus is op die werk wat ek moet doen, die trauma, jy sien dit, maar dis asof dit verbyskerm. Ek is hier om 'n werk te doen.

Another reason for sharing his background is that he felt that every OFR has a unique background and history, which needs to be considered whenever they would talk to a counsellor. He mentioned that this is, however, not the case. He said this about therapists:

Ek sal nie weet hoekom het Hy hierdie hele ding toegelaat nie. Ek het nog nooit daai vraag gevra nie. Ek's met jou eerlik. Die God wat ek aanbid, en met wie ek 'n verhouding het, ek vra Hom nie eers daai vrae nie. [Vraag: Hoekom nie?] Want Hy het vir my gekies, wat ook al daar mag gebeur, hetsy wie-ook-al of wat kom, is dat jy gaan as 'n instrument.

Alexo said that there have been times where he had to rescue people from very difficult situations, where bystanders and even the media have expected him to save everyone. It was in those moments that he would struggle to understand why God was putting so much pressure on him. However, it would be in the aftermath of these experiences where he would fight with God. It seems that he wrestles to understand how God, who loves him, could do this to him. He said that the question here remains if he could handle it or not.

> My sleg van die ding is, bietjie van 'n oomblik, maar agterna, die volgende dag, en ek gaan weer terug want ek het hierdie bakleiery met die Hemelse Vader, dis so onnodig dat Jy hierdie verdomde druk op my sit. En die vraag is, kan ek dit hanteer of nie?

Alexo conveyed that the stories he sometimes need to tell comes in the form of creating collages with short messages, which he posts on social media under the EMS page of the Free State. This is how he expresses his feelings. He gave the researcher permission to use these collages to demonstrate what they sometimes experience. It seems, as in the case of Geniko, that by using outlets such as social media to be a way of avoiding a conversation, yet a need to express their internalised feelings. An interesting observation was that after conveying that he sacrificed all he had and has done so his whole life and with his whole heart, Alexo said that he gives God 'meer as wat ek kan gee' (more than what he can give). It is in the reflection of his experiences where the problems arise.

> Al my boodskappe is ek, wat vir vier dae top met 'n ding. So, as hier iets gebeur, dan sit ek met wat jy gaan lees, dan moet jy weet. Jy's welkom om dit gebruik. Wat ek sê, en dit is my grootste punt van alles, is ek is hier geplaas op aarde om *collective* te wees, om dit wat ek het, om te kan gee, want ek gee my hele lewe deur. Maar ek gee my hart ook. Ek gee Hom nou meer as wat ek kan gee.

He said each situation has its own merits, yet incidents involving children is the most sensitive. Alexo told of a specific incident, which haunted him for a long time. It involved a car accident where a mother, father and little brother in the baby seat died. Only the sister of two years old survived. When Alexo was able to reach her, she was sitting with her mother's scull in her lap, taking the pieces together and saying 'Mommy, wake up'. He had to win her trust in order to get her out of this traumatic situation, and eventually she reached for him. He saw both hope and confusion in her eyes. The problem that remains, and which he asks, is: How does one process this experience? He stated that each man has his own way of dealing with it. He needs space and time, and he needs to distance him from himself. He said he knows he needs to think about it, but it becomes knotted. It is during this time that he needs his family to understand that he needs quiet time. He confessed to sharing some stories with his wife yet he carefully selects what he says in order not to upset her:

> Ek sê maar net ek het 'n slegte toneel gehad. Jy weet, jy kom op 'n toneel en hulle lê 'all over the place'. Sy luister en kom deur en dan op haar manier, hoe sy dit hanteer,

te veel wil ek ook nie hê nie. Ek wil net hê jy moet luister, jy moet hoor, en as ek wil hê
jy moet iets sê, dan gaan ek dalk op so 'n manier met jou gesels dat jy dit sal hoor.

When asked if he is able to talk to his colleagues about these experiences, Alexo said that
they do not express these feelings with each other. 'Not at all', he said. He confided that it is
because they should never forget what they stand for, what they have to do. He mentioned
that they were also very weary to talk to anyone else. When he had a moment of 'time out',
he just goes on with the job.

To follow, the researcher selected a few collages that Alexo designed to depict his feelings.
The collages are an indication of the things OFRs do not verbalise; these are the things they
struggle with and are unprepared to talk about.

Collage 4.2 features the words 'empty' and 'stories'. In order not to take the words out of
context, the collage as a whole is considered.

Collage 4.2:   Empty bottles filled with stories (Alexo)

The collage shows a bottle filled with the traumatic incident, with a hand held out. Next to the
bottle is firefighter working. When the two is brought together, it seems as if the bottle should
be emptied of trauma and the story needs to be told of what happened. The words 'bottle' and
'filled' are written in different colours than the rest, and this might be an indication of the need
to tell a new story. To empty the bottle of what is currently in it, and fill it with a story, which is
an indication for the need to have a conversation regarding what was experienced.

He quoted the following words from social media to accompany the collage:

If you don't think your anxiety, depression, sadness and stress impact your physical
health, think again. All of these emotions trigger chemical reactions in your body, which
can lead to inflammation and a weakened immune system. Learn how to cope, my

friend. There will always be dark days. So! I can choose to sit in perpetual sadness, immobilized by the gravity of my problems, or I can choose to rise from the pain and treasure the most precious gift I have – life itself.

Collage 4.3 shows that what Alexo experienced, remains in his thoughts yet he does not know how to cope with it. He feels the need to forget the trauma he has seen and experienced. This collage is an indication of the OFR's need to process and make sense of their experiences.

Collage 4.3:   Forget what my eyes have seen (Alexo)

Collage 4.4 indicates an emittance of the serious nature of their job and the negative consequences it has on them. Alexo acknowledged feelings of emptiness and discomfort. The 'mess' might refer to his accumulations of experiences yet having no way to 'organise' them in order to make sense of it. In order to let the 'light' through, he needs to acknowledge, surrender, and accept, in order to move on.

Collage 4.4:   Faith includes noticing the mess (Alexo)

Collage 4.5 confesses to hopelessness which is an undeniable outcome to some OFRs, yet hope is strived towards.

Collage 4.5:   Hoping when everything seems hopeless (Alexo)

Collage 4.6 indicates the fact that OFRs are so focused on the job that they do not have much time for emotions. The job must go on, as Geniko said. It is an indication of their commitment.

Collage 4.6:   Never let emotions overpower your intelligence (Alexo)

Could Collage 4.7 to be an indication of the OFR's silent plea for help? This seems to be an admission of their silent struggle. The collage may be an indication of their struggle to cope with their experiences, and that they tend to ignore the experiences that make them feel weak, yet they do not have the luxury of appearing weak; therefore, they cannot admit to it and seek help for 'something that does not exist'.

Collage 4.7: Appearing weak and strong (Alexo)

Collage 4.8 shows the importance of camaraderie and the OFR culture.
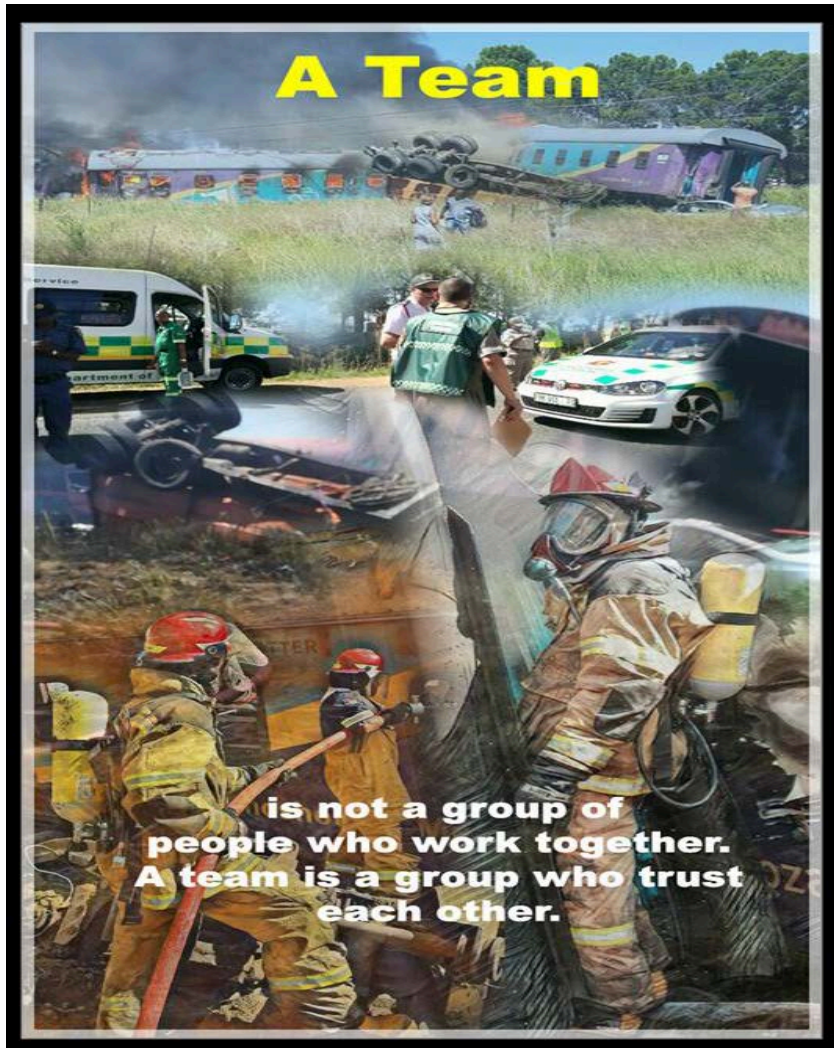
Collage 4.8: A team is a group who trust each other (Alexo)

Collage 4.9 shows that OFRs do become emotionally and physically fatigued.

Collage 4.9: Do good (Alexo)

In Collage 4.10, Geniko said that if they do not do the job, who is going to do it?
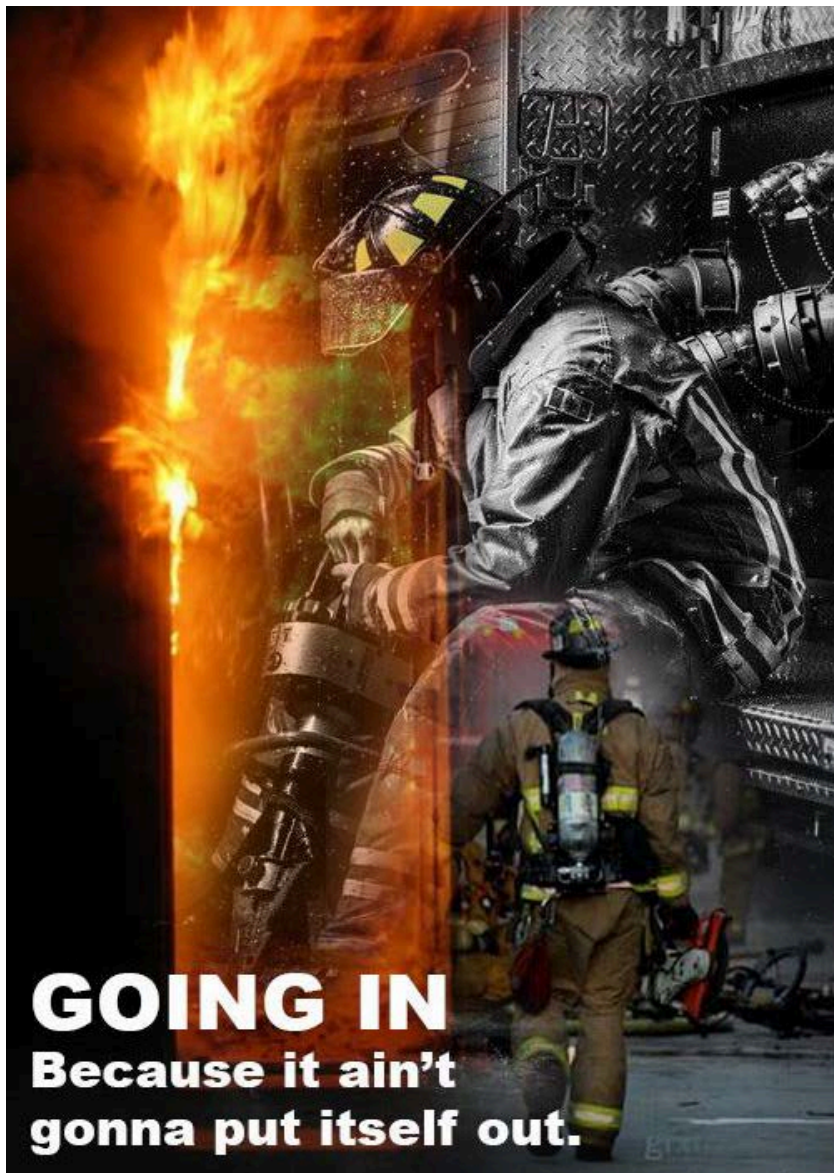
Collage 4.10: Going in (Alexo)

Collage 4.11 shows vulnerability, but the denial by the OFR that they are in pain, is in contrast of what is shown below.

Collage 4.11: The pain you feel today (Alexo)

Collage 4.12 shows that OFRs do become broken because of their experiences.

Collage 4.12: It's the way you carry the load (Alexo)

Crying is not an option for OFRs. It seems to be a luxury awarded to the weak when an OFR is unable to speak about his feelings, or how to tell the story. They experience violence, cruelty and destruction on a regular basis.

Collage 4.13 shows that they sometimes feel that crying is the only way.

Collage 4.13: Crying is the only way (Alexo)

The co-researchers expressed their willingness to do their job, even when it puts them in harm's way, without much thought of the consequences. Collage 4.14 tells a different story. The collage indicates that by revealing that they might experience difficulty might make them seem weak and vulnerable, something that they feel is not an option. Being a 'hero' does not have room for being a 'coward'. Cowards are seen as the ones that show emotion. This is clear when they talk of 'cowboys don't cry'; indicating that strong men do not show emotion.

Collage 4.14: Difficult risking your life (Alexo)

The message in Collage 4.15, that they sometimes need someone to care and support them, is a cry for validation of what they experience. Although they might say that it is just a job and that it does not affect them, they need someone to understand that it is quite the opposite. They do experience difficulties, and they are in need of help.

Collage 4.15: Sometimes we need someone (Alexo)

4.6   General findings

Chapter 4 revealed five main themes that were identified in the interviews: traumatic incidents, coping with violent acts, identity and self-awareness, family matters, spiritual woundedness and therapeutic interventions. These themes will be discussed in the following chapters.

It is interesting to note that during the interviews, some of the most prominent words uttered by the co-researchers were the words 'do you understand?' Kato used these words more than 20 times during the interview. Geniko used these words at least 38 times during the interview. Pali used these words at least 18 times and Alexo 14 times. This is an indication that they felt misunderstood and in dire need for someone to understand them. They felt the need to ask the question to make sure that the researcher was listening and understanding. In their experience, therapists, ministers and even their families did not understand their experiences and how they dealt with it. Therapists and ministers were viewed as uninformed strangers. This is made more complex by the fact that they are not easily prepared to acknowledge their feelings and emotions. Spouses have been identified as the main persons with whom they preferred to talk to. Still, they seemed to not be able to share most of their experiences of emotions with their wives.

4.7   Conclusion

When considering the emotional solitude that the co-researchers preferred, and their unwillingness to confide in a therapist, the researcher found it interesting that they confided in her. They showed vulnerability, talked about their emotional pain and seemed to be relieved that they could talk about these issues. The researcher attributes this to a trusting relationship formed by a need to tell their story, and a degree of desperation for understanding. At the end

of the interviews, the co-researchers thanked her for taking on such a topic because they were under the impression that nobody cared for them.

In the following chapter, a brief outline of trauma and woundedness will be discussed, which is the first theme discovered through listening and interpretation.

Chapter 5

The Army on the March: Trauma and Woundedness

5.1   Introduction

> Warfare is seen as a terrible, mysterious, and yet fairly common disruption in the normal functioning of everyday life. The individual who goes to war must, therefore, be returned ceremoniously to a more balanced and spiritually peaceful existence.
>
> (Holm 2010:4).

The research done by Holm (2010:4) was conducted among American Indians returning from the Vietnam War. He found that, if these veterans did not find spiritual peace, social disruption was a considered outcome. As in battle, the OFR is exposed to the horrors of appalling wounds, death of patients and peers, destruction of man-made structures, and the devastation of the natural environment, fighting to save and protect others while battling their own inner woundedness. As in battle, the OFR is also exposed 'ground zero', which is the centre of where the crises takes place and where trauma is experienced. When comparing combat soldiers to OFRs, the following comparisons can be made: A soldier is a survivor of primarily man-made catastrophes (for example, the 9/11 World Trade Centre terrorist attack), or where the OFR finds themselves in the midst of the natural disasters and catastrophes (for example, earthquakes), and more than often, accidental events. The soldier feels the exaltation of surviving what could have been his own death versus the OFR who survives when some of his patients do not (Holm 2010:6). On the battlefield, the soldier might feel exhilaration and pride which is difficult to explain. They participate in valiant deeds, courageous actions and grandeur of life and death, regardless of the surrounding horrors. The OFR also participates in such actions, yet their battlefield is ground zero (emergency site).

It is typically the behaviour of a country, institution or even community, to expect the soldier, and in this regard, the OFR, to forget the battlefield or the emergency scene, and get on with life. Holm (2010:6), in comparing a soldier's emotional experiences with other significant emotional experiences such as births, graduations and weddings, indicates that emotional experiences emanating from combat surpass the peaks of most of these. Trauma has the ability to wound the body, mind and soul, as well as relationships (Walsh 2007:207). The soul functions within a systematic network, and should, according to Louw (2012:37), be assessed and interpreted within the dynamics of interactive relationships.

Trauma theory consists of symptomatic and analytic trauma. Symptomatic trauma consists of the symptoms related to, and resulting from, trauma where the focus of research thus far has been on PTSD. Analytic trauma focusses on the mechanism of meaning attributed to traumatic experiences (Swain 2011:7). Louw (2012:29) asserts that life is a journey of which the soul is the qualitative principle "determining our human quest for meaning".

In Movement 3, the storied experiences of the co-researchers are interpreted, described and developed. The third movement forms part of the first requirement for a postfoundational practical theology. That is, to be locally contextual, where the context is considered, and interpretations of experience are made within this context. This is done in alliance with the co-researchers (see Müller 2004:302). One of the prominent themes that was identified during the interviews was that of trauma and woundedness of the co-researchers.

5.2   Trauma and stress

Atwoli et al. (2013:1) show that, in general, the most traumatic events are classified as the loss of a loved one or witnessing a traumatic incident. According to Walter and Bates (2012:144), psychometric literature defines trauma as an event that involves "actual or threatened death, serious injury or other threats to one's physical integrity" (American Psychiatric Association 2000:463). Semantically, the word 'trauma' originated from the Latin word meaning 'wound'.

For the co-researchers, trauma was induced in many ways. Their occupation exposes them to incidents where they come in contact with people on some of the worst days of their lives. Accidents, violent crimes and disasters render these victims and the OFR vulnerable to trauma. Trauma may be direct when it happens directly to a person. For instance, such trauma occurs when the person is in a vehicle accident. Indirect trauma may be where a person responds to the vehicle accident as a bystander or responder, and who is indirectly traumatised by what they witness. Indirect trauma has the ability to cause secondary trauma, compassion fatigue, and many more. These forms of trauma are briefly discussed in this chapter.

5.2.1   Official first responder trauma and stress

In war, chaos has the ability to overwhelm compassion, and rational thought may be distorted and replaced with naked human instinct. Tick (2012:16) describes these conditions as 'soul disfiguring', causing a loss of hope and meaning. Psychologists term this spiritual loss as 'dissociation', a psychospiritual condition. Dissociation is psychic numbing and separates experience from the living body without completely falling apart. First response as an

occupation exposes first responders to trauma and they are constantly put in harm's way (Haugen et al. 2012:1).

The OFR deals with life-threatening crises on a daily basis, and this may cause the soul, which is the true self, to flee. Tick (2012:16) asserts:

> The centre of experience shifts, the body takes the impact of the trauma but does not register it as deeply as before. With body and soul separated, a person is trapped in limbo where past and present intermingle without differentiation or continuity. Nothing feels right until the body and soul re-join.

Official first responders, as co-survivors of disasters and traumatic and stressful events, have to find ways to cope with trauma in their work environment. The impact of stress and trauma have been widely discussed and mostly focussed on PTSD, which may develop after the trauma has occurred. It was found that OFRs are more traumatised by incidents where children are involved. The co-researchers confirmed this during the interviews. The researcher found that, apart from incidents involving children, violent criminal incidents was another major contributor to OFR trauma. Although the co-researchers were exposed to stressful and traumatic incidents in the form of accidents, natural causes of death, fire, and disasters, they indicated that incidents involving children, violence and crime affected them most.

Trauma and traumatic incidents have been identified as the main cause of mortality rates in the world (Ekeke and Okonta, 2017:2), of which homicide remains the highest rated cause of unnatural deaths, and firearms were the most common object used (Matzopoulos, Van Niekerk, Marais and Donson 2002:19). However, in South Africa, knives are mostly used in violent crimes. Lizette Lancaster, crime hub manager for the Justice and Violence Prevention Programme at the Institute for Security Studies (2017:Online), quoted the following figures from the South African Police Service Annual Report for 2016/17:

> … men made up the largest proportion (82%) of murder victims with 15 547 cases. Women over 18 made up 2 633 (14%) of victims and 836 (4%) murder victims were children under 18. So, on average, 43 men, seven women and two children were murdered every day in 2016/17.

Knives were used in 36% of cases of non-natural deaths, followed by firearms (31%) and other sharp objects (11%). Most of these crimes were committed over weekends. According to Lancaster (2017:Online), vigilantism accounted for 10% and gang violence for 2% of murders.

Where OFRs are attending to incidents to prevent death, they may also experience traumatic stressors that may include the risk of their own death or injury. These stressors separate the occupation of a first responder from most other professions (Haugen et al. 2012:371). Besides

the extremely violent environment in which OFRs work they are challenged with a restrictive infrastructure and financial restraints (Brysiewicz 2001:129).

This was confirmed in an interview with Niki, one of the additional five co-researchers (27 June 2018). When asked if he was prepared to talk about an incident, which caused him trauma, Niki, who has been in the EMS service for over fifteen years, said that he would actually like to tell the researcher about three incidents. During the first incident, he was held at gunpoint in an ambulance while assisting a five-year old who sustained burn injuries. At first, he thought it was just a joke and that the weapon was a toy. The perpetrator demanded their wallets and cell phones. Niki's colleague also laughed because the situation was so dire that they could not believe that someone would rob them while they were trying to save a child. Niki had gloves on and Burn shield gel (Burnshield Emergency Burncare Hydrogel) on the gloves because he was treating the child. The perpetrator had no regard for the situation, which astonished them. They only realised the seriousness of the situation when the perpetrator fired a shot in the ambulance. Niki jumped up and gave him his bag containing his car keys and wallet. Niki's cell phone was in his pocket, so he asked the perpetrator to remove it. His colleague also handed over his personal belongings, whereafter the perpetrator ran away. Niki called the police on the ambulance radio, but they did not respond. They then decided to drive to the police station where the police said they would escort them back to the scene, only to find out that the community knew who the perpetrator was and made a citizen's arrest. By the time they arrived on the scene, he was very badly beaten. The police did not arrest him but forced Niki to take him to the hospital. Niki said that it shocked him that they had to take the man who have robbed them to hospital without any police escort. The police never came to arrest the man. As a result, they concluded that their own lives were of no value.

The second incident involved two children of age three and four. Niki was new in the area and he had not been working there long. He was called to an incident where he found two children with vicious wounds. The grandmother, mother and father were found dead. Apparently, the neighbour, who had six boys of whom four had recently died, believed that the grandmother caused their deaths by bewitching them. Therefore, the community butchered the family. The grandmother was badly dismembered, and they butchered and shot the mother and father. When talking about the two injured children, Niki struggled to find the words to explain the atrocity of what he observed. He said that when he saw the vicious wounds of the two children of which only the four-year old survived, he cried. He said that he could not control himself. The four-year old was so badly injured "that you could not even hold her. Every time you try to hold her, you see her limbs falling apart. You did not know whether to … where … what. Even to access an IV line was difficult. I couldn't do it." In the hospital, they had to put the intravenous syringe in the bone. Niki stated that it took him a long time to recover from this

traumatic experience. What he struggled most with, was the fact that after reporting this incident to his centre, he did not receive any counselling or support. He said he needed someone to sit with him and explain to him what goes on in the paramedic's life. It was the first time he saw such a gruesome incident, and at that time, his own child was two years of age. He asked the question: What if that was my child? Every time he held her, he would become very emotional. While he was tending to the wounded child, bystanders were looking at him expecting him to save the children. He said that he tried to be a brave man, but it was difficult.

The third incident was when he was robbed of his ambulance. The road was barricaded with stones and rocks and Niki and his colleague were forced from the ambulance. The culprits removed the barricade and drove away. They did not rob them of personal belongings; therefore, he was able to phone the police. Instead of helping them, the police chased after the ambulance. Niki and his colleague were left in the middle of nowhere at night in unsafe circumstances. Niki confessed to being frightened. After hours, another ambulance was sent to pick them up. Astonishingly, when they arrived back at the base, they were immediately provided with another ambulance and had to continue working a 48-hour shift as if nothing had happened.

Each of these incidents involved violence and crime. Niki had been exposed to many other incidents, yet these incidents stood out and influenced him in such a way that he began to contemplate and reappraise his work environment, life's meaning and values, and his future in EMS. He stated that his greatest concern was that management was not adequately trained to manage these kinds of problems. Holme (2010:4) states that soldiers returning home after war have to be taken care of. In a similar manner, OFRs should be rewarded and their experiences accommodated. In order for them to continue with the battle, their traumatic experiences need to be acknowledged and dealt with. Niki's traumatic experiences, exposure to violence and cruelty, his inner struggle to cope, the absence of a therapist or any form of debriefing, long work hours, the lack of infrastructure, frustration with the lack of support from management or even the community or the protection services, are causes for concern. Niki no longer works in an ambulance.

5.3   Definition of stress, trauma and emotionally disturbing events

Trauma is part of human experience and affects all dimensions of a person. These dimensions are imbedded in all spheres of life and are emotional, intellectual, physical, relational, spiritual, vocational, environmental and psychological (Wheeler 2007:136). Elements of stress, trauma and crisis have a negative impact on individuals. In order to differentiate between the different

elements of stress and trauma to which the OFR might be exposed, it was necessary to identify and examine each of these briefly.

5.3.1 Stress

Levers (2012:15) defines stress as a "hormonally driven, therefore automatic, psychological state that occurs in response to situations that demand change and can be biologically and emotionally harmful". Acute stress occurs especially in the helping professions, with dire consequences to a person's physical, psychological, and emotional well-being and, in turn, resulting in possible occupational stress, burnout, distress or even PTSD. Acute stress, a traumatic response, occurs during the first month after the trauma incident (Bryant 2017:127). Witnessing aggressive behaviour and violence, or participating in resuscitation, may be emotionally and physically demanding and contribute to stress, especially when staff remain unsupported (Heady and Tyrrell 2011:31).

The co-researchers confirmed their experience of these stress-related symptoms as inherently part of their occupation. Stress may occur when having to deal with the demands of shift work and, as such, Kato mentioned working a 12-hour shift wherein he had to deal with six deaths, after which no support was provided. He said that he usually just went home and try to work things out by himself. He also mentioned that because of the lack of staff and infrastructure, EMS staff continually work through a shift without much time to rest or take a break.

When having to deal with stressful family problems waiting at home, Geniko mentioned that he felt distanced from home life. He experienced times where he felt that his work experiences were hard enough to cope with, without having to deal with the ordinary normal day-to-day things that sometimes seemed trivial compared to what the people had to go through which he helped. To add to the stress, was the fact that his wife and family did not seem to respect this. Nobody seemed to hear him or understand his situation. This is also an indication of frustration and may have the potential to lead to anger and, in turn, aggravate these stressful emotions (Mawritz, Folger and Latham 2014:358).

A coping mechanism identified during the interview with Pali was the use of alcohol to cope with his battles. He said it helped facilitate the unavoidable confrontation with his 'demone' (demons). It helped him to go past the point of avoidance towards confrontation of the haunting internalised emotions. According to Coriale et al. (2012:1228), alcohol abuse is associated with alexithymia. Alexithymia is defined as consisting of "difficulties identifying and describing emotions and externally oriented thinking" (Hahn 2014:2). In the OFR profession, these symptoms are associated with stress and burnout (Halpern and Maunder 2011:111). Pali confessed that by using alcohol as a coping method, he felt an absolute deflation and

discharge of everything. He found it difficult to name the feelings and emotions he experienced.

5.3.2   Trauma

Official First Responders frequently respond to scenes involving critical incidents involving serious accidents, violence and death. These imageries have the potential to cause trauma, with long-term negative effects such as vicarious trauma and compassion fatigue, and affecting them in vocational, emotional and social areas (Harenberg, McCarron and Carleton et al. 2018:18). From the vast array of defrinitions describing trauma, Day (2018:online) considered trauma as best defined in the clinical source, Abuse and Mental Health Services Administration (2014:xix), namely:

> an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

In a study, "What is trauma?", Blair, Monroy and Wilczak et al. (2016:130) found that first responders and persons in the helping professions generally interpret trauma as "overt physical harm", while the general public tend to view trauma as a psychological response to an event".

War-related experiences such as witnessing death and mutilated bodies, and bad smells due to bombardment have been found to be main causes of trauma during times of war (Thabet, et al. 2015:1). Because the OFR experience similar war-like situations, they are exposed to similar environments, where they witness death, mutilated bodies on accident scenes, and odours such as fuel spillage from accidents or burnt bodies. Psychologists have found many ways to diagnose and explain the experiences and consequences of such experiences of soldiers and OFRs, when having to cope with trauma. The most well-known of which is PTSD, an emotional disorder.

5.3.3   Post-traumatic stress disorder

OFRs are repeatedly exposed to stressful and traumatic events, and this may lead to post-traumatic stress. Post-traumatic stress reactions are defined as "a set of conscious and unconscious behaviours and emotions associated with dealing with the memories of the stressors of the catastrophe and immediately afterwards" (Figley 1985:xix). PTSD is the "manifestation of problems associated with trauma induced during a catastrophe and represented by the Post Traumatic Stress reactions" (Figley 1985: xix). When considering PTSD, which according to Boyd et al. (2018:3), is associated with significant distress or

impairment in day-to-day functioning as a result of constant ongoing trauma, and characterised by symptoms such as intrusive thoughts, flashbacks, hypervigilance, dissociation, depression and alcohol abuse (Gul and Karanci 2017:54), the researcher is reminded by Boyd et al. (2018:1) that military personnel, veterans, and OFRs are tarred with the same brush.

Symptoms of PTSD could be identified during the interviews with the co-researchers when they talked about having flashbacks, intrusive thoughts, dissociation, and being hyper-vigilant. Geniko said that he sometimes wake up at night and the experiences he tried to 'file' come flashing back. It was in these moments where he contemplated whether he had done all he could, or whether he could have done it differently to have a successful outcome. This was when he was haunted with feelings of regret and guilt, especially when children were involved. In turn, Pali confessed to drinking alcohol as a coping mechanism, as well as being hyper-vigilant when he responded to an incident. He said that he was even aware of the mood of the bystanders. He could feel their anger although he did not really know how to measure it. All the co-researchers said that they suffered from intrusive thoughts. These findings are not an indication that the trauma-exposed co-researchers do suffer from PTSD, but that PTS symptoms are indeed present.

5.4   Elements of trauma and stress

In their review on threat-induced stress, such as in the case of an OFR, and especially focussing on firefighters, Lennon (2014:29) found that simple decision-making actions become difficult. The reason being that stress has the ability to degrade any or all of the five cognitive functions, namely attention, perceptual motor skills, memory, judgement and decision-making. This is no truer than in the depiction of Von Clausewitz's classic *On War* (1832:164), where he asserted, "everything is very simple in war, but the simplest thing is difficult".

Direct exposure to trauma involves direct experiencing or witnessing. Indirect trauma involves listening to individual's narratives about death, injuries, or the threat of death or injury to a family member or close associate (American Psychiatric Association 2000:463), or the indirect witnessing of traumatic events such as the World Trade Centre terrorist attacks on September 11, a vehicle accident, or the media coverage of such events (Otto et al. 2007:888). Indirect witnessing or vicarious witnessing may occur by looking at photographs and listening to stories such as those of the Holocaust, the 9/11 terrorist attack and even media exposure to traumatic events. Witnesses may experience a powerful reconstruction of the events (Keats 2005:171).

Potentially traumatic events are defined as involving actual or perceived harm or threat to the life of physical integrity of a child or individual (American Psychiatric Association 2000) and

includes non-interpersonal events such as a dog bite or vehicle accident, and interpersonal events such as community or family violence (Briggs-Gowan et al. 2010:1132). Especially children who are exposed to potentially traumatic events show high rates of internal and external behavioural problems (Grasso, Ford and Griggs-Gowan 2013:100). Externalisers are characterised by disconstraint, aggressiveness, and high negative emotions, while internalisers are characterised by high-negative emotions and low-positive emotions (Castillo et al. 2014).

An individual's susceptibility to trauma, according to Motta (2012:256), may also be as a result of the following:

> … transferral of secondary trauma which involve the transfer and acquisition of negative affective and dysfunctional states due to prolonged and extended contact with others (such as parents or grandparents), who have been traumatized and as such secondary trauma refers to a spread of trauma reactions from the victim to those who have close contact with the traumatized individual/s.

Parents who view themselves as victims may even become skilled in the transferral of trauma. In the light of trauma caused by apartheid and post-apartheid, and the effects of ongoing stress and trauma, which is passed down by parents and grandparents, it was necessary to include the effects of generational trauma in this research study.

Persons who are exposed to suffering and constant ongoing trauma may suffer from PTS symptoms, and may become avoidant, numb, have intrusive thoughts, constant reminders of traumatic memories, on guard and easily startled, angry, frustrated, and experience feelings of hopelessness, anxiety and fear (Deitz et al. 2015:599). From the elements of stress and trauma flows different types of stress and trauma responses.

5.5   Types of trauma and stress responses

5.5.1   Compassion fatigue

Sheppard (2016:53) defines compassion fatigue as the "loss of satisfaction from doing one's job well, or job related distress that outweighs job satisfaction". Louw (2012:185) describes compassion as an indication of sensitivity, the virtue of unconditional love, and the willingness to become involved. If OFRs suffer from compassion fatigue, their willingness to become involved and the way they respond might be negatively affected. Empathy is engrained in compassion, which is the capacity to understand and respond to the situation of others. Being exposed to someone else's traumatic experiences leaves a person feeling emotionally distraught.

The first symptoms of compassion fatigue appear as boredom at work, feelings of detachment and distancing oneself from others, irritability and short-temperedness. Official First Responders may lose their sense of pride when they feel they have failed to help a patient or family members. They tend to replay events in their head and worry that they might have forgotten something or might not have followed the correct procedures. They become physically and mentally exhausted and might even suffer from headaches and backaches (Sheppard 2016:53).

Compassion satisfaction, secondary traumatic stress and burnout are among the elements influencing compassion fatigue (El-bar et al. 2013:2). Compassion satisfaction is divided into three main elements and is applicable to the OFR profession. The first element is a sense of fulfilment they experience when carrying out their duties. This is clear when listening to Alexo's story of pride and fulfilment when having done a good job. The second element is their personal job performance appraisal related to their abilities and the level of control they have over secondary traumatic stress. Official First Responder's mentioned that they do exercise control; however, when Alexo confessed that he felt frustrated when trying to help someone but thought he might not be able to save them, he doubted himself, and God, who he said was always in control. The third element is the degree of camaraderie experienced by the OFR (Ekundayo et al. 2013:2). Spiritual struggles that are associated with and influence compassion fatigue are questions regarding the meaning of life, feelings of inadequacy when trying to make a difference in the world and believing that the world is malevolent (Bruner and Rhodes nd).

5.5.2   Vicarious trauma

Vicarious trauma is attributed to persons working with traumatised victims (Hernandez-Wolfe et al. 2015:4; Jenkins and Baird 2002:423). Hernandez-Wolfe et al. (2015:5) report that vicarious trauma may influence a person's sense of safety. Vicarious trauma is seen as a normal response to ongoing traumatic and stressful situations that challenge OFRs' belief system, and in turn, may demotivate them, and decrease efficacy and empathy (Baird and Kracen 2006:182).

5.5.3   Secondary traumatic stress or vicarious trauma

Secondary traumatic stress is trauma experienced when helping another person who is undergoing trauma. An example of this is an EMT assisting a patient who was in a vehicle accident or consoling the family who has arrived on the scene. The EMT may vicariously experience similar trauma leading to symptoms, which may be compared to that of PTSD (Ekundayo et al. 2013:2). Perez et al. 2010:113) found that exposure to disturbing images on

a frequent basis may lead to secondary traumatic stress and burnout, which in turn is related to an increased protectiveness of the family, reliance on co-workers, and general distrust. According to Baird and Kracen (2006:181), vicarious trauma refers to the "harmful changes that occur in professionals' views of themselves, others, and the world", due to exposure to the trauma of their patients. The responses to, and effects of, this exposure is associated with disruption to their schema which mostly concerns feelings of distrust, low self-esteem, intimacy problems, feeling unsafe and a lack of control. These feelings each represent a psychological need and are related to inter- and intrapersonal relationships. This is where Baird and Kracen's study ends, and the spiritual issues, which follow these psychological needs, are neglected, as in many other studies concerning trauma and OFRs. Disrupted psychological needs such as safety, self-esteem and intimacy effects meaning-making, hope and inter- and intrapersonal relationships. These disrupted systems of meaning lead to a disrupted spirituality (Pearlman and Caringi 2009:209). Sheppard (2016:54) reported that people, who suffer from burnout due to their work environment, viewed this as a normal and acceptable part of the job.

5.5.4   Burnout

Ekundayo et al. (2013:2) assert that burnout is specific to professions where caregivers work with trauma-related issues and can be caused by shift work and long hours, understaffing, and being in a profession that is very demanding. Burnout is therefore a reaction to the demands of the OFR work environment. Burnout may be defined as "a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations" (Pines and Aronson 1998:9; see also Ekundayo et al. 2013:2).

Maslach's model of burnout (1982, 1998, 2003) has been found to be the leading model in the field of research concerning burnout. It is mainly viewed as a work-related stressor characterised by emotional exhaustion, cynicism and feelings of uselessness and incompetence (Bianchi et al. 2014:357). Maslach and Jackson (1986:139) define burnout as "a syndrome of emotional exhaustion, depersonalisation and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind". This definition seems to include the teaching profession (Ganwood et al. 2018:30; Yu et al. 2015:701). Yinon and Orland-Barak (2017:922) argue that the teaching profession may have the potential to lead to burnout. Pines and Aronson (1988) define burnout as "a state of physical, emotional, and mental exhaustion" (see also Yinon and Orland-Barak 2017:916). Bianchi et al. (2014:357) contend that burnout is not solely job-related. They criticise this restricted view and say that, because burnout is viewed as a job-specific condition, it was not investigated outside the occupational domain. They therefore ventured beyond these

restrictions by deconstructing the work-related scope and found that burnout cannot be restricted to work. Their argument was that chronic, unresolved stress, which is the putative cause of burnout, cannot be limited to work, and concluded that burnout is a multi-domain syndrome. Based on Maslach's definition of the scope of burnout, viewing chronic stress as the main cause of burnout, Bianchi et al. (2014) conclude that burnout cannot be confined to occupational stress.

Although the researcher agrees with Bianchi et al., the focus of this study remains on the OFR. However, when considering the main criteria for measuring burnout, the researcher is of the opinion that even mothers can suffer from burnout, even thou motherhood is not defined as an occupation. Mothers deal with 'people work' and at times may suffer from emotional exhaustion, cynicism and feelings of uselessness and incompetence. Nevertheless, the study is not to debate where burnout belongs but to focus on the OFR. Burnout leading to spiritual struggles is of great concern. These spiritual struggles will be been identified and discussed in Chapter 7.

5.5.5   Indirect trauma exposure

Kaplan (2008:4) identified five degrees of proximity to traumatic events of impact:

- Direct experience of trauma.
- Relative, friend or trauma counsellor of the trauma victim.
- Direct observation by a bystander of another's trauma.
- Clinician hearing a patient's trauma narrative.
- Visually and verbally mediated trauma (media).

In his study on the impact of viewing images of trauma, Kaplan (2008:5) found that images in films or television could produce vicarious trauma by overwhelming the viewer, who may also experience a belated response. According to him, shocking images are 'thrust' upon us without warning in the form of images on television or browsing through websites. Indirect exposure to trauma and violence may involve emotional, cognitive and behavioural distress (Hernandez-Wolfe et al. 2014:5), which in turn may have a significant impact on social and spiritual well-being. OFRs are continually exposed to high uncertainty calls (Richardson and James 2017:313). When OFRs enter a scene of disaster or crisis, they are confronted with images of trauma. Although they try to prepare themselves mentally, and know that this is part of the job, they are exposed to the horror and human emotion surrounding the incident(s). As Kato explained, they go into 'flight mode' when they are busy doing the job, yet it is after being exposed to these scenes that the problems start occurring. This is when they start contemplating what they went through.

5.5.6   Perceived trauma

Observation, perception and interpretation of traumatic events determine how people will react, what defence mechanisms they will implement, and the characteristics that will eventually be formed (Guney 2011:75). When Alexo saved the two-year-old toddler from the vehicle collision where her family died, he could relate to this because he had young children at home. What mechanisms did he implement to cope with this? It was the first time he followed up on a patient that he rescued, and he is still sometimes bothered by the incident. The coping mechanisms formed from this experience is that of keeping the work he does simple and systematic in order not to become personally involved. This might cause detachment from others and from the reality of what he went through. In a way, he uses Geniko's method of 'File 13' to hide certain images and experiences.

5.5.7   Continuous traumatic stress

The term 'continuous traumatic stress' originated in South Africa during the 1980s. Anti-apartheid mental health activists worked with clients facing past, present and certain future victimisation (Eagle and Kaminer 2013:85). Continuous traumatic stress is never 'post', but exists in the present, and holds a fear for the future. Continuous traumatic stress mainly occurs in dangerous situations where a threat is unpredictable, where chronic violence, gangsterism and crime is a constant, and where it seems that the police and other safety institutions are ill-equipped to protect or deal with the magnitude of the problems (Eagle and Kaminer 2013:89). As previously discussed, the ongoing trauma OFRs have to face is workplace overload, violence and aggression, life-threatening environments, and the nature of their work, which lead to secondary stress, compassion fatigue and vicarious trauma (Glass, Ogle and Kay 2013:6).

5.5.8   Historical trauma

For the purpose of this study, it is necessary to include historical trauma. When researching human emotion and trauma in South Africa, one cannot seem to escape the apartheid legacy. Gone (2007:291) mentions that many countries in the world have had their share of historical trauma:

> Native people in the United States are heirs to a shattering legacy of Euro-American colonialism in which both material and ideological war was waged on the cultural practices of indigenous societies.

Historical trauma is a continuing struggle over representations of the past (Meek 2010:1). To understand their work environment, it is necessary to look at the emergencies and crises

OFRs respond to. When taking the concept of meaning-making into consideration, Siqueland (1996:225) found that a person's history plays a role. South Africa is situated at the southern tip of the African continent and is divided into nine provinces. Taking political and social violence into consideration, South Africa does not have a unique story to tell; however, a unique word 'apartheid' was born from the ashes of segregation and exploitation in order to describe racial violence in the country, which made South Africa one of the most violent countries in the world (George and Swart 2012:202). This state of oppression left emotional scars and wounds in the hearts of many South African citizens and may even have left a post-traumatic stress footprint in many communities (Atwoli et al. 2013:1). According to many philosophers, academics and theorists, apartheid ended in 1994 when the African National Congress came to power. South Africa is also a country burdened with disease, such as HIV/Aids. Injury mortality rates are approximately six times higher than that of the global average (Minnie, Goodman and Wallis 2015:13).

Spirituality forms a fundamental foundation in South African cultures. The church leaders play an important role in the spiritual lives of South Africans, as well as pastoral therapists and traditional and faith healers in communities. They must deal with many diverse challenges in their communities. The challenges South Africa face is not unique but can be described as more prone to violence than many other countries. Through oppression, human rights violations, violence and injustice, many individuals have suffered spiritual woundedness (Edwards 2011:335). These circumstances change the dynamics of everyday life, for example the choices which have to be made to keep loved ones and property safe, the resources which have to be utilised to make such choices possible, how people approach their work environment, and the emotions which may accompany these choices. People may react towards violence, and retaliate with violence, and these are some of the critical incidents, which OFRs have to respond to within their work environment. In the Western Cape, external violence caused 23.29% of male deaths, and 10.22% of female deaths. Homicide has been rated as being responsible for 50% non-natural mortalities countrywide, traffic accidents 27.8% and suicide 7.4% for the year 1999. Of the 9 236 critical incidents documented at the Grootte Schuur Hospital in Cape Town, 74.6% revealed violence towards men younger than 40; 71.6% violent injuries; 18.8% motor vehicle injuries; 30.1% alcohol related injuries (Nicol et al. 2014:549). According to the Western Cape Provincial Crime Report conducted during 2016/17, an analysis indicated that:

> Murder increased both nationally and provincially. Nationally, the number of murders increased by, 8% between 2015/16 and 2016/17, from 18 673 to 19 016 – its highest point in 10 years (Figure 1). However, the increase in murders has not been consistent. In 2011/12 it stood at 15 554, which was the lowest point in this decade. Since then, it increased steadily reaching 19 016 in 2016/17, which represented an 18, 2% (3 462)

increase from the 15 554 recorded in 2011/12. Nationally, murder increased by 17, 3%, from 16 213 in 2012/13 to 19 016 in 2016/17 (i.e. a 5-year period). It increased by 6, 8% between 2014/15 and 2016/17 and by 1,8% between 2015/16 and 2016/17.

With most incidents, OFRs are on scene having to cope with these stressful and traumatic situations. To make matters worse, violence toward EMS personnel are on the rise, which includes hijackings. Many personnel have to wear bulletproof vests. The meaning of *threat* has the potential to transform trauma from a neutral structure to a *fear structure* in an individual's memory (Foa, Steketee and Rothbaum 1989:166). Experiences of violence have been classified as the most common predictor of PTSD, which is defined by Bryant (2000:79) as:

> … the person experienced, witnessed, or was confronted with an event or events that involve actual or threatened death or serious injury; or a threat to the physical integrity of himself or herself or others.

Most people in modern society are exposed to at least one traumatic event during their lifetime. According to Coetzee (2004:333), South Africa is known as one of the most violent countries in the world. Demombynes and Özler (2005:265) confirm this by stating that South Africa is one of the countries with the highest crime rates in the world. As a result of political, social and economic instabilities in South Africa, trauma and trauma treatment issues have come to the fore (Motsi and Masango 2012:1). The main cause of injury in South Africa is a result of interpersonal violence, while homicide statistics exceed the global average by more than seven times (Ward et al. 2012:215). In his theological investigation on the responsibility of the state and the calling of the church in the South African context of crime and violence, Van Wyk 2005:355) states that "such high levels of crime and violence exist in the country that society can no longer accept or ignore the phenomenon of crime". However, in a speech in Cape Town, President Jacob Zuma warned South Africans that they "dare not portray our beautiful country as an inherently violent place to live in". He reported that he placed traditional leaders in government and other sectors to rebuild the moral fibre of society as a possible solution to violence and crime in South Africa (The Namibian, 8 March 2013).

OFRs are the first to be called to action when public safety is threatened. They risk their lives in the line of duty, and the outcomes are often burnout, compassion fatigue, marital dissatisfaction, and inter- and intrapersonal difficulties (Karaffa et al. 2014:2). OFRs are also challenged with under-resourced an over-utilised health care systems which are funded with taxpayers' money, whereas the private sector caters for middle- and high-income earners who can afford medical aid (Geyer et al. 2002:11). Currently, South Africa, with a population of 50 million people (MacFarlane et al. 2005:145), has the highest proportional annual death rate in the world and is faced with emergency patient overload, financial constraints, poor

infrastructure such as poor roads and lack of qualified personnel (Brysiewicz and Bruce 2008:128; MacFarlane et al. 2005:145). Police, as first responders, have been reported to lack the necessary training or support to respond effectively (Dreyer and Dreyer 2014:7). This, in turn, places a burden on public health services who need to deliver services to 80% of the population, whereas the private health sector takes care of the remaining 20% of the population (South Africa.Info 2007). According to Goosen et al. (2003:705), the average time from injury to surgery is approximately 455 minutes, whereas the ideal is 240 minutes. However, an alarmingly high rate of deaths occurs in the pre-hospital stage (Sun 2014:31). MacFarlane et al. (2005:146) reported on EMS response time during 2005, yet these times are still valid in 2018 and referred to by scholars in their research (Allgaier, LaFlamme and Wallis 2017; Chowdhury et al. 2016:20). MacFarlane et al. (2005:145) indicated that in South Africa, the EMS response time varied from 15 minutes in an urban area, to between 40 and 60 minutes in some rural areas. His main finding for the delay in rural response time was due to the disproportionate distribution of services and the fact that many rural areas are poorly resourced. He blames historical inadequacies for this.

Alan Paton (1948:23) wrote in his novel *Cry, the Beloved Country,* "The tragedy is not that things are broken. The tragedy is that things are not mended again." In order to mend, one has to acknowledge that which is broken. Part of the healing journey is to begin to see ourselves differently; to move from seeing ourselves as wounded to seeing ourselves as having the ability to heal and become resilient. Resilience is the ability to bounce back and successfully adapt to adversity (Southwick et al. 2014:3). Historical trauma may be related to collective trauma.

5.5.9   Collective trauma

Collective trauma may be explained as a "psychological reaction to a traumatic event that affects an entire society" (Hirschberger 2018:1). Erikson (1976:153-154) views collective trauma as "a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of community" (Erikson 1976:153-154; see Santos 2016:3). Trauma and the consequences thereof are collective in this matter because it is shared.

Collective trauma, after time, transforms into collective memory, culminates into a system of meaning, which allows communities or groups to evaluate who they were, redefine whom they are, and where they are heading. These adaptive strategies are crucial for group survival. Collective trauma is not solely related to historical trauma; it may be a recollection of a traumatic event that affected a group of people or a certain community (Hirschberger 2018:1). An often recollected example of such a traumatic incident that shook a nation, and the world

for that matter, is the 9/11 World Trade Centre terrorist attack. These events were difficult to explain. One of the ways the American people tried to make sense of these events was to look to history and the national myths. Therefore, the rebirth of 'heroism' took form. Santos (2016:3) points out that collective trauma is mainly characterised by feelings of hopelessness and powerlessness. It is therefore interesting to find the rebirth of heroism as part of the American people's identity reconstruction process. The researcher asserts that power is awarded to someone who seems to be in control, and hope is awarded to a future with a positive outcome. It seems that from the ashes of destruction, this mythical fiction was revived as a tried-and-tested formula for security (Hirschberger 2018:6). The main instigator of the mythical hero may be found in the Hollywood characters depicted in films such as 'The Searchers' where John Wayne played the role of a cowboy saving the day by prevailing over evil, rescuing the damsel in distress, and ensuring a happy ending. This is also a clear indication of masculinity prevailing over feminism. OFRs became instant modern-day heroes again. This phenomenon will be further discussed in Chapter 6, as it influences the OFR's identity formation. Collective trauma is furthermore related to identity trauma (Richardson and James 2017:313).

5.5.10 Identity trauma

Identity trauma can be group-related or affect a person as an individual. Identity trauma is related to group characteristics such as being part of a certain cultural denomination, religion, or even race, and may lead to fear of discrimination, harm, and even annihilation. These fears may be labelled as traumatic stressors (Eagle and Kaminer 2013:89). Kira et al. (2008:63) describe traumatic stressors as follows:

> Complex, and other traumas, for example, racism which is on-going traumatic stress, cross-generation transmission of severe poverty or relative deprivation, torture, and genocide that threaten more the collective identity of the individual are a completely different class of traumas.

Yip et al. (2016:13) found an example of a possible cause of identity trauma, which may be both group- and individual-related, in the study concerning the World Trade Centre's related physical and mental health outcomes on OFRs after a 12-year period. They found that 12.1% of OFRs suffered from gastroesophageal reflux disease; 3.1% suffered from cancer; 16.7% probable depression and 7% probable PTSD. As indicated by Richardson and James (2017:313), the image of heroism within the OFR occupation was revived after the 9/11 terrorist attack. Facing a demanding work environment, these occupational injuries, general health and mental health effects might contribute to identity trauma, influencing their image as 'indestructible heroes'. These consequences may render them vulnerable, influence their quality of service, may cause inter- and intra-related feelings of frustration and powerlessness,

and may lead to alcohol abuse, cause absence from work or even early retirement. These effects have an influence on the group identity as a whole, as well as the individual.

When considering the coping strategies of OFRs, Christiaansen (1999:556) says that their work is their primary source of identity and helps them to construct self-narratives with the potential to assist with trying to make meaning by lessening uncertainties and stressors in daily life (see also Richardson 2017:315). Pali indicated that not a day passes that he does not feel uncertain that he will be returning home from the job. He tried to make sense of this by putting structures in place, which provides a sense of security and meaning. Structures such as life insurance to provide for his family if he might die in the line of duty or making sure that he never leaves home angry or with unresolved emotional issues between himself and his wife. He has also made an agreement with his colleagues, that if such a day might arrive that he would be left with the possibility of being a burden to his family because of his injuries, they are instructed to not resuscitate him. Therefore, some of Pali's self-narratives are dominated by his work and the consequences it might have, and part of his identity has been forged around the fear of not being in control of his own life. OFRs have the tendency to "manage a sense of self in conflicted ways" (Richardson 2017:315). This identity is complicated by the fact that he needs to be a hero at all times and that includes his family.

5.5.11 Traumatic life events

According to the sections 12(1)(c) and 24(a) and (b) of the Constitution of the Republic of South Africa (1996), every citizen has the right

> to be free from all forms of violence from either public or private sources …
> to an environment that is not harmful to their health or well-being; and to have the environment protected.

Traumatic life events represent loss and may be found in the form of historical trauma, racism, natural and man-made disasters, abuse, bullying, assault or the death of a loved one. In order for healing to take place, change is imminent. Change can only take place with a process of transformation and is meant to strengthen rather than to destroy (Bussy and Wise 2007:xi).

Trauma is real. The manner in which it is understood and storied makes the difference when having to cope with the consequences thereof. The reason for deciding on this particular research study was born from a helplessness to help. All around me, I find people who are angry, fearful, anxious, pessimistic, bitter, lonely and frustrated. Why is this going on? Why is the help that is available not making a change for the better? What can be done? I felt propelled to look for answers.

As seen in the definitions, secondary trauma, vicarious trauma, and burnout are mostly identified and discussed with regard to the helping professions, and not particularly recognised by the South African general public who may be exposed to indirect trauma on a daily basis. Clark and Gioro (1998:85) examined the nature and risk factors of indirect trauma on nurses helping clients who are survivors of trauma. In their study, they identified the development of numbed feelings, fearfulness, withdrawal, and nightmares as common phenomena among people who have been indirectly exposed to trauma through their work with victims of direct trauma.

According to Wu (2011:1907), direct as well as indirect exposure to traumatic events may lead to emotional and behavioural sequelae, which in turn negatively influences the individual's quality of life and worldview. In his article with the focus on the behaviour of traumatised individuals, Hugo (2006:87), as a pastoral caregiver, presents a case study where people were directly involved in a shoot-out. The question he asked was: What was the impact of the stress on the values, beliefs and spirituality? He concluded that PTSD affects the thought processes of victims impairing the cognitive abilities of people. This leads to experience of ontological insecurity and behaviour of withdrawal. PTSD, however, also has an impact on the worldview and belief systems of victims. Distorted beliefs and worldviews lead to despair and anxiety.

Most of the co-researchers felt that their own history and worldviews were very important when considering whom they were and why they chose to become an OFR. They felt that the traumatic life events that happened in their past was a significant indicator of who they are today. Alexo indicated that his parents' absence in his life, and the alcoholic uncle who took care of him at times, were among the events that forged him into the man that he was today. Pali was not eager to talk about his past but mentioned that he did not have an easy past, which influenced his decision to become a paramedic. Niki said that his grandfather died in front of him when he was a boy, and that, while he had to deal with the slow response time of the ambulance, he was motivated to become an EMT in order to make a difference. Studies such as that of Oliveira, Do Ceu Taveira and Porfeli (2015:163), Sellers, and Hunter (2005:879) indicated that a history of violence and traumatic events, as well as emotional childhood experiences, has the potential to have an influence on a person's career.

5.6   Woundedness

The term 'woundedness' originates from the Korean culture and religion which is 'han', meaning "a festering wound and frozen energy in need of unravelling" and has its focus on the person as a whole, including communities and their environment. 'Han' does not ask the question 'if', but 'when and how' and what the consequences might be (Considine 2013:87).

According to Son (2000:4), 'han' is used to describe the heart of a person who has endured or are enduring an affliction, but the pain, wounds, and scars are "not always apparent or visible because they are the kind that occur deep in the core of a person". Therefore, woundedness stems from traumatic life events. Ivey and Partington (2014:166) define woundedness as "the ongoing or residual psychological impact of adverse experiences and psychic conflicts". For the purpose of this research, woundedness is defined in terms of the ongoing psychological impact of stressful and traumatic experiences on one's spiritual well-being.

"Wounds can be contagious" (Lotz 2013:76). Wounds have the capacity to multiply by wounding others, as in the case of generational trauma where a sense of retaliation is passed on from one generation to the next. Generational trauma thus has the ability to systematically disrupt a family or community structure. Monroe (2011:450) defines systematic disruption as "an event or events whose impact has the potential to threaten the stability of the family system".

Stress is a physiological process causing disease and discomfort, and the body responds to its demands. Stress involves negative as well as positive responses. Negative stress is associated with distress, and positive stress responses are reflected as eustress. In this study, distress is penned as woundedness based on 'han', where the soul of a person is included in the definition of distress.

When stressful situations are repeatedly experienced, as found in the OFR work environment, response patterns and adaptive behaviour develops. This may be because of the crises they tend to on a daily basis becoming familiar and tolerable, and they adapt. It is, however, also known that prolonged exposure to such events may break down their resistance and lead to burn-out and compassion fatigue. OFRs require ongoing adaptation energy, and when they are unable to tap into this energy supply, it often leads to an embittered soul, which links with psyche. Symptoms of distress are listed in Table 5.1.

Table 5.1: Indications of distress

Category	Symptoms
Physical	Headaches, chest pain, loss of sex drive, diarrhoea or constipation, muscle tension, nausea or dizziness, weight gain or loss, frequent infections
Cognitive	Loss of memory, indecisiveness, inability to concentrate, poor judgement, negative thinking, anxious thoughts, constant worrying
Emotional	Moodiness or depression, agitation, restlessness, short temper, feeling on the edge or overwhelmed, loneliness, impatience, irritability
Behavioural	Unhealthy eating habits, addictions, disrupted sleep patterns, isolation and withdrawal, teeth grinding or jaw clinching, impulsivity, overreaction

Source: Tuck (2009:17)

5.6.1   Psychological woundedness

Psychological woundedness is defined as an "ongoing or residual psychological impact of adverse experiences" (Ivey and Partington 2014:166). The psychological effects of the war-like environment in which OFRs have to perform their duties have been acknowledged as a cause of psychological woundedness. Straker (1993:2) conducted a case study in South Africa with individuals who were part of setting an informant alight and burning him alive. They found that these forms of violent acts were first found in South Africa in the 1980s and continuing today, mostly aimed at police officers who have been identified in this study as OFRs.

The impact of psychological wounds on an individual do not always have a negative outcome. Straker (1993:10) found that psychological woundedness at times result in an involvement with helping communities, assisting the sick and elderly. This is typical in the daily job description of an OFR.

Among the behavioural interventions implemented towards the healing of OFR woundedness are mock training simulations and desensitisation, stress reduction techniques, and critical incident stress debriefing immediately after a major event. This has been found to be inadequate, as the OFR needs to be aware of his surroundings within his work environment (Diewitz-Chesney 2012:260). According to Shakespear-Finch (2007:362), workplace interventions and support programmes are only implemented when psychological problems become apparent.

5.6.1.1   Survivor guilt

Survivor guilt is explained as someone being in a better position as others who have been negatively affected by traumatic incidents. In terms of OFRs, guilt may also manifest when they are unable to save the patient's life. Survivor guilt promotes feelings of inability (Halpern and Maunder 2011:146), anxiety, depression, and maladaptive emotions. These feelings prevent OFRs from reaching their potential (Tate, Williams and Harden 2013:81) and inhibits mental growth. Feelings of incompetence lead to shame. Self-blaming may urge them to show increased compassion, and in turn, this may lead to compassion fatigue. OFRs who hold unrealistic beliefs that all patients can be saved may run the risk of negative self-appraisals leading to guilt and shame.

Halpern and Maunder (2011:148) provided evidence that prolonged early reactions to critical incidents may predict later emotional difficulties. They found that many OFRs refused help after an incident yet felt disappointment in not receiving therapy, which they inadvertently crave. Some might complain about the lack of support and the organisation as a whole. This relates to a study called "fearful avoidant insecurity", categorised by a wish for support and at

the same time being avoidant of potentially supportive contacts because of fear of rejection. This is also associated with emotions of burnout, stress-related physical symptoms, PTSD, prolonged social withdrawal, reduced and ineffective social contact, and poor coping strategies.

Van Straten (2012:56) defined the paramedics' self-reliance strategy of coping as follows**:**

> A diverse self-discovered means of coping with, and responding to, daily stressors in their working environment through dependence on self and colleagues, by means of a conscious choice not to make use of, or to make partial use of, any provided conventional assistance.

It has been found that employers are often perceived as unsympathetic and unsupportive to personnel in need of assistance (Jerling and Davies 2002:23). It has also been found that acknowledgement of emotional vulnerability and the need for therapy may lead to harassment and ostracism. The findings showed that the inaccessibility to a psychologist and many paramedics indicated that they would rather talk to their spouses or partners about their stressful work environment. However, these finding did not correlate with the outcome where the majority of the co-researchers in the study agreed that a counsellor would be able to help them cope with job stress, and that they would be willing to seek help (Jerling and Davies 2002:59).

5.6.2   Social woundedness

South Africa is known as the 'rainbow nation', a term coined by Archbishop Desmond Tutu (Botma 2010:1) due to its diverse cultures, challenges individuals to be tolerant towards each other but does not allow sufficient opportunities towards growth, and rather towards an environment filled with tension and fear (Marais 2010:115). Social wounds are mostly inflicted by political unrest, economic degradation, and social injustice (Eglin 2014:2). Sociological perspectives include safety, attachment, justice, existential meaning-making and identity which all are connected to the environment (Johnson, Brooks and Mpofu 2012:103).

Peer support have been found to decrease symptoms of PTSD of OFRs in their social environment. Suggested socio-environmental interventions include screening programmes, which may identify signs of PTSD, but OFRs are reluctant to seek help for themselves. In-house therapists have been suggested but the OFR culture suggests that they would not seek help voluntarily. Therefore, current interventions have been found to be ineffective (Diewitz-Chesney 2012:259).

5.6.3　Physical woundedness

It is important to understand the biological impact of psychosocial and spiritual factors, which influence a person's physical health. Aspects such as the immune system, neurological systems and cardiovascular systems may all be affected by stress and trauma (McCoyd, Walter and Levers 2012:90). The impact of ongoing stress and trauma within the work environment on a person's physical heath may lead to an increased risk of disease (McFarlane 2010:5) and may in some cases only be detected in old age when the risk of physical illness has increased (Van der Kolk et al. 2007:166). Stress has been identified as a key risk factor in the development of addiction, such as eating disorders or alcohol abuse (Sinha and Jastreboff 2013:827). Sleeplessness, muscle tension and irritability are among the symptoms that may develop after stressful events (Hoge et al. 2013:786). Currently, biomedical interventions include medication (Diewitz-Chesney 2012:260).

When considering the embodiment of pastoral counselling within secular science, from a biological vantage point, Schneiders (2005:26) says:

> The anthropological approach to Christian spirituality, while taking seriously the historical and theological dimensions of the subject matter of the field, is also explicitly concerned with dimensions of spirituality that are accessible only to mon-theological disciplines, such as the aesthetic, linguistic, psychological, or cosmological: with the 'edges' where the field of spirituality is influenced by important aspects of contemporary experience that are not intrinsic to Christianity itself, such as the meaning of experience, ecological concerns, and gender issues; with analogies with, challenges to, and affirmations of Christian experience coming from the spiritualties of other religious traditions or the spiritualties of contemporary seekers who repudiate or ignore institutional religion.

5.6.4　Spiritual woundedness

Trauma influences the way a person is able to manage their spiritual beliefs (Wheeler 2007:136). Very few studies focus on the spiritual wounds of OFRs who are exposed to stressors and indirect trauma on a daily basis. The majority of trauma studies focus on the psychological wounds of the healer and helper suffering from vicarious or secondary trauma, or the person who is directly exposed to a traumatic event within a specified disaster such as tsunamis, war or terrorist attacks. In order to understand the events that cause woundedness, it is necessary to differentiate between certain types of trauma incorporated in the mental health nomenclature.

According to Rambo (2010:32), woundedness consists of unique dimensions capable of moving theology in new directions. Where trauma theory highlights the relationship between

life and death, it also highlights the theological tradition, namely a middle territory or 'territory of remaining', within the Christian narrative of life and death. Traumatic experiences may lead a person to question the meaning and purpose of being. Many times, a person feels the need to explore his/her religious feelings in the search of meaning and purpose and should be referred to a pastoral counsellor for healing care (Narayanasamy 2010:45).

Research has shown that traumatic and stressful events have an impact on a person's spirituality (Rogers and Koenig 2013:9; Maltby and Hall 2012:310). Murphy (2013:241) describes stress as "a reactive state to demands made on the adoptive capacities of the mind and body". There have been trauma victims who felt the need to abandon their religion because of traumatic and stressful events, and their relationship with God was disrupted (Harris and Spellman 2014:228). This in turn, has the potential to disrupt the faith community, but may also provide an opportunity for healing (Rogers and Koenig 2013:9). Pastoral counselling has an opportunity to provide healing as it is rooted within faith communities and provides spiritual guidance (Stallinga 2013:14).

Spiritual woundedness, stress and trauma are diverse topics with many facets. The researcher aimed to focus mainly on spiritual woundedness of OFRs, although the many aspects were explored on a peripheral basis. The reason for this is that many studies have already focussed on severe, direct, ongoing trauma and PTSD (Nilsson et al. 2015:3). Brough (2004:228) looked at the overall physical health of OFRs due to organisational stressors and stated that most research does not include physical and psychological aspects of their work environment. He concluded that OFRs are at high risk for heart disease, high cholesterol, heart attacks, stroke and psychological impairment. Spiritual woundedness was not mentioned as being researched.

Multiple types of potential trauma are also known as cumulative trauma, poly-victimisation or poly-traumatisation (Scott-Storey 2011:137). Studies confirm that anger, anxiety, fear and frustration form part of PTSS due to direct and indirect trauma exposure (Adler et al. 2008:301; Hagenaars, Fisch and Van Minnen 2011:192; Koller 2001:162). When these symptoms are not acknowledged and treated, it may lead to depression, substance abuse, inter- and intrapersonal relationship problems, PTSS, and eventually PTSD. PTSS alters a person's worldview, emotions, needs, beliefs and cognitions. PTSS inevitably has an effect on a person's spiritual life and may prohibit spiritual growth and healing. This study, however, aimed to explore the impact on the OFR's spiritual well-being when experiencing traumatic stress caused by ongoing, vicariously stressful experiences such as dealing with injury, death and human emotion, and listening to the traumatic stories of others on a daily basis. In South

Africa, these experiences may be more commonly found than in many other countries, because of a culture of violence.

Spiritual distress is defined by Carpenito-Moyet (2008:639) as "the impaired ability to experience and integrate meaning and purpose in life through a person's connectedness with self, others, art, music, literature, nature, or a power greater than oneself".

Tuck (2009:18) listed the following description of spiritual distress:

- Questions the meaning of life, death and suffering.
- Lacks sense of purpose, enthusiasm for life, feelings of joy, inner peace, or love.
- Demonstrates discouragement or despair.
- Feels a sense of spiritual emptiness.
- Shows emotional detachment from self and others.
- Experiences alienation from spiritual or religious community.
- Exhibits or reports mood changes such as frequent crying, depression, apathy or anger.
- Displays sudden changes in spiritual practices such as rejection, neglect, doubt, fanatical devotion, or increased interest.
- Questions the credibility of religion or spiritual belief system.
- Requests assistance from a disturbance in spiritual or religious beliefs.

Levy-Gigi and Richter-Levin (2014:281) found that first responders, who are exposed to traumatic events on a daily basis, are surprisingly resilient towards the effects of trauma. However, they pay a hidden price that is not easily detected or visible. In the past, social sciences and other interdisciplinary fields were not eager to acknowledge spirituality within a clinical practice. Spirituality integrated in medicine has been a controversial topic, asking 'how?' and 'why?' this should take place. Balboni, Puchalski and Peteet (2014:1587) say that spiritual distress has recently been acknowledged within clinical settings but needs trained pastoral therapists and chaplains to treat individuals, without causing harm, but at the same time ensuring whole-person care. Spirituality has the potential to provide insight into human, cultural, and community experiences, and promote transformation.

5.7 Conclusion

Both Holmes (2010:4) and Sun Tzu (Giles 1910:18) agree that soldiers who have fought battles for the sake of others, should be taken care of:

> When you engage in actual fighting, if victory is long in coming, then men's weapons will grow dull and their ardour will be damped.

> With this loss of substance and exhaustion of strength, the homes of the people will be stripped bare, and three-tenths of their income will be dissipated.
>
> (Giles 1910:18,22).

The OFR who suffers from stress and trauma should have the support of their departments as well as their families. If they do not receive support, they are in danger of developing PTSD, and if untreated, they may even leave their occupation, or commit suicide, abuse alcohol, become divorced, and experience spiritual struggles. They need to understand what they go through and acknowledge that they are entitled to therapy and other means of support.

When considering that possible traces of most of the above-mentioned stress and trauma-related symptoms may be associated with the co-researchers and the OFR profession as a whole, this study is once again a reminder of the dire need for whole-person therapeutic intervention. The focus of literature on the physical and mental consequences of such symptoms should surely include spiritual healing. An understanding of the spiritual dimensions within the OFR work environment, spiritual woundedness and healing, is discussed in Chapter 7, while Chapter 6 aims to do a narrative analysis of the weaknesses and strengths within the OFR work environment.

Chapter 6

Weaknesses and Strengths – Narrative Analysis

6.1   Introduction

The Art of War as metaphor is used to add to the multidisciplinary voices in this study:

> … the dynamics of consciousness, the interweaving of many voices, and the interplay of social practices, are all expressed in a metaphor that points to a sense of transition, lying across, extending over, intersecting, meeting, and conveying without becoming identical.
>
> (Van Huyssteen 2006:19)

The interaction between practical theology and other disciplines may be explained by considering weaknesses and strengths as depicted by Sun Tzu (Giles 2012:44). Victory is eminent if the army (OFRs and pastoral therapists) recognises, analyses and understands their own as well as the enemy's weaknesses and strengths (spiritual and other wounds) (Giles 2012:45). Every army has tactics to overcome weaknesses and learn from great warriors who have been victorious in battle. Armies from different countries study the strengths of these warriors and adopt them to become stronger and more resilient. Practical theology, with the help of different and varied realities and narratives, and considering an interdisciplinary view, has the potential to turn weaknesses into strengths. While the researcher has her own unique context and history from which her life was shaped, she does not presume to know what is imagined by the co-researchers who had their unique stories to tell. By telling stories, listening, and re-storying, the researcher and co-researchers may move to new 'grounds' of understanding (Müller 2017:87; Tzu 2012:67). Certain discourses and themes were identified during the interviews which influenced and affected the co-researchers' narratives. These discourses will be discussed in this chapter. Spirituality within the OFR work environment is not focused on religion, but spiritual aspects such as self-awareness, life purpose, and community engagement. These spiritual aspects influence paradigms within the work environment (Bella et al. 2018:1).

Chapter 6 is concerned with Movements 3 and 4 of the postfoundational notion of practical theology. Experiences are interpreted, described and developed in collaboration with the co-researchers, and these experiences are informed by traditions of interpretation. As facilitator of interpretation, the researcher is tasked to listen, acknowledge and formulate the co-researchers' own interpretation of spirituality within their workplace (Müller 2017:92). In addition, Movement 4 incorporates specific discourses or traditions in the OFR culture

(community). The researcher aimed at gaining an understanding of how the behaviour of OFRs was influenced by their history, beliefs, and perceptions. In the interviews, it became clear that the co-researchers were concerned that their past was never considered during therapy. As Müller (2017:87) reminds us: "Our imaginings draw on our perceptual and embodied knowing, as well as on our remembering, our stories of past encounters and experiences." The researcher therefore agrees that the narrative focus should be on stories and imagination, taking into consideration the epistemology and methodology of the narrative inquiry.

A narrative approach to pastoral therapy within practical theology, although hermeneutical in nature, constantly moves between praxis–theory–praxis. By 'doing theology', the social constructionist takes the actual constructs seriously (Müller 2004:295). The researcher, while having acknowledged certain abstractions and generalisations, was mainly concerned with the detail of the co-researchers' stories. Prominent narratives emerged from their stories. A narrative analysis of the stories was done. The co-researchers gave 'narrative form' to their experiences. By narrating stories, people try to explain or normalise and give meaning to what happened. Bamberg (2012:3) explains that a narrative analysis "attempts to systematically relate the means deployed for the function of laying out and making sense of particular kinds of, if not totally unique, experiences". A thematic narrative analysis approach, as explained in Chapter 2, was followed. This enabled the researcher to identify, analyse and report patterns discovered in the co-researchers' stories (Braun and Clarke 2006:79,93) in order to move beyond the descriptions of their stories towards an argument in relation to the research questions:

- What is the nature of the spiritual woundedness experienced by OFRs as a result of their stressful and traumatic work environment?

- How does their spiritual woundedness influence their meaning-making, God-concept and relationships?

- How can a narrative pastoral approach to therapy assist these OFRs in the healing of the spiritual woundedness that they have accumulated?

Narrative constructionism, characterised by the stories people construct and understand, assumes that the stories told are not simply a reflection or account of the co-researchers' experiences, they are deeply imbedded stories that matter (Braun and Clark 2006:202). The themes were identified by the patterns that ran through the stories. Along with Movements 3 and 4, the main themes that emerged from the co-researchers' stories are identified in this chapter. The researcher journeyed in relationship with spirituality. Spirituality, according to

Pargament (2011:3), forms an integral part of a person's life story. It provides meaning, purpose and hope, and has the potential to influence and direct relationships and interaction.

6.2   Occupational identity

The OFR occupation has been recognised as among the most stressful occupations, where they are constantly exposed to traumatic events. Such events put them at risk of developing symptoms such as burnout, compassion fatigue and even PTSD. Their experiences may influence them on biopsychosocial levels. In addition to these influences, their experiences are likely to affect them on a spiritual level. From the co-researchers' stories, themes were identified which may have an impact on their meaning-making, relationships, and hope experiences, the main elements within the definition of spirituality in this study.

Many OFRs see their profession as an integral part of their identity. Alexo told the researcher how his character and personality played a vital role in forming who he is today and who he was meant to be. His world consisted of survival, adventure and challenges, and this has been the case since he was a child. He felt that this was an unconscious process. Kato said that their occupation as paramedics was 'drilled' into them; it became part of who they are. Their exposure to blood and intestines and limbs and everything they see and do, 'word in jou ingedryf' (is driven into you) in order for you to do the job.

Even though the co-researchers belonged to the OFRs as a group, each one expressed the need that the researcher should consider the uniqueness of their individuality and their circumstances, especially where therapy was concerned. Although the co-researchers formed part of the OFR culture where they conformed to certain traditions and values, they expressed a need to also be considered as individuals in their own right, with their own unique background, talents and problems. The need to be acknowledged as an individual and to separate their work identity from their unique personal identity might make it easier for them to acknowledge the negative coping mechanisms that they employ within this OFR culture, such as detachment and feelings of loneliness. Although they spend most of their time in the presence of their peers in the work environment, they tend to internalise weaknesses, which may lead to isolation.

When considering that the co-researchers each formed part of the OFR culture, and knowing what their work environment consisted of, the researcher found it difficult at times not to 'label' them as a group.

Alexo seemed to be resilient – a strong point – when having to make plans to cope with his experiences. This became apparent when he said that he has always been bearing forward

to new challenges and new adventures. He felt that what he has already achieved was not enough. He was in search of something new. This might also be an indication that he seemed dissatisfied and seemed to be looking for the ultimate heroic challenge.

Pali expressed the importance of people to understand their occupation and its consequences, to delve into his personal past and find out why he became a paramedic. He said that he has experienced many things in life and has his own questions about why he became a paramedic, why he was not 'on the road' any longer, and how he came to be at the college.

Kato told the story of how they were challenged with emotional pain and everyone in the crisis was considered, and how their own well-being as OFRs was neglected. A common generalisation made in the OFR occupation as rescuers, is that they were considered as 'the strong ones', the 'heroes', the ones who helped, and not the ones in need of help. When Kato explained what they go through as a team, and the hardships they face together, it was clear that he felt a sense of despair when he said 'ek is ook mens' (I am also human). He expressed a need to be considered as an individual, a human being with feelings and pain, and not just being part of the group. Figley (2013:4) pointed out that it was usually only those who were directly in harm's way during a critical incident who received attention. He referred to the family and friends of the victims who were usually neglected. The researcher agrees but notes that the OFR should also be considered as neglected. Pali said:

> Ek neem daai emosionele lading op myself, ek trek vir my daai baadjie aan. En ek dink tot 'n mate partykeer, dit is hoekom ek so seer het. Dis omdat ek dit aantrek. Want ek probeer verstaan.

It seemed that Pali expressed a loss of meaning as to 'why bad things happen'. The fact that he did not know for sure where his sadness originated from may have contributed to feelings of despair and hopelessness. Not knowing where something originated from or what caused the sadness makes it difficult to know and understand how to deal with it.

Geniko expressed a sense of disconnectedness and hopelessness connected to self, when he said that his occupation required of him to respond to major disasters, where his identity is changed. He said that he left a piece of himself behind at the disaster site each time he came home from such catastrophes. He said that what he experienced there, he would rather leave there and not deal with it. Although they went to major disasters as a team, each person experienced the trauma in a different manner. Geniko said:

> Want baie keer dink jy: Kon jy nie maar dit nie, kon jy nie miskien dat nie, kon jy nie miskien …? Jy verstaan? Dis mos nou nie moontlik dat jy … niemand kan mos nou die wêreld red nie … verstaan?

Geniko seemed to have an inability to be introspective and expressed a measure of despair and helplessness in what he revealed. When the researcher asked him how he coped with his feelings, he immediately generalised and said 'they' (as a group) filed their pain in 'File 13' and then forget about it.

Pali named his personal 'File 13' a 'torture chamber'. He said that when he found himself confronted with the 'demons of the past' it was difficult to make sense of things. His way of coping with these emotions were to convince himself that not everything in life needs to make sense, and that everything is part of a plan. This ineffective coping mechanism in his strategy to make sense is an indication of the lack of control he has over it, and a weakness in the way he yields to the battle at hand. It seemed to the researcher that, in a way, OFRs have accepted that their occupational identity is that of a tortured warrior who has been abandoned to pain and neglect. However, as Geniko asked: "Who is going to do the job if they don't?"

6.2.1   Identity formation

The OFR occupation and culture contributed to shaping the identities and the stories told by the co-researchers. A person knows and finds meaning in life by continually telling and retelling his stories. It is through these narratives of experience that are constantly reinterpreted, that a person knows who he is today (Demers 2011:163). Narrative identity plays an important role in identity formation. It contributes to how a person perceives himself and the world. Identity is addressed by life stories describing a person's journey from the past to the present self and is accomplished by remembering and interpreting past experiences.

The co-researchers' stories were mostly shaped by how they viewed themselves when they were among their colleagues, their family, and even who they perceived themselves to be in relation to their spirituality. The OFR profession may have the potential to become the dominant voice of their self-dialogue. Just as with military troops, their profession and the joint participation and experience in vigorous training and exposure to traumatic events, as well as joint living arrangements shape the OFR identity. These elements forge loyalty, discipline, endurance and camaraderie (Haaland 2009:48).

Spjeldnaes et al. (2011:3) postulate that, beginning in adolescence, internalised and evolving stories of experiences are constructed and reconstructed. The construction of a narrative identity provides a person with a sense of purpose and meaning (Adler 2012:369). Erikson's developmental theory established that the defining feature of adolescence are rooted in identity formation and the achievement of a stable sense of identity (Erikson 1956:56). Narrative identity is characterised by elements leading towards meaning-making through thematic content (Adler 2012:369).

Alexo's story began by telling the researcher about his difficult childhood, and how it helped to build his character, laying the foundation of who he is today. During his story, he continually referred to his childhood. Alexo's narrative identity, his internalised, evolving story of self, was crafted to provide him with a sense of purpose and meaning (Adler 2012:367). During adolescence, his identity was mainly constructed around trying to make sense of the adult influences in his life, or the absence thereof. His father's death at a young age, his mother's abandonment, and his uncle's alcoholism and abuse featured prominently in his story. He spent most of his adolescent years in a hostel and tried to avoid going 'home' to his siblings and uncle during holidays or events during his adult years while in the army, living in the barracks. He did not have a home to go to during holidays while his colleagues had the privilege to visit their families. When he did visit his siblings during his adolescent years, he had to assume the responsibility as head of the household. There were times when they did not have food and he had to make plans. He said he had to 'swallow his pride' and sell empty bottles for money to buy necessities such as bread and 'polony' (the cheapest form of processed meat).

> Ons het as kinders, dan het ons nie brood in die huis nie. Ons het nie kos nie. Dan gaan maak ek leë koeldrankbottels bymekaar, dan stap ek in die kafee in en ek sit al daai 25 op die tafel neer, en ek koop brood en peloni en ek stap uit en ek gee kos op die tafel. So ek was nie skaam om iets te doen nie. En dit het my karakter en persoonlikheid ontwikkel.

Wilson and Prior (2011:405) found that the absence of father involvement in a child's life has the potential to affect their cognitive and social competence. It may decrease social responsibility, lower their capacity for empathy, self-control, self-esteem, social maturity, and life skills. It may contribute to academic difficulties and may lower occupational achievement in adulthood. Cross-culturally, it has been acknowledged that in late adolescence to early adulthood, an autonomous sense of self and the choices of suitable social roles and values are developed (Erikson 1968:np; Spjeldnaes et al. 2011:3). During this developmental stage, identity formation is reliant on a meaningful philosophy towards life, as well as a sense of gender role identification.

Louw (2012:63) commented that theological anthropology explains identity as a person's awakening that they were called by God for a certain purpose and destiny. However, this is also related to one's vocation:

> Although people are called, they have the freedom to choose how they respond … Freedom means the awareness that our choices are not unlimited but are determined by the ethical principle of unconditional love. This love includes an acceptance of ourselves, founded on grace ... Such freedom, when based upon God's grace, gives rise to true self-acceptance. True self-acceptance means that people will never

underestimate themselves (the danger of self-underestimation and inferiority complexes), nor will they overestimate themselves.

A strong point in Alexo's self-dialogue was that he decided at a young age that the people and environment he was 'dealt' with by God was not going to negatively influence his choices. He worked hard and dedicated his life to finding new challenges. His capacity for empathy was clearly not impaired by the absence of a father figure in the sense that he has dedicated his life to save others. As an adult, he portrays confidence and a healthy self-esteem as indicated when he said that he had 'briljante talent en vaardigheid' (brilliant talent and skill) to make plans where others had run out of ways to remove someone from a serious wreckage. He said that this was mainly due to his ability to step back from the situation, and observe it calmly, where he is able to identify the solution in the most simple and uncomplicated manner possible. Although he was at times challenged by the panicking families as bystanders to assist in haste, he remained calm and took the time to reassure them while making dire and crucial life decisions. This was a sign that Alexo had managed to acquire self-control and social maturity. Nevertheless, Alexo revealed a vulnerability and weakness in his story when considering his social interactions on a personal level. He struggled to make friends and did not socialise along with his fellow soldiers when in the army. He also did not have a girlfriend before he left the army where most of his friends had girlfriends. When he did get married, although it was initially an 'awesome' experience, he felt it hindered him from being who he was meant to be as a firefighter, and his marriage came second to his camaraderie forged with his fellow firefighters. A very prominent weakness which emerged from Alexo's story, was his relationship with God as his Father. He made meaning of the 'abusiveness' by attributing his situation as God's will in his life. This will be further discussed in Chapter 7.

Geniko started his story by saying that he has experienced many things during his lifetime; while there are many things that he has not yet experienced. He was adamant to make sure that the researcher understood that he was not shy to talk about his painful experiences, yet he avoided words, which may have indicated signs of vulnerability. The troublesome and emotionally disruptive nature of the traumatic experiences that OFRs are challenged with, perpetuate a continued sense of personal identity (Janoff-Bulman 1992:np; see also Demers, 2011:163). Throughout his story, Geniko constantly referred to his generation as the strong ones. The weak ones were the new generation whom he did not understand because they revealed their emotions. Growing up as a young man in South Africa, fathers taught their sons not to cry as it was a sign of weakness. Geniko made sense of his painful thoughts by attributing vulnerability to weakness, which belong to today's youth who was without discipline. Therefore, he did not acknowledge such weakness in his life. The researcher found his vulnerability to be incongruous to him trying to be strong, which was in itself a weakness. He

did this by discarding his pain in 'File 13'. Many fathers and families fostered the tradition and belief that 'boys don't cry … women do'. Children adopt socially defined behaviour associated with being male or female (Martin and Doka 2000:109). These influences of gender roles on socialisation of emotions influenced Geniko's identity formation by creating a weakness where he internalised emotions and, in turn, experienced social detachment from his spouse, family and even God. Geniko's self-dialogue was that of an indestructible, older generation, strong, fearless man. In paradox to this, he cried out to be heard and understood. This was clearly defined in his YouTube video where he stated the need. It seemed that Geniko was struggling with bridging the gap between the younger generation and that of his older generation. The changes that he saw in his occupation with regard to coping mechanisms seemed to upset him and he did not know how to make sense of it.

Browning (2008:xiii) asserts that "even the most internal and unconscious aspects of identity are profoundly influenced by one's social and milieu of time in history". A person's identity is challenged by change. When change happens, the person has to make sense of the transition, and re-connect the past self with the present self (Adler 2012:369). A strength revealed in all the stories of the co-researchers was that of embracing change in the form of advancement. They all aspired to achieve a better education, to learn more in the trade and to teach what they have learned. Alexo and Geniko embraced changed in the form of finding new 'adventures' in the form of greater challenges in their occupation. These challenges were described as dangerous situations they have to face in order to save someone or participating in international competitions to find out who was the best at their job.

Although Kato acknowledged his anger stemming from his traumatic experiences, he said that he was raised with a very strong spiritual foundation. Because of the spiritual framework within which he coped, he believed that he could easily manage his emotional experiences.

Pali felt that, in a way, a person is born to be an OFR; he nevertheless stated that it was also something a person acquires along the way. This was an indication that Pali's identity was mainly built around who he was as a paramedic and OFR. He said that he was worried about the young people whose frame of reference in terms of exposure to the OFR occupation was a minimum. He felt that the worst thing they generally might have experienced before entering the OFR profession was a sprained ankle on the rugby field during their school years. It was interesting to note that Pali specifically referred to the game of rugby, which at school level is mainly played by boys in South Africa. The researcher speculated whether this was another indication of hegemonic masculinity existing in the OFR occupation. Pali went on to say that the shock of their initial exposure to crisis situations made it difficult to make sense of this, and this is when PTSD occurs. Pali said that many people do not understand what the occupation

is about and the consequences it has on a person. He does not blame them because he attributes this to ignorance. He said that he became 'afgestomp' (lacking interest and feeling) and did not care anymore. This seems to be an indication of hopelessness. In a way, it revealed that he did not have much hope of trying to make sense of all the trauma and violence he was exposed to, and that it was better to give up hope of caring, which made him feel fatigued and guilty. Louw (2012:143) emphasises that depression stems from extreme feelings of hopelessness. Hopelessness has the potential to threaten a person's purposefulness and how they respond to life's demands. Uncertainty, detachment, fear of the loss of control and fatigue of the human soul may occur. Pali felt that if one did this job, it was part of one's self-protecting mechanisms to not care, to cut oneself off and keep a clinical distance. Although this was part of his identity formation, his self-dialogue revealed that although he put up emotional walls, there remained incidents that kept haunting him. He revealed that feelings of guilt were a consequence of trying not to care.

6.2.2   Intrapersonal identity

Identity is shaped by experiences of self-awareness and includes four dimensions: physical, emotional, social and spiritual. The OFR's occupational identity influences his intrapersonal identity. A person's intrapersonal identity is shaped by belonging, values and inner life. A sense of belonging includes experiences of a connection with self, others and God. A person's inner life is influenced by feelings, values and beliefs (Bella et al. 2018:10). In addition, Ganzevoort (2006:5) asserts that the negative impact of trauma affects a person's ability to experience trust, hope, intimacy, and distorts God images.

The ego plays an important role when considering a person's history and personal development. The ego is the centre of consciousness and concerned with identity. The ego is in a relationship with the 'self', which is the ordering principle of being. In other words, the self is concerned with a holistic view and the ego is interested in fulfilling demands (Ganzevoort 2006:50). An indication of the interplay between the self, taking a holistic view, and the ego which is interested in fulfilling demands, was found in Alexo's story when he said that the 'abusive' and traumatic life he was dealt with was uniquely given to him by God's grace. He felt that God had a personal 'list', however unfair it may seem to others. He was chosen among many to be part of this list made up by the Creator, and eventually formed part of this group, which he referred to as 'OFRs'. He said it was part of God's plan and therefore he could not question or try to change it. He contributed this to God's grace. This was also an indication and expression of Alexo's need to try and make meaning and create purpose from his traumatic experiences as a child, and which continued in his occupational experiences. When

one looks at his trust in God's will, a strong point may be that he has a hopeful attitude that the future is also in God's hands and therefore all will be well.

When considering Alexo's relationships with others, it seemed that although he cared immensely for others and said he would give them all he had to give, his relationship with his first wife ended in divorce because he felt more connected and a sense of deep belonging to his firefighter team. He felt that his wife did not value, validate, or even understand what his occupation demanded of him. He mentioned that when he got home from beating fires, the food was not ready and things at home was not in place. He said that although his wife worked the whole day it was nothing compared to what he did. To the researcher, this seemed to be a weakness. Alexo's connection with his wife was influenced by feelings of discontentment, and according to his values and beliefs it was a woman's job to cook, clean, and have the house in order. Another weakness stemming from his experiences as an adolescent of having to be constantly brave and strong, and that God had a unique plan for his life, influenced his belief that he was somehow superior to others because of the experiences he survived. This might have put strain on his relationships with others and have been one of the causes that he was a loner while in the army. He was never invited to join others on their weekend trips or holidays when they visited their homes, although they knew he had 'nowhere' to go. Alexo said that he expected validation from others. This was very important to him in order to give meaning to what he went through. It seemed that he felt a sense of superiority to others because of his 'unique and exceptional' gifts. When referring to an incident where he had to perform a difficult extraction, he said that this has not "ever been done in the history of the world". He downgraded chaplains for not having the relevant OFR experience or education, and other OFRs for not knowing what to do in certain situations.

Geniko indicated a great sense of belonging to the OFR culture; however, his story told that of isolation and disconnection from his family and from God. He greatly values discipline and order, and indication that he needed structure in his life. He told the researcher that, at times, his experiences would crash over him like the waves of the ocean, and just as he found his feet again, another wave would crash down on him. Constant and ongoing stress and trauma might be one of the reasons why he needed order and structure in his personal life where, in a way, he has the authority to demand this from his family.

It seemed that Kato, as the head of a training centre, talked about what his subordinates went through rather than about himself. He spoke in a calm and collected manner when talking about complicated and traumatic incidents. His position and identity as the person overseeing others seems not to lend him much leniency towards vulnerability. Early on in his career, he identified the need for support in the EMS and decided to study to become a chaplain. He

confessed that this was also to empower himself with knowledge of how to deal with the needs within his occupation. It helped him to be prepared for traumatic situations and how to deal with the aftermath of trauma. Because they have to deal with the families of victims, chaplaincy helps him to support them, although this was one of the elements of their occupation that troubled him most.

Pali's inner world was severely influenced by feelings of 'being at war' with the demons who haunted him. These demons were a metaphor for the experiences he chose to internalise and deny but which, from time to time, make a prominent re-appearance in his life. When this happens, he feels that he is the only one who can fight the battle. This was an indication of his disconnectedness with God and others. He did however indicate that, at times, he needs alcohol to help him through these battles. This was an indication that he relied on substances to cope.

6.2.3 Violence, crime and personal values

Interpersonal violence in society is pervasive. Exposure to violent acts may cause traumatic stress, anxiety, depression, substance abuse, and antisocial behaviour (Boxer and Sloan 2013:209). Chapter 5 indicated the frequency of OFR exposure to violence and victimisation. Official First Responders are constantly reminded of their fragility and life's tenuousness, something that they would, as rescuers, rather deny.

Values are the driving force behind what motivates people:

> Humans are evaluating beings. To exist is to choose. Three aspects are generally included in an understanding of values: values are steering principles for directing human behavior meaningfully; values imply cultural customs and habits; and thirdly, values imply internalized norms. Values therefore indicate the normative framework within identity formation.
>
> (Augsburger 1986:145, in Louw 2012:66)

Spirituality as a source of individual values influence attitude and behaviour (Beekun and Weslerman 2012:35) as well as understanding.

Pali, just as many others, believe that crime is caused by unfortunate social circumstances (Young 2000:486). This is a way of trying to make sense of cruelty. Although it does not make sense to him, he said that one needs to realise why these things happen. He tries to consider what has led up to this point in the criminal's life and tries to make a clear differentiation between what he has to do for the patient, and what happened to the patient. He said that part of the process of trying to make sense of the crimes, was to realise the socio-economics of his work environment. It consisted mostly of rural areas with poor communities who could not afford medical aid. At this point, Pali showed signs of guilt when he said that he worked in two

different worlds. His world was that of privilege where most people do not consider the suffering of poverty and the consequences thereof. It was no wonder crime was at the order of the day. He said that communities mostly have no electricity, no roads, and no sanitation. Their homes consist of tiny zinc cubicles, which are so cold in winter that they do not need a fridge for the food, and so hot in summer that all kinds of pests hatch. He said that these circumstances are by itself enough to disturb a person's inner-self. Pali showed a great deal of compassion and concern when addressing these issues. He referred to people in more privileged circumstances who live approximately three kilometres from such dire circumstances yet was oblivious to it. He said that he could not understand the inequality of it all. In these circumstances, it is no wonder that people start killing each other. Reasons might be alcohol abuse or drugs. He said one should try to imagine the absolute hopelessness of having nothing. If someone do manage to get a job for the day (called 'peace job'), he is lucky to take R20 home after paying the taxi fare, which would barely be enough to buy food for two people.

When Pali gave an example of cruelty and crime, he said:

> Ek was al op gevalle gewees waar 'n vrou so liederlik aangerand en verkrag is dat sy twee weke later in die hospitaal doodgegaan het van sepsis as gevolg van die interne beserings. Hulle het bottels en besemstokke en goed gebruik. En jy weet, daai tipe goed bly by 'n mens.

When considering crime and cruelty, Pali expressed anger and a sense of hopelessness. He questioned the meaning of such behaviour:

> Waantoe gaan ons? Waar gaan die lewe uitdraai? Kyk hoe maak mense met mekaar. Dit is … Jy kan dit nie eers dierlik noem nie, want diere doen dit nie eers aan mekaar nie. Ons is intelligente wesens, en dit is keuses wat gemaak word.

"Human rights and dignity are essentially connected to norms and values" (Louw 2012:167). According to Smith (2003:8), humans are 'moral' agents in that they are motivated to act out and sustain moral order that helps constitute, directs, and makes human life significant, clarifying "what is right and wrong, good and bad, worthy and unworthy, just and unjust" (see also Johnson and Sung 2011:128).

When considering identity formation, Meyer (2010:85) asserts that identity is constructed in context of personal, historical and relational construct. Each person keeps the choice of what ideas to accept and what to discard. It leads to a choice of what is morally acceptable and what is not. Human identity is connected to integrity, and reflects ethos, reveals morals, values, and the dynamics of human responsibility: "I am responsible, and respond-able, therefore I am" (Meyer 2010:85). From a Christian viewpoint, this entails the way in which a

person responds to life's demands, in a manner that instils meaning and fosters hope (Louw 2012:61).

Although Pali bravely tried to tell the researcher how he makes sense of these atrocities, he confessed that it remained part of his inner being; things that haunt him. Pali said that he did not understand why God allows such things, but he know he is not allowed to question God.

In order to make sense of cruelty and crime, Kato said that, for him, it was necessary to understand what happened to the criminal who decided to make the choices that he did. The murderer also has a past and circumstances which led up to that day and motivated him to commit such atrocities. This sense-making process was needed in order to understand the true painful thought that there was a victim on the receiving end. "Human dignity presupposes a safe environment. This dimension is determined by the polarities of peace and violence" (Louw 2012:167), namely a person who do not have a choice in the matter. Kato said that he always ends with a question: "Where was God? How did He allow such a thing?"

Religion and spirituality are significant components of identity formation. Spirituality in the workplace is not about religion, yet they may express their religious views at times. Rather, spirituality, according to Beekun and Weslerman (2012:35) is "highly individual and intensely personal", with the ultimate purpose of doing good. It revolves around the conviction that the universe is ruled by a higher being; in the co-researchers' lives, this is God, although spirituality is non-denominational.

A weakness identified in the OFR occupation is that they are constantly exposed to violence and crime. In these situations, it is expected of them to remain calm, to not show signs of fear, to do their job, as well as console the families of the victims. They even have to deal with the perpetrator at times. After such incidents, they are expected to remain strong and move on to the next call. Such expectations seem to be unjust. Just as trauma therapists' work with trauma victims in their practice, the OFR deals with the victims and their families on site. Figley (2013:1) reported that therapists who deal with victims of crime or crime-related circumstances often become paranoid where their own safety is concerned and therefore seek greater measures towards security. Pali said that his life is in danger on a daily basis, and therefore he made sure that his affairs are in order.

6.2.4 A 'man's world'

Macelanu (2014:56) asserts that the study of masculinity is the study of gender. Gender forms a vital element when depicting a person's identity. Therefore, the analysis of masculinity is at the same time an analysis of identity. Masculinity – a sociocultural construct – consist of assumptions and beliefs, is practiced in social interaction (relationships), and finds expression

in attitudes, behaviour, actions and speech. From these constructs, the researcher considered the co-researchers' manifestation of assumptions of actions and relationships, elements of self-definition revealed in speech, and their appearance. The constructs are evident in Movements 3 and 4 of the postfoundational notion of practical theology.

The OFR profession is gendered and embodies masculinity. This is especially true in the firefighter profession. The firefighter profession is associated with masculine traits such as physical strength, dangerous work, and technical knowledge (Enarson 2016:178). Men in this profession are awarded a high status and trustworthiness. Unconditional trust in this profession may make it difficult to criticise inequality and sexism (Enarson 2016:188). When considering the saying 'it's a man's world' (Wilson and Blackburn 2014:83) from a feminist point of view (Troutman 2016:217) it is not difficult to see the irony in the findings by Haile et al. (2015:164) that, in general, women have a life expectancy of approximately four years longer than men. Among the reasons for this is that men tend to eat less healthy, drink more alcohol, sleep less, and are less likely to consult a physician. In addition, men have difficulty adopting behaviours which protect their psychological health, interpersonal relationships and stress management, and have less supportive social networks (Nolan-Hoeksema 2012:167).

According to Rabe-Hemp and Beichner (2011:63), women are underrepresented and socially excluded in most spheres, especially within the police force and firefighting profession. Women are portrayed as being "in lower ranks, stereotypically seen as caretakers and nurturers". The work environment of female OFRs includes hostile barriers such as sexual harassment, gender harassment and discrimination, and pregnancy discrimination. They are at times seen as weak and incapable of performing certain physical tasks 'like a man' (Wilson and Blackburn 2014:85). When considering the OFR's masculinity, the researcher made use of Ganzevoort's (2006:10) explanation in his study on masculinity and post-traumatic spirituality, where he stated that masculinity does not always refer to qualities of the male body, "but in a constructionist sense as the messages and meanings projected into the persons because of his male body". The fact that they happen to have the strength to do the job contributes to these ideas.

By investigating literature and past studies, information was gathered regarding issues of masculinity within the OFR work environment; however, the researcher found it necessary to gain first-hand on-site information. She decided to visit the Mangaung Fire Station where some of the interviews were conducted to try to understand what was meant with 'physical tasks'. The researcher talked to the firefighters who were on shift that day and asked them how they felt about women being employed as firefighters. The firefighters on duty all consisted of men, and they unanimously agreed that it is not a place for women as they are viewed as weak and

could not manage the work. The researcher asked to inspect the equipment and gear they used for understanding the complications for women. For example, the extrication equipment used to free patients from entrapment in vehicle accidents, and many other tools, were definitely a challenge to pick up. The greater challenge was applying the equipment for more than a few minutes. The firefighters felt that the woman who remained employed was only there to 'carry the cones' that are used to mark the barricades at an accident scene, yet receiving an equal salary to the men 'who did all the work'. This woman's nationality was black, and the two white women who have worked there, were no longer in the service, according to the researcher's understanding. Further gender investigations into this matter may be suited for additional studies, while the focus of this study remained on the spirituality of OFRs. Another issue was that the researcher felt that for such a gender-based and sensitive study, formal permission was needed from the head of each health department and from the fire chief. Ethical considerations regarding this matter was of great concern to the researcher as to not implicate anyone involved. Although it is generally assumed that firefighters are men, Baiget (2016:225) found that while men accommodate women, comradeship among men is an issue not easily forgotten. The powerful cultural traditions instilled through decades is sacredly kept alive in the minds and hearts of firefighters and EMS. When Geniko talked about his colleagues, he referred to them as 'die manne' (the men).

In Southern Africa, gender inequality is equally to blame for existing masculine ideologies. According to Genade (2016:186), the reasons for gender inequality has "undermined good governance, constricted development, compromised human welfare, and increased social vulnerability". This is notwithstanding employment inequality due to gender and race.

Baiget (2016:183) is adamant in his statement when he says that the "losers here are not only woman. The general public is also denied a wide-range skill base that a mix of genders provides when firefighters come to their aid." Genade (2016:186) refers to one of the campaigns implemented towards an effort to overcome such factors that are projects such as the Integrating Adolescent Girls in Community Based Disaster Risk Reduction in Southern Africa project.

Alexo viewed himself as the breadwinner in his household, although his wife had an occupation. He referred to himself as the one doing the important job while he expected her to tend to the domestic issues, as traditionally expected of women. Geniko's story concurred with this, where he said that his occupation required much of him and he expected his wife to tend to the domestic issues. This viewpoint was depicted in some of the additional interviews conducted with co-researchers where they spoke of women being inferior to men and not strong enough to cope with the things 'in a man's world'.

6.2.5   A 'hero mentality'

Heroic acts, an attribute awarded to an elite few, commanded attention. The image of a war hero is echoed in context of OFRs who routinely risk their lives to save others, who are bound by a code of conduct, and who is referred to by Franco et al. (2011:99) as "physical risk, duty bound heroes". OFRs have been classified as being "everyday heroes" (Porter and Henrikson 2016:50). The Oxford English Dictionary (2018:Online) defines a hero as "a man (or occasionally a woman) distinguished by the performance of courageous or noble actions, especially in battle; a brave or illustrious warrior, soldier, etc." The Collins English Dictionary (2018: Online) defines a hero as "someone, especially a man, who has done something brave, new, or good, and who is therefore greatly admired by a lot of people". From these definitions, hegemonic masculinity is clearly promoted.

The OFR work environment traditionally consisted of men, where the ideologies of masculine autonomy, self-sufficiency, altruism, physical strength, bravery and stoicism were, and mostly still is, at the order of the day. This results in the formulation of a grand narrative of having to be indestructible and places pressure on the OFR to uphold this unjust image. This is especially true for OFRs who "stand in culturally for heroism" (Enarson 2016:225). War has produced a popular imagery of what a hero should be. Hegemonic masculinity existing in the OFR work environment has led the researcher to ponder the OFR's need to be a hero and refers to this as a 'hero mentality'.

The debate on whether to classify the OFR's attributions of being a 'hero' as a 'hero syndrome' has been investigated by researchers. The researcher found that in this research study the most appropriate wording would be 'hero mentality'. The reason for this will be discussed shortly. A syndrome is generally assumed to have a negative connotation. A syndrome may be defined as "a combination of medical problems that shows the existence of a particular disease or mental condition" (Oxford English Dictionary 2018:Online). Examples of syndromes are irritable bowel syndrome or down syndrome. "The term 'hero syndrome' is not a recognized disorder and has not been duly defined in research" (Cross 2014:3). The term is used to describe the phenomena of "affecting people who seek heroism or recognition, usually by creating a desperate situation which they can resolve and subsequently receive accolades from". This research study is therefore not recognising this term as appropriate when considering the co-researchers.

According to Cross (2014:4), the term 'hero syndrome' began receiving notoriety in the early 1980s when Los Angeles police officer Jimmy Wade Pearson planted a fake bomb on the Turkish Olympic team's bus near the Los Angeles airport during the summer Olympics:

Pearson then 'miraculously' was the officer who not only located the explosive device but ripped the wires from it and ran with the device across the airport tarmac and deposited it in a safe location. As Officer Pearson's story began to unravel, he was subsequently arrested and charged with multiple felonies after confessing to creating the entire event as a hoax to become the 'hero.' At Pearson's sentencing in July 1985, eleven months after the event, Pearson's motive was announced; he wanted a transfer. Pearson stated he wanted transferred out of the metro division and knew it would not happen unless he was a 'hero' officer and the department recognized his 'value'

(L.A. Times, 16/7/1985, in Cross 2014:4).

From a psychological viewpoint, Samuels, Shorter and Plaut (2012:34) refer to the Jungian theory that a complex consists of images and frozen memories that may include traumatic events, buried in the unconscious. Geniko talked about the 'files' where they prefer to leave their memories untouched. These memories are not available for retrieval by the ego and are therefore classified as repressed memories.

Mentality is an attitude. The Merriam Webster Dictionary (2018:Online) defines 'mentality' as a "mode, or way of thought". An example of such a 'hero mentality' may the found among the New York firefighters. The need to 'rescue' is very clearly depicted in the aftermath of the 9/11 World Trade Centre terrorist attack in the USA. Mail Online (nd) reported that nearly one dozen firefighters left their wives and families for the bereaved widows of colleagues who died in die 9/11 terrorist attack. They were initially assigned to look after the widows, a 100-year old tradition in the firefighting service. Although counselling included helping firefighters to not neglect their own families, they stepped into the 'rescue role', and in turn, the widows accepted this as a replacement for their own loss.

Alexo lost his father at a very young age and his mother was absent from his life. He grew up taking the responsibility of fulfilling the father and mother roles in his siblings' lives. They were exposed to an alcoholic uncle's violent temper, an abusive environment, poverty and hunger. Alexo was the one who had to make plans for meals when he was home. He mostly lived in a school hostel during the year. He feels that, for him, there was never the option of following the 'easy root' by blame-shifting and having an attitude that life owes him. He decided at a young age that he would not follow the same path as his parents and would create his own destiny in spite of everything that happened to him. He set goals for himself. It is clear to see how Alexo's childhood influenced the way he does his job. He is the 'plan maker'. The one they call to a scene when a situation cannot be solved by the OFR on site. His story is filled with adrenaline seeking situations, and he seems to be in constant search for the next 'rush' or challenge. He confessed to returning home from such incidents needing validation.

Acts of bravery in their work environment show courage and selflessness, even though OFRs are aware of the dangers involved. Fortunado (2016:252) talks about a 'hero's dilemma' where a choice has to be made when lives are at stake. He gives examples of such choices when referring to firefighters dying in the line of duty and OFRs facing danger the way soldiers do. However, Geniko, Alexo and Kato explained in the interviews that they do not think about having a choice to help or not to act. When they arrive on a scene, they immediately access the situation, find the most sensible solution, and solve the problem. They rarely consider the risks involved. Kato gave an example of such an incident where a paramedic had to tackle and pin down a young man who wanted to commit suicide on the highway by jumping in front of the oncoming trucks because of his distraught emotions. He had just lost his friend who accidentally collided with a truck and passed away on the scene. The paramedic did not stop to consider his own safety or the consequences thereof; he immediately acted to save a life. Etoli told the researcher that he went into a burning building alone without thinking about the consequences. His colleagues refused to do so as they assessed the situation as being too dangerous. When Etoli reflected on the incident, he agreed that he nearly lost his life and that he escaped death by seconds. This is clearly because of a hero mentality. Etoli is an instructor and trains firefighters. One of his rules are that no one enters a burning building if the structure is not secure, if the scene has not been assessed and if he himself did not first order them to enter. He is adamant on discipline. Discipline keeps one safe, he says; nevertheless, he seems to disregard such rules when his own life is at stake. As Fortunado (2016:252) mentions, OFRs are at risk of losing their lives in the line of duty; however, it seems that not all access the choice beforehand. When the consequences of their actions are considered beforehand, might it cause them to reconsider acting on impulse? It seems that the co-researchers do not take the time to make these choices.

The OFR identity, which has now been established as being compared to that of a hero, is in paradox to doing the real work that not many people are aware of. They have to do 'dirty work' like cleaning wounds, doing extrications, cleaning body-parts from the scenes, and even at times have to clean faeces from scenes (Richardson 2017:315).

6.2.6   'Cowboys don't cry'

Being labelled a hero may lead to pressure to remain a hero at all times. It has been noted from the interviews that showing vulnerability is not a conscious choice or option for the co-researchers or OFRs in general. They believe that 'cowboys don't cry'. This means that men do not show emotion when they are emotionally wounded.

When trying to understand masculine identity and heroism in the OFR work environment, examples narrated in Scripture regarding war may be helpful. The OFR work environment has

been compared to that of a battlefield, where in ancient times the issue of mastery was decided. This is very clearly depicted in Old Testament scriptures, where battles were the order of the day. Maselanu (2014:60) remarks, "it was here that one's physical and spiritual resources were put to the test". He goes on to say that men in biblical narratives were characterised as violent. The battlefield was where they proved themselves. Saul is portrayed as such a violent man, where war and battle occupied most of his time. Ten of the seventeen chapters in 1 Samuel narrates Saul's battles. However, Saul was not only battling Israel's enemies, he was also in conflict with his own personal enemies, real or perceived. Saul's story was not solely about the job he was appointed to do as king, but also that of being a man doing the job of a man. He was fighting his own inner battles. For example, he questioned the reason why God was not helping him as God was helping David and Jonathan and Samuel. God was not answering him the way he was answering others. This might have made Saul feel detached from God.

Pali indicated that he was fighting inner battles with the 'demons' and 'ghosts' in his head. Still, it remains an inner battle, as a coping mechanism. If he shows vulnerability, it would make him seem weak and vulnerable. Pali believes that God is always in control of each situation, yet he does not seem to trust God to help him conquer his inner war. He said that he battled this with the help of alcohol.

The Geniko made a clear distinction between his own generation of OFRs and the younger generation. He referred to them as being vulnerable because they seemed to talk easily about their experiences. He calls his generation 'die ou manne'. They are used to sitting around when things are quiet at work, wishing for a nice big accident, and when they return from the accident which involve something dangerous, they see it as something 'cool'. Their generation is the 'sterk manne'. Geniko constantly reminded the researcher that he was not shy talking about these things. He said that when they return from such a scene, they do not want to talk about what they experienced because that would expose their vulnerability. He said:

> Ek gaan nie my diepte aan hom blootstel nie ... ook nie heeltemal jou emosionele vlak aan hulle bekendstel nie.

Geniko said that there are people who feel that if you do talk about your experiences and emotions, it is just as good as being a weakling. This is something that plays a big role in their decision to hide their feelings. This is especially true for the older generation because they come from a harsher learning school, he said. In training, you are not taught to shed tears. He feels that the younger OFR generation needs mentors who can help them cope and teach them discipline. The problem with today's younger generation is that they only work about a year, and then they quit. A strong point is that they *did* talk, but to me, esisting and

accommodating the masculinist gender regime in firefighting: An insider view from the United Kingdom; paradox to not talking to therapists or dominees, as I am both.

When considering Geniko's view of 'cowboys don't cry', it seems that they were encouraged not to talk because of the stigma of being labelled as weaklings. This invokes a dearness for the dilemma of the OFR, especially when taking Geniko's social media post named 'If I could only', which he says he had to do as a platform to let out his emotions. It seems to be a silent plea. In their research on EMS experiences and coping mechanisms, Minnie et al. (2015:17) confirm that an attitude of 'boys don't cry' might hinder them from asking for emotional support. OFRs do not show their emotions because they have to maintain the image of being the provider, protector, and to maintain a reputation as being physically and emotionally strong. It seems that Geniko feared being disempowered if he would talk about his feelings and emotions; he evaded certain questions by focusing on the issues other role players in his environment might have such as the OFR's spouse and family, and the younger generation OFR. He said the researcher should listen to the child's plea in the YouTube video. This indicated that he was not prepared to say that he was the one being vulnerable, but it was the child.

6.2.7   'Taking on the world'

In an informal interview with a trauma nurse – named *Isos* for the sake of this study – told the researcher that she felt like the 'biggest sinner in the world'. She felt that, over the years, she had lost compassion for others. Nurse Isos works at one of the most equipped trauma units in South Africa. The unit mostly receives patients who are critically wounded and need to be in Intensive Care. She says that because of macabre incidents such as a son stabbing a mother and nearly causing her death, or gang-related incidents where a man is admitted with a knife still in his chest, she has 'stepped back' as a coping mechanism. The only times she is still affected, is when a child is involved. When the researcher asked her to narrate such an incident, she started to cry and only briefly touched on what happened. When asked what she does to cope with such incidents, she said she would go home and work in the garden or do some knitting. To talk to a counsellor was not an option because they say they understand but that is not the truth. She felt that they do not understand and do not have the right to say that they understand what she is going through.

The interviews revealed a sense of guilt among the co-researchers. When they return from a call, they tend to re-play the incident, their choices and actions, to make sure that they have not made any mistakes, or whether they could have done better.

The researcher found that, although the EMS, fire service, police and forensic pathologists are called out to critical incidents, no therapist is called out to support the families or bystanders involved. The need for such intervention was made apparent when the co-researchers confided that they were the ones who have to perform the duties of counsellor, as indicated in Chapter 5. Official First Responders often act as first responders to the traumatic emotions, shock and grief of the family. Figley (2013:1) studied compassion fatigue in those who treat the traumatised and found that the phenomenon of such compassion centres on the relief of the emotional suffering of their clients. He found that the therapist often not only absorbed the information, but also the suffering itself. When considering the OFR who has to declare the patient's death, has to deliver the message to the family on scene, and then has to console them and help them find support, it becomes apparent that they may suffer in the same manner as a professionally trained therapist. The OFR does not have the advantage of such training. In addition to compassion fatigue, they might have feelings of guilt for not having dealt with the situation in a different and more knowledgeable manner. It seems an unfair appointment thrust on them without choice, acknowledgement or support.

6.3   Society and the official first responder

The experiences of Vietnam War veterans may be in some way compared to that of OFRs. The Vietnam war was unique in the sense that, despite the reality of combat depicted on television screens, the American nation remained detached (Bourne 2014:vii).

Soldiers who suffered hellish ordeals and were permanently scarred, and emotionally and physically wounded, went home just to find that their sacrifice was not recognised. This is also true for OFRs, who at times, are treated with hostility and distrust and who are verbally abused at times. Geniko and Alexo indicated the need for validation and recognition. Their lives, just as that of the Vietnam veterans, are constantly put in danger in order to save the lives of others. However, OFRs are fighting a battle that does not have an end in sight. There is no hope for their war to end. This struggle co-exists with inner wars to be fought. It is apparent that in the same manner as the Vietnam War, the OFR fights an 'unpopular war'. When the Vietnam veterans did try to find help, they found little solace as the psychologists had little understanding of their experiences. This is also true for the co-researchers who indicated that no one understands their plight. It is interesting to note that prior to the First World War, psychology viewed the emotional casualties of soldiers simply as 'weak' (Bourne 2014:xv).

As shown earlier, the OFR occupation is a highly masculine occupation. Social expectations, as well as the OFR's individual notion of what is expected of him, concur with this idea. Mail OFRs have a responsibility to live up to such expectations from society, their colleagues,

management, as well as their own personal expectations. Their image as indestructible heroes is constantly scrutinised, and they are placed in an emotional demanding situation (Richardson 2017:314). When referring back to the rebirth of heroism after the 9/11 World Trade Centre disaster and the nation's identity formation, history shows that the American Puritan Society depicted woman as submissive, powerless victims in need of rescue (Santos 2016:5). This idea still persists today and is strongly represented in the OFR work environment. Masculinity and a general understanding of what it means to be and OFR, contribute to the idea that women are too weak to manage in these occupations. In the words of Christiansen (1999:547), individuals' occupational identities "are constructed through their participation in a vocation, which becomes a salient aspect of who they are and how they represent themselves to others" (see also Richardson and James 2017:314). Thus, not only did the American nation undergo changes to adapt, OFRs also went through an identity formation.

Firefighters and EMTs have a unique social interaction because they spend about one third of their lives in the presence of their co-workers (Richardson 2017:314). Within their own work environment, they compete with each other on what it means to be a 'real' firefighter (Scott and Trethewey 2008:308).

6.4   Vulnerable spouse

Exposure to long work hours, shifts, inadequate salaries, poor maintenance of equipment, and exposure to crises and traumatic incidents, have been identified as having an impact on the OFR and in turn influences family structures. OFR's occupational stress have been compared to that of military personnel and the influences on their relationships (Torres et al. 2016:8). Therapists need to understand the OFR persona as a whole and it is necessary to acknowledge their living environment as a whole. This includes their work environment as well as their family and community environment. These support structures influence the coping mechanisms of each OFR.

Torres et al. (2016:4) claim that not many articles in peer-reviewed journals address the marital relationship issues of OFRs; they do provide divorce rates but not many solutions. The researcher agrees with this and suggests that family and relationship enrichment should become a focal point. Porter and Henriksen (2016:44) found significant barriers and stressors within the OFR's family systems. He discovered five main themes, which emerged when researching the lived experiences of OFRs and their spouses, namely safety, stress, pride, civic-mindedness, identity and finances. These themes were identified by OFRs as being the most important issues focused on in the family system. The OFR's spouse is often overlooked and underappreciated. The researcher noted that literature mainly refers to the OFR spouse

as 'the wife', suggesting that the OFR is accepted to be male and the spouse to be female (Porter and Henriksen 2016:44; Regehr et al. 2005:423; Torres et al. 2016:2).

The interviews with the co-researchers in this study revealed that the trauma experienced by OFRs has the potential to spill over in the family environment and could put the spouse and family at risk of developing secondary trauma. The researcher identified potential problems, which may have a negative impact on the OFR's marriage: When OFRs prefer to talk to their spouses about their experiences; the spouse may develop PTSS by listening to these stories (Torres et al. 2016:7). OFR spouses have to cope with their emotions, or the lack thereof. Geniko said that he felt frustrated because spouses and families do not understand what they go through. Kato made a conscious decision not to talk to his spouse about his traumatic work experiences, as it traumatised her in the past and she told him that she preferred not to know. Etoli confessed the need for validation when he came home from a stressful day, yet his spouse seemed to withdraw from him and there is a lack of intimacy. Pali coped with his emotions by detaching and at times, used alcohol to ease the pain. From these interviews, it seems that an OFR's spouse may be prone to develop feelings of helplessness due to a lack of understanding.

The OFRs' culture has a vital impact on their family life. While the OFR bond is strong, other interpersonal relationships may suffer. Porter and Henrikson (2016:45) refer to firefighters and EMS who have their own 'in-house' rules and regulations, norms and values, and traditions. They live together, eat together, and work together. This is compared to a family system – a secondary family with a home-away-from-home. The impact this has on their primary family unit may cause ambiguous loss. Ambiguous loss is a term coined by Regehr et al. (2005:425) and "occurs when there is an incongruence between a person's physical and psychological status within the family". Experiences such as an uncertainty of the presence or absence of the OFR as part of the family may cause ambiguous loss. The co-researchers revealed that they tend to be physically present yet emotionally withdrawn, and many times convey the need to be alone in order to process difficult experiences. The researcher has identified that OFRs have difficulty balancing their work family and primary family. Torres et al. (2016:6) affirm that South African firefighters, who are married, have higher levels of general stress than those who are single or divorced. They identified shift work as the main reason. The long hours away from home and the lack of involvement in the day-to-day family functions and responsibilities contribute to feelings of ambiguous loss. Geniko confirmed this when he said that he did not want to come home after a long day and hear about the children who ate all the Christmas cookies, or the dog who dug a hole in the new flower garden. He needed peace and quiet to process his thoughts. This is a paradox to his 'filing system' where he says that he did not think about his day, and just moved on with the next task at hand. Etoli confessed that he

needs his home to be in a very organised and neat condition when he returns home from a shift. He does not tolerate his wife and children to leave dishes or laundry unattended to. He said that he needed his children to be well behaved and his wife to provide him with immediate attention. When this did not happen, he feels irritated and angry. Etoli knows that this is not fair to them, but it is the only way he can cope. He said that in his line of work, things need to be organised and disciplined for him to function properly. This is what he expects from his 'manne' (men) and this is what he expects from his family. He also gave safety as a reason for being so strict. He said that if people do not listen to his instructions at work, they might be hurt. An example of such incidents are commands not to enter a burning building because he knows when the structure was not secure and could collapse at any moment. If his men do not listen to him, they may lose their lives. He also expects this trusting relationship with his family to keep them safe. This is a clear indication that Etoli fears the loss of control, and he fears the consequences it might have on the people who rely on him. He needs order in his life. He needs to keep busy as to not have to deal with intrusive thoughts or flashbacks.

When considering safety and security as an emergent theme, this OFR relies on the family and department to function as a unit. Etoli confessed that he needs his home environment to function in the same manner as the firehouse and said that, if there is no discipline, there is no safety. When he returns home from a shift, he expects his home to be tidy and ordered. When this is not the case, he would feel irritated. When considering financial issues, which are to Etoli, it seemed that he relies on this issue for security purposes. When he retires, he needs to know that he would be able to provide for himself and his family.

Porter and Henrikson (2016:50) emphasise the importance of a trusting relationship between the OFR and his spouse. Pali asserted that this was the most important ground rule and basis for his marriage. From an OFR perspective, spouses may be considered too 'weak' to cope with the true reality of the work environment of the OFR, or in need of protection from what goes on. OFR Spouses have been identified as contributors to irritations and problems and it has been suggested that they are the ones who need counselling.

David and Stafford (2015:232) found that a person's individual relationship with God is important for marital quality, as it indirectly influences the person's religious communication, which is linked to marital quality. Mahoney (2010:805) constructed a relational framework on the sacredness of marriage. She acknowledges that when a person has a positive God-relationship, it contributes to marital satisfaction.

Geniko mentioned a counselling toll-free hotline that OFRs may contact, namely ICAS that is aimed at providing trauma counselling, domestic, and legal advice to EMS and is situated in the Cape Town Metropole (Minnie et al. 2015:17). Although Geniko felt that a strong need

existed for families to have support, he confessed that not he or his family have ever contacted ICAS.

6.5   Attitude towards therapeutic interventions

Over the last few decades, research has moved from identifying and acknowledging the consequences of the OFR's work-related experiences to finding possible solutions. Many theories, therapy approaches and interventions towards finding such solutions have become known, but in order to implement such strategies, the OFR's attitude towards these interventions should be considered.

One such study conducted by Herbert (2013:38) found that some OFRs considered therapy beneficial yet required that the therapist be someone from inside the organisation with a relevant qualification. In his study, Herbert expressed that they would rather talk to a colleague in order not to waste time having to explain the terminologies and nuances of the service. The reason for this was that once someone has to explain 'in-house jargon' they stop talking about their feelings. On the other hand, some considered talking to a therapist from outside the organisation. They felt that support from within the organisation itself was under-resourced and inadequate.

Kato said that the irony of the situation was that there were no therapists on a scene. The hospitals call therapists exclusively for serious cases, but there is no one at the incidents to defuse difficult situations. He felt that the task of therapist is left to the OFR who actually cause more harm than good in the manner in which they try to assist the traumatised families because they have not been trained to do so. The researcher agrees and suggests that this might lead to feelings of guilt. Besides the lack of therapists on the scene, Kato expressed the definite need for therapists in their occupation and that opportunities should be created for such interventions. He suggested that it should be a full-time therapist. For example, his occupation did not allow him ample time to support his peers as chaplain. He said that the chaplaincy was entered into on a voluntary basis where one had to compete one's own shift, and after that they provided support. They had to council after shifts in a personal capacity when they were off duty. If he did offer counselling during shifts, it meant that this ambulance personnel who received counselling would not be able respond to incidents. They were also not compensated for this service. Kato said that there was a time that a full-time counsellor was employed where the OFRs could make appointments, but the top management stopped this service. Here, Kato gave a cynical laugh and said that the reason for this was probably that he did not award much value to such a service, and it cost the state money and time. He said that he continued to serve as chaplain, although it cost him a price. He felt that it was an

important priority for him to have healthy personnel. Healthy personnel meant that they were not absent from work and reported for duty.

Geniko adamantly related his opinion of therapists and his experiences with their methods:

> Nee ek wil ook nie want hulle praat net 'n klomp *nonsense.* Hulle verstaan nie. Vra hier vir mense wat jy kan bel, vra jy … ons het 'n organisasie ICAS, ek gaan nie … omdat die mense, die goed wat hulle in die eerste plek vra, maak nie vir die ou wat daar sit sense nie. En hulle verstaan nie waaruit die persoon kom wat daar gaan sit nie, dis die probleem.

Although Geniko said that he intended never to consult a therapist, it seems that in the past he did briefly go for therapy. This became apparent through his experience with their therapeutic strategies. Geniko has tried to talk to his minister about his problems, an indication of his need to find answers and meaning. This seemed to have been a negative experience, which left him with feelings of bitterness towards the church and their approach to counselling and support:

> En die ander ding … 'n dominee verstaan net so min … ek het eendag met 'n predikant gesels … die antwoorde wat hy my gegee het… toe hy weg is, toe sê ek vir my vrou, die predikant … weet nou nie, hy is miskien goed om huwelike te hanteer, ek kan nou nie sê ek het al 'n predikant gekry wat so gesteld is daarop nie [OFR trauma]. En ek dink nie hulle weet nie. Hulle weet nie wat ons doen nie. Ek dink hulle is baie meer op pastorale toegepas … Wat hy vir my gesê het, is niksseggend. Die goed waarmee hy vorendag gekom het, het nie vir my saak gemaak nie. Hy het nie geraak waar dit moet raak nie.

The co-researchers disclosed a need for 'downtime' to unwind. After a shift, they need time to process their experiences. It seemed that their home environment did not provide such a space because of the domestic and family demands. Halpern and Maunder (2014:2) investigated the value of downtime as a possible strategy to reduce stress outcomes. They define downtime as "a period of being out of service after a Critical Incident". Downtime was to be granted by management after a self-reported critical incident. The problems found with such a system was that management found it difficult to recognise emotions, found vulnerability at work to be inappropriate, and a lack of personnel to manage the shifts made it difficult to grant downtime, as it would mean that the OFR would be out of service for a period. OFRs seemed reluctant to request such downtime as it would label them as weak. A fear of being stigmatised as incapable of coping with the job made them unwilling to approach management for support.

Although the co-researchers disclosed a need for time to process their experiences, the researcher found it interesting that, in paradox to this, they would do almost anything to try to avoid such processing time. Halpern and Maunder (2014:2) suggest that downtime be a brief

period of one hour where OFRs would spend time with their peers who participated in the same critical incident, and where they could 'decompress and vent' their feelings. They found that receiving downtime was not significantly associated with faster recovery; however, it was associated with lower depressive symptoms, which is a long-term outcome after a critical incident. After such downtime, OFRs involved felt that they did not receive any support.

Geniko and Alexo talked about their restlessness and the difficulties remaining after shifts. They said that they have to keep busy but they also need quiet time. Isos indicated that she works in the garden, does needlework and knitting and has many other hobbies in order to keep her mind busy. It became clear that Etoli too seemed not to be comfortable with being confronted with images and thoughts of past traumatic experiences. He said that when he returns from his shift, he has another job where he does not have time for 'downtime'.

Alexo was strongly opposed to be taken to therapists. He experienced a disdain at the way they do therapy. Alexo gave an example: He said that when he came back from the Haiti disaster, he felt emotional, sad, depressed and had a 'heavy' feeling. Alexo spoke in the past tense, but he said 'dis rof' (its rough), present tense; an indication that he still feels this way:

> Agterna begin dit aan jou vat.

After saying this, he said that he had nothing to hide – an indication that he wanted to make sure the researcher did not think he was weak. He was happy to be back home, but he needed time to process the 'aftershock' that was slowly surfacing in his life. Alexo felt the need to explain what he meant with 'aftershocks'. He said that one absorbs the trauma, manages it, and goes on with life. When returning to his normal duties, he absorbs the experiences, manages them and goes on with his work, but despite that, everything remains as baggage:

> So met ander woorde … ons praat van die kind [his own childhood]. Dis 'n emosionele
> saak met gevoelens wat allerhande … ek kan nie vir jou sê nie

Although Alexo tried to explain what he felt by giving an example, he was still unable to express his feelings as if he had no words to describe them. If he was unable to understand his own experiences, how could he trust a therapist to know how to help him? In addition, if he was able to name them, how would he do this without showing vulnerability and weakness? Alexo spoke as if he felt an animosity and anger towards therapists because of this. A clear indication of this was when Alexo gave an example of how he viewed therapists. He said that, in the past, the department provided a therapist with whom he had a one-on-one session. The therapist asked: "How do you feel?" His reply was that "it went wonderful, great". The therapist might just as well have said: "Don't worry, I know precisely how you feel." And it was at this stage that Alexo felt:

> Hoe de hel weet jy hoe voel ek?

He said that therapy was only done in South Africa so that the department could post a newspaper or magazine report of how they provided counselling for OFRs:

> Dan dink ek by myself, daai ding sucks in Suid-Afrika. Ek sê dit op rekord. Dit stink in Suid-Afrika.

He said he did not want to degrade the therapist's qualification, but they should not tell him they know how he feels. He said it was like telling someone who lost a child that he knows how it feels, although he has never gone through such an ordeal. Demers (2011:170) investigated the relationships between social structures and soldiers who returned from war and found that most of them felt that no one understood them. They acknowledged that their experiences changed them, and they felt a clear separation between them and the rest of society.

In contradiction to Alexo's resistance to therapy, he said there must be such a service because it will help a great deal. He felt that it would allow him to ventilate, talk things out and not to bottle everything up. He suggested that the therapist should know the client's character, understand, and analyse the person's profile in order to find the correct contact points. It is a process, not a once-off session. Alexo said that he does not need a therapist because he has built a wall around himself and has found his own recipe for coping. He said that he goes to God for counselling:

> En die Vader skeduleer 'n interview om net weer bietjie los te maak, en dit word beter en beter en beter.

Alexo said that people who do not go to God for counselling use alcohol to cope with their sadness. He feels that, because he believes in God and His love, he is able to cope. This process involves taking time out, watching a movie, or talking to someone else, or sometimes he even cries. He confessed that his family supports him, but he never talks about the detail of his feelings. Alexo's story is filled with contradictions. He feels that God is the only counsellor he trusts, yet he does not fully acknowledge his pain. He built a wall around himself which means isolation from others and God. He internalised his pain and does not acknowledge it personally. His coping mechanisms is an indication of denial. He seems to distrust anyone with his pain. He also does not understand the true meaning of God's Fatherly love for him. His God concept is distorted.

Pali said that to an extent, it might help if someone was to guide them through the process to help them change their perceptions of certain experiences or situations. He compared the therapy process with a wound that has become septic, and the dead tissue needed to be cut

out. A necessary but painful process would eventually lead to healing. In medical terms, this was called 'debridement'.

6.6   Conclusion

From the main themes in Chapter 6, certain weaknesses and strengths were revealed in the lives of the co-researchers, which have an influence on meaning-making, relationships and hope experiences.

Trauma and violence have the potential to distort a person's God concept. Smith and Dreyer (2000:296) believe that this is because of the fact that the respective God concepts are not consciously questioned. Where the images of God do feature, it is limited to the image of the Father figure, which is traditionally regarded as the more dominant God image. When the OFR's confidence in the Father figure is being violated in the processing stages of trauma, consequently an overvaluation of the Judge image is made. Chapter 7 discusses this theme in more detail.

The price of caring for and interacting with other people's suffering is compassion fatigue and burnout. This is interrelated by internalising their own feelings of hopelessness and disconnection from others and from God. In turn, negative cognitive, physical and emotional work-related exhaustion may follow (Radley and Figley 2007:207).

The OFR identity as a strong and indestructible hero seems to be a weakness, where acknowledging painful emotions and dealing with them is stigmatised as weakness.

The coping mechanisms identified were that of avoidance and detachment. Minnie et al. (2015:17) confirm that the OFR's most common coping mechanism is that of avoidance. From this springs isolation and loneliness. Alcohol use to cope with painful memories was identified. When asked how he coped with his emotions, Pali said 'experience'. Every time he realised that he felt as if he was in a 'hole' or 'slipway', he would self-diagnose and say, "Brace yourself, hier kom 'n moeilike tyd!" (Here comes a difficult time). When asked if he would seek therapy, he said, "Alcohol is cheaper than therapy".

Distractions were sought as a way of not having to cope with certain experiences and emotions. It was a form of running away from complicated issues, although they deal with the most complicated situations in their occupations where they need to figure out solutions.

Gallows humour was found to be a coping mechanism. Pali said that in general, gallows humour or black humour was one of the biggest coping mechanisms used. It meant telling the most macabre stories possible and making jokes about it. He said that they have often found themselves in very difficult situations while being in that 'hole or slipstream', and then they

would tell these jokes to each other. They would then realise that they all go through the same pain and struggle with the same issues. Just the thought that they shared the same difficulties was a comfort. He said that this does not fix things, but it was like covering a wound with a plaster. The plaster is not going to heal the wound. Pali confessed that this is where it becomes complicated. Each person's experience is unique, and therapists cannot not treat each OFR the same. Some OFRs cope well with certain situations and are excited to be at work where others struggle, and this is where things 'raak rof' (become rough).

When considering social support, a point discovered in the lives of the co-researchers, was that of their strong need and reliance on their family's understanding of their experiences. In turn, their families seem to be in need of their own support structures. It is important for therapists to understand how the OFR family system functions. Many programmes, studies and models have been developed with the aim of assisting war veterans who have to cope with PTSD; however, not many have focused on the families.

One of the most prominent themes which emerged from the interviews, was that of the co-researchers' relationship with God. This was deliberately not discussed in Chapter 6, as Chapter 7 is dedicated to this important element within the lives of the OFR and their spiritual woundedness.

A weakness identified was the lack of trust in therapeutic interventions. In order for these programmes to be successfully implemented, one first needs the participants to acknowledge the need thereof. If they do not, the programmes were written for academics and interested readers, and will go no further than being mere 'pen-to-paper' ideas. The OFR work environment is known to have negative consequences on their physical, psychological, social, and spiritual well-being. Issues identified were detachment, marital problems, inter- and intrapersonal problems, and faith issues. Awareness of these consequences may contribute towards appropriate therapeutic methods and ideas. Chapter 8 and Chapter 10 will discuss a few existing techniques in pastoral therapy and other domains. From these therapeutic methods, suggestions will be made towards assisting the OFR's well-being, focusing mainly on their spiritual well-being.

Chapter 7 aims to understand the OFR's spiritual woundedness stemming from the weaknesses discovered in the themes. Herdman (2008:301) defined spiritual woundedness as "the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, others, art, music, literature, nature, and/or a power greater than oneself".

Chapter 7

Tactical Dispositions and Energy

7.1   Introduction

> He, who can modify his tactics in relation to his opponent and thereby succeed in winning, may be called a heaven-born captain.
>
> (Giles 2012:52).

In this chapter an investigation is conducted and reflected upon the spiritual and religious aspects imbedded in the co-researchers' experiences and narratives of understanding of God's presence in their lives. Movement 5 of a postfoundational notion of practical theology is therefore a reflection on God's presence, as it is understood and experienced in a specific situation. "Practical Theology happens whenever and wherever there is a reflection on practice, from the perspective of the experience of the presence of God" (Müller 2005:73). Practical theology research is distinguished from research in other social sciences in that it aims to bridge the gap between the individual's story and the story of God (Meyer 2012:273).

The metaphor of tactical dispositions and energy in war was used to depict the OFR's inner battles, their struggles to understand God's power in their war and that, with His tactics (according to Giles 2012:34), victory is sure to be had:

> Tactics: Hence, the skilful fighter puts himself into a position, which makes defeat impossible and does not miss the moment for defeating the enemy.

It has become clear that OFRs tend to try and fight their battles alone although, as Christians, they say that God is in control:

> Energy: Energy may be likened to the bending of a crossbow; decision, to the releasing of a trigger … Amid the turmoil and tumult of battle, there may be seeming disorder and yet no real disorder at all; amid confusion and chaos, your array may be without head or tail, yet it will be proof against defeat.
>
> (Giles 2012:41).

Veterans of war have been known to carry the remnants of their experiences with them into times of peace, where they silently remain engulfed in images and reminders of the atrocities of war. Many will label this outcome as PTSD, which may be best understood as an identity disorder and soul wound. Many OFRs have been known to survive their war-like experiences in the work environment in silence and carry the emotions of their experiences with them long after the incidents have passed, resulting in possible PTSD. Surviving a war has the ability to

reconstruct vital human characteristics attributed to the soul, such as the way a person perceives life; the way the mind functions and is organised; how the person loves and relates what he believes, expects and values; what he feels or refuses to feel; and what he judges as right and wrong, good or evil. War has the ability to invade, wound and transform the soul (Tick 2012:1).

Traumatic events have the potential to cause damage to a person's interpretations of reality. Their belief system may require reformation and new meaning (Janoff-Bullman 1992; Golsworthy and Coyle 1999:22). Kelly and Chan (2012:203) believe that the fundamental motivation of a human being is "the will to find purpose and meaning". The soul and spirit are vital components in meaning-making. The soul is situated in the inner core of each human being, from where identity and meaning are forged. The soul occupies the centre of human consciousness and experience. In Christology, the spirit is the transcendent universal oneness with God who is the central source of power. Soul and spirit are ultimately rooted in hope and faith (Bolman and Deal 2011:5); however, it is immeasurable and can only be seen 'feelingly' (Tick 2012:17). Therefore, one can assume that, when the spirit is wounded the relationship with God may be damaged, from where faith and trust in him, and ultimately hope, dwindles.

Spirituality has to do with the purpose of existence, meaning-making and values. Spirituality is mostly explained as containing matters of the soul within religious traditions. The soul, a spiritual entity, refers to:

> The quality of human life as embedded in the network of human relationships and determined by the presence of God. It represents life as directed to the ultimate dimension of human existence … engaged in the existential, human quest for meaning … connected to the ethos.
>
> (Louw 2011:155).

Spiritual beliefs have to do with the assumption that spirituality (the inner world) is a paradigm derived from religion (the outer world), and forms part of a person's world assumptions, which cannot be ignored. When asked where God was in all their experiences and if hope still existed, the co-researchers referred to God who said He would reveal all one day and that there will be things that are not understood now. When hope experiences are investigated with spirituality as synthesis in a person's world of experience, where people seek meaning, the Holy Spirit must be associated with spirituality (Van Rooyen 2016:7).

7.2   Defining spirituality in this study

Many researchers agree that spirituality is difficult, even almost impossible, to define (Morgan 2002:68; Noble and Jones 2010:565; 2015:1). Having no clear definition for spirituality makes it difficult to study it in a scientific way (Buxton, Smith and Seymore 1987:1; Morgan 2002:68).

The term 'spirituality' has its origin in the Judeo-Christian cultural heritage (Jacobs 2013:2; O'Brian 2014:10; Seinfeld 2012:240). The contemporary definition of spirituality originally stems from the Greek word 'pneumatikos' (Sheldrake 2013:3), meaning 'the Spirit that dwells within'. The word 'spirit' comes from the Latin word 'spiritus', meaning breath and life force (Canda and Furman 2010:76). The Western world originally considered spirituality as a religious term up to the time that Eastern religions adopted the term. Spirituality was considered part of religion where a person's life reflected the teachings of their faith traditions (Koenig 2009:284).

Considering the original definition of spirituality, it was created from a Christian tradition where God as the Holy Spirit and humans created in His image, was the central topic. The recent debate concerning spirituality and finding one clear definition, have been found to be a controversial topic as the fields of interest are diverse, including social sciences and psychology, philosophy, and even medicine. One can therefore not ignore the interdisciplinary influences when considering the elements contained within spirituality.

In health care, spirituality remains impossible to define due to an attempt to move beyond exclusive religion towards an inclusive definition addressing the needs of religious and non-religious people (Koenig 2009:284). When measuring spirituality in research it is often assessed in terms of either religion, positive psychology, social or character states. From these measures, questions are formulated concerning meaning-making, one's purpose in life, connection to others and the transcendent, one's well-being, and joy. For Koenig (2009:285), this is problematic because, according to him, it creates an expectation that spirituality assures good mental health. He labels this as "meaningless and tautological" and proposes that the purity and distinctiveness in the construct of the definition of spirituality be preserved by defining it in terms of religion, where religion is an institutionalised multidimensional construct. His motivation lies in findings in literature where traumatised people have a tendency to turn to religion as a coping construct. It seems that Koenig believes religion to be almost invasive in the healing process, and because of people's needs, cannot be ignored in the therapy process. Yet, religious coping is a "pervasive and potentially effective method of coping for persons with mental illness, thus warranting its integration into psychiatric and psychological practice" (Tepper et al. 2001:660; see also Koenig 2009:285). Although Koenig (2009:285) does not find spirituality and religion to be necessary in the healing process, he refers to

D'Souza (2002:45) who found that spirituality helped persons with mental illness. D'Souza (2002:47) believes that whole-person therapy should not only make use the traditional biomedical model but include the spiritual dimensions to be truly called 'holistic'. He focusses on four dimensions within spirituality, namely hope, acceptance, forgiveness, and love. Therapy techniques include prayer, meditation, validation and relaxation.

One way in which people manage to create structure and meaning towards a sense of order and purpose, is through religious and spiritual beliefs (Golsworthy and Coyle 1999:22). This might be why the co-researchers hold strong to their beliefs and faith to try and find order in the chaos, yet they seem to struggle. Koenig (2009:285) admits that religious beliefs and coping provides a sense of meaning, promotes a positive worldview, offers divine support, and reduces loneliness. Spirituality without religion has no clear definition (Bard, Carr and Ivy 2014:1). According to Miller and Thoresen (2003:28), "the field of religion is to spirituality as the field of medicine is to health", and that spirituality may be interpreted through an individual's definition of their own identity in relation to inherited beliefs. Pargament (2017:136) deftly explains the importance of incorporating spiritual coping and resilience in therapy:

> Spiritual resources are not simply another problem-solving tool. They are instead imbedded in a larger worldview. Spiritual resources are first and foremost, designed to facilitate an individuals spiritual journey. Therapists' who overlook the larger sacred purpose and meaning of these resources risk trivializing spirituality and reducing it to nothing more than a set of psychological techniques.

The researcher has found that the elements contained in Koenig's definition of spirituality, when derived from a multidimensional religious construct, is similar to the definition in terms of non-religion. Jirasek (2013:191) coins spirituality as focussing on values and relationships, the stimulation of ideas, experience, and the consequences thereof. He agrees that the term is often identified with religiosity and religion, which seems to move beyond the scientific towards the extraordinary. However, he believes that spirituality can no longer be a synonym for religion. He makes use of Elkin's (1988:10) humanistic-centred working definition of spirituality:

> Spirituality, which comes from the Latin, spiritus, meaning 'breath of life', is a way of being and experiencing that comes about through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, nature, life and whatever one considers to be Ultimate.

Similarly, although non-religious, the purpose of life remains the centre of spirituality (Jirasek 2013:195) and trying to make meaning of life. Jirasek (2013:191) supports the philosophical anthropology of Max Scheler (1928:np), who believes that the spiritual dimension (vertical dimension) of humanity represents opportunity for the development of one's potential,

enjoying the freedom of existence, and accepting one's mortality (Heidegger 2008). Turning to oneself and the manifestation of personality not only lies in faith and solely in religion but becomes a search for purpose in life and the hope for a possible experience of transcendence.

When taking the above-mentioned elements of spirituality into consideration, being it religious or non-religious, then the main themes that come to the fore are similar: meaning-making, relationships, and hope. People make meaning of experiences by balancing a focus between their internal and external environment, and the impact, effect and interpretation of these experiences (Swain 2011:7). In order to make meaning, OFRs need to consciously reflect on the focused topic towards a broader understanding, concretely mirroring an image of their experiences. Mirroring is a relational connection by affectively dealing with and representing the experience (Swain 2011:16). This study's definition of spirituality is consistent with the definition by Bussing et al. (2014:1) where they have identified the main aspects of spirituality as finding meaning, purpose and hope in relation to the sacred. The sacred may include secular, religious, philosophical, humanistic or personal dimensions, depending from which position it is practiced. This study is focused on the religious position within spirituality, as mentioned earlier and, more specifically, Christian religious beliefs. Spiritualty includes values and beliefs, affecting a person's practices based on their way of thinking about the world (assumptive world) and their experiences, their emotions regarding these experiences, and the choices and behaviour stemming from these experiences. In turn, there choices and behaviour influence their understanding of the relationship with God in their lives.

Figure 7.1 explains the sacred positioned within spirituality. Kadar, Scott and Hipp et al. (2015:551) eloquently sums this up by quoting three authors, thereby showing the position of the sacred in the realm of human existence:

> Current definitions of spirituality are equally diverse. Spirituality has been variously defined by theorists as "the human response to God's gracious call to a relationship with himself.
>
> (Benner 1989:20).
>
> … a subjective experience of the sacred.
>
> (Vaughan 1991:105).
>
> … that vast realm of human potential dealing with ultimate purposes, with higher entities, with God, with love, with compassion, with purpose.
>
> (Tart 1983:4).

Ultimately, human beings construct frameworks of meaning by which to understand themselves and life, to generate purpose, to set goals, and expectations of the future. These frameworks of meaning are influenced by their assumptions of the world and systems of belief (Kelly and Chan 2012:203).
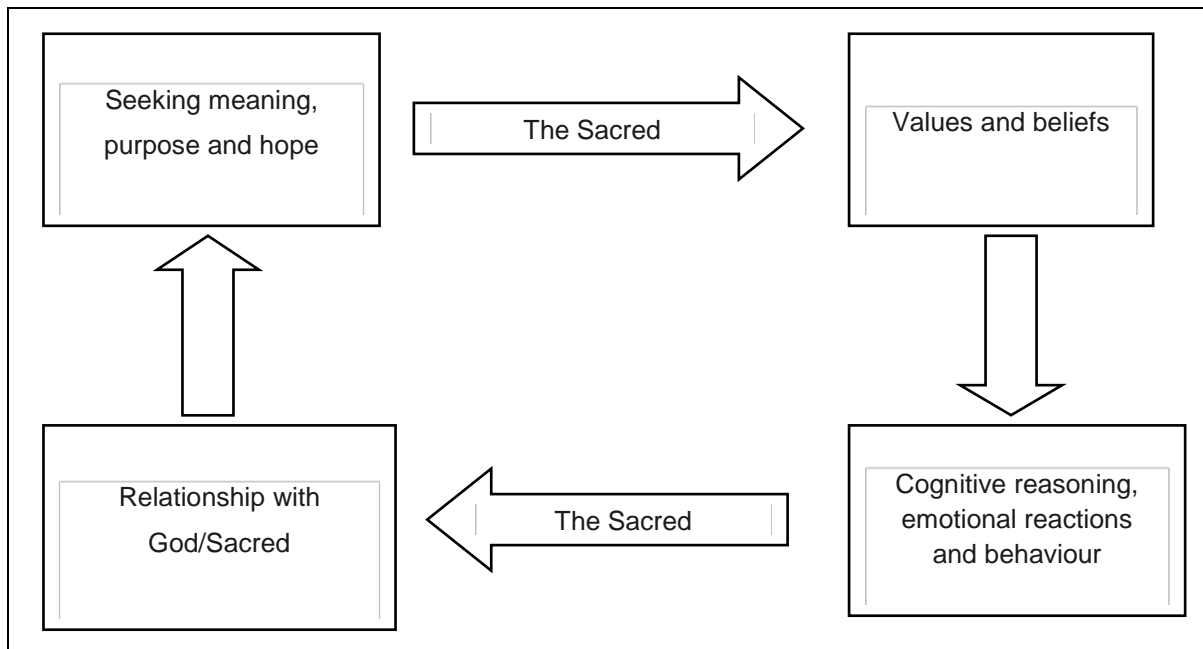
Figure 7.1:   The sacred positioned in spirituality

Traumatic experience, for example have the ability to confront a person's belief system that the world is a safe place to live in. These traumatic and painful experiences confront and challenge their beliefs and attitudes and introduce an environment where evil and harmful events take place (Van der Kolk et al. 2007:8). These beliefs play a significant role in how they interpret suffering and the spiritual significance thereof (Nolan and Holloway 2013:60), as well as influencing their relationship with the sacred/transcendent. Spiritual wounds are often inflicted by the actions and omissions of others, or even modern science and technology (Osmer 2011:5), and these wounds have the ability to undermine a person's central beliefs which connect him to God, their church community, the meaning of life, society and themselves (McGuire 2008:88).

According to Hermans (2013:2,5), spiritual transformation can be defined in a religious variant, making use of a contextual mapping process of religion and spirituality in order to demarcate its territory and by avoiding set ideals and concepts within the approach to spirituality. In order to achieve this, the differences and relationship between religion and spirituality should be clarified. Religious experiences are characterised by the role of a transcendent (God) and may become spiritual experiences when they convey ultimate meaning to an individual, where God becomes an ultimate reality, and where individuals have the opportunity to overcome their divided self. For this to occur, one needs to understand the transcendent in order to discover one's own true self. When considering believers and non-believers within the spiritual realm, and how this study will relate to the different viewpoints and beliefs of the OFR, Poole

(2009:577) found that, in terms of meaning-making, self-actualisation, and connectedness, spiritual viewpoints were appreciated by both believers and non-believers.

While the world is constantly changing, so too are the attitudes toward science and religion, and with these changes the definition of spirituality is ever-changing, being influenced by modern and postmodern theories. Canda and Furman (2010:61) explained this by dividing spirituality into the emic and etic approach. The emic approach considers particular contexts, times, places, persons and cultures. Postmodernists tend to lean towards this approach as it is focussed on individualism. The etic approach is concerned with shared theories and perspectives, and common needs and goals. A third approach combines the etic and emic approach towards a transperspectival approach.

Weathers et al. (2015:16) attempted to clarify the concept of spirituality by reviewing prior concept analysis in literature and making use of evolutionary concept analysis in which papers were analysed to identify attributes, antecedents, and consequences of the concepts. They identified three communalities, namely transcendence, connectedness, and meaning-making. They further defined spirituality as "a way of being in the world in which a person feels a sense of connectedness to self, others, and/or a higher power or nature; a sense of meaning in life; and transcendence beyond self, everyday living, and suffering". McGrath (2013:2) made use of sources from Catholic, orthodox, Protestant and evangelical writers to draw up a definition for spirituality motivated by the belief that one lives what one believes, and which "concerns the quest for a fulfilled and authentic religious life, involving the bringing together of the ideas distinctive of that religion and the whole experience of living on the basis of and within the scope of that religion".

Hermans (2014:6) states that:

> Spiritual experiences are experiences of ultimate meaning, which are existentially relevant, unexpected and sometimes (but not necessarily) objectively strange compared to normal experiences and to a usage-dependent part of religious experiences. Religious experiences are experiences related to human acting and suffering in the name of God but are not necessarily also spiritual.

According to Eckersley (2007:54), all humans are spiritual beings. Drive (2010:60) believes that all human beings are on a spiritual journey in which they seek to find meaning and purpose in life.

Spirituality mainly concerns four basic elements, which is a holistic approach to life, the sacred within religious studies, the quest for meaning-making and the purpose of life, and a sense of direction (Sheldrake 2013:3). When interpreting spirituality from a holistic point of view,

Clinebell's (1979:106) growth model acknowledges the importance of the spiritual dimensions in human wholeness consisting of seven spiritual needs:

> [T]the need for a viable philosophy in life, for creative values, for a relationship with a loving God, for developing our higher self, for a sense of trustful belonging in the universe, for renewing moments of transcendence, and for a caring community that nurtures spiritual growth.

The researcher found Clinebell's growth model, which is a God-centred model, to have similarities to Scheler's humanistic-centred philosophical anthropology aimed towards die development of one's potential. Growth and potential are horizontally aligned goals, which Scheler ironically called a vertical dimension. Therefore, it seems that spirituality has been explored and defined in many different fields; it contains basic similarities, which cannot be ignored. The growth model will be discussed in Chapter 8.

It is necessary to define spirituality within this study to remain focussed within the boundaries of the topic, and within the field of practical theology. This study defines spirituality as:

> Spirituality is the quest for ultimate meaning, concerned with a sense of connectedness to, and relationship with God, self, others, and the world, towards a feeling of living a fulfilled, hopeful life.

Therefore, the main concepts this study will focus on is meaning-making, a relationship with God, and hope for the future. Although this study is centred in practical theology, it embraces the similarities found in secular and non-secular definitions and explanations of spirituality, from the Pauline letters where it was first mentioned, through the ages and different domains such as health care and philosophy.

7.3   The three main components in spirituality

The main components within the definition of spirituality as identified within this study, is a quest for meaning, connectedness, and hope. These components are discussed in terms of the main themes discovered in the interviews with the co-researchers. As discussed, the study is positioned within practical theology. One of the main concerns discovered thus far, in relation to a pastoral narrative approach to practical theology, implementing the postfoundational notion, was that of the co-researchers' relationship with God. Christian spirituality is rooted in the belief that human fulfillment may solely be achieved through a deep-rooted knowledge in, and a deepened relationship with God. Theology has a vital impact on a Christian's behavior (McGrath 2013:29).

7.3.1   A quest for meaning

A person finds meaning in his understanding of the world (Drenthen 2013). This can be done when one finds a life purpose (Van Lith 2014:21), a sense of belonging (Lambert 2012:2), and by finding meaning in experiences (Machell et al. 2015:287). People need to attach meaning to their experiences and relationships (Park 2012:67). The loss of meaning may have many causes, of which trauma and stress are among the culprits. Meaning-making could have an effect on a person's well-being (Sales, Merril and Fivush 2012:97). These outcomes may cause spiritual woundedness and may lead to spiritual doubt and detachment, which simply put, is the "discomfort because of the inability for good and evil to co-exist" (Sullivan 2014:34).

Violence and crime have been identified as one of the major issues with which the co-researchers and OFRs in general, have to cope with. Exposure to evil acts may cause spiritual woundedness by distorting goodness into something evil. God created humans with a capacity for agency and selfhood, allowing them to choose to be kind and caring, and having meaningful relationships with others and Himself. Nevertheless, every person has been given the freedom of choice without always considering the consequences. The consequences of such independence, according to McMinn (2012:35), may lead to woundedness and brokenness. These wounds are often self-inflicted, but may also be caused by other's poor choices, such as committing violent crimes. Personal rebellion and the rebellion and sin of others cause pain. Rebellion, anger and distrust distort meaning and hope (Slough 2015:95). This is often seen in the form of the co-researcher's detachment from God and a loss of self. In a way, it seems to be a rebellious act where they would rather rely on themselves and their own meaning-making towards healing, than relying on God. This state of woundedness might sometimes turn out to be because of feelings of guilt where a person realises their independence from God and social structures. Spiritual healing depends on one's relationship with God, who should remain at the centre. It puts God back in the healing equation.

Woundedness is a prerequisite for making sense of God's purpose for one's life, and his grace. McMinn (2012:36) gives the example of the Apostle Paul who was blinded so that he could receive true site. When one confesses and seeks redemption, hope and meaning is revived (Ps 30:35). Repentance is the act of moving away from denial and rebellion towards the truth and surrender (Allender 2014:197). Brenner (2015:61) explains the meaning of the word 'surrender' as "putting one's full weight on someone or something". It involves letting go, and a release of effort, tension and fear, towards trust. Official First Responders cannot release their self-reliant coping mechanisms and independence without trust. "A Christian view of sin forces us beyond popular psychology to a point of understanding our need to be ransomed from the forces of evil that pervade our world" (McMinn 2012:266). In pastoral therapy, this

might include acknowledging the need, confessing the pain, trusting Gods mercy and forgiveness. This will surely contribute to healing their relationship with self, others and a re-connectedness with God. Hope has been identified as one of the main components in the definition of spirituality. Meaninglessness has the ability to render one hopeless (Louw 2012:83). Hope is regarded as one of the important strengths in positive psychology (Krause and Hayward 2014:275).

7.3.1.1 Paradox between meaning and meaninglessness

When the human soul is in distress, basic existential realities in the form of the need to feel connected, the need to make sense of things, the need to understand why 'bad things happen to good people', why God allows suffering, and what the reason and outcome is, influence hope, joy and gratitude, and may cause spiritual woundedness, which is the suffering of the human soul (Louw 2012:82). According to Frankl (1984) in Seaward (2013:200), the fulfilment of an individual's life mission and aim may be accomplished by setting certain goals. When these goals are not met, it may lead to spiritual decline and a loss of meaning, as expressed by Louw (2012:81):

> Meaning comes into being when the content of faith, the normative paradigm for life, a commitment to a specific world view and belief system, is connected to the existential realities in life in such a way that hope, joy and gratitude are established.

A basic human need is the existential reality of intimacy. Unconditional acceptance within the realm of human relationship is threatened when OFRs, for example, show vulnerability in the workplace, when they struggle to cope with stressful or traumatic incidences, when they suffer from mental illness due to their job situation, or when gender or race issues might have an effect. Discrimination and a loss of status is of great concern for OFRs (Crowe et al. 2015:132). It has been indicated that they do not seek mental help out of fear of being labelled as weak or struggling to cope. They are trained to be tough. Guilt, shame, anger, anxiety, and stress are negative emotions that have been identified when OFRs believe they are not living up to the expectations of their job requirements and work environment.

Feelings of guilt lead to a basic existential need for freedom and deliverance, such as found in OFRs' obsession to perform perfectly (Louw 2012:82). The co-researchers expressed feelings of guilt, and this might be viewed as sin. If they believe themselves to be sinners, it leads to sadness and grief. Pastoral therapy has the ability to reconnect OFRs with God through self-forgiveness, which is an act of compassion (McMinn 2012:216). If they suffer from compassion fatigue, this might seem to be difficult to accomplish. It seems easier for the co-researchers to forgive the perpetrators of violence crimes. They do this by empathising with their circumstances and by trying to find the meaning through spirituality.

Spiritual transformation includes an awareness and acceptance of one's dependence on God (McMinn 2012:216). The co-researchers and OFRs valued their independence in the form of coping alone, distrusting God and others for understanding their plight, self-reliance and self-diagnose. At times, they can even experience rebellion against Scripture and the church, although this has been identified as possibly being inflicted upon them by ignorance of the helpers. People who try to function independently from God tend to pursue false gods in the form of people, objects or ideals (Allender 2014:71).

Pali indicated that he believe in God, yet he believes that he should not ask questions in order to find meaning of things that do not make sense to him. He finds it very difficult to make sense of the things he has to witness in his work environment. Although he believes in God and trusts him to provide an eternal future where he would one day find the answers he is now seeking, he seems to distrust God for being in control of the present. He chooses to rely on himself to 'fight and conquer the demons', and he uses alcohol as a weapon towards gaining courage in his war.

Geniko struggles to find meaning in his experiences. He tries to understand how it is possible that God would allow disasters, especially when children are involved or Christians who are among the deceased. Therefore, he contributes disasters to acts of nature. He has not found any answers or meaning in these events. He questions the meaning of life. At times, it does not make sense to him. Kay et al. (2010:37) reminds the reader that OFRs have no control over disasters; they only control what is humanly possible. Their low personal control may lead them to believe that God can serve as an external form of control, which compensates for their own inabilities. This belief brings relief of anxiety associated with their uncertain experiences. However, Geniko relies on himself in his work environment, as well as when having to deal with his experiences. Although he confessed to reaching out to a minister, he did not find answers. He made a video of his plight where he asked for someone who would be prepared to listen and be able to help. This seems to be an anxious cry for help.

In contrast to this, Alexo said he explicitly places his trust in God. He said that he believe that God is dependable; however, when he was placed under pressure by others to perform tasks that they themselves were unable to do, he turned to God, and asked why God had put him in such a position. He struggles to find solutions for the problems at hand and seems to feel embarrassed that it took him a while to find a way to separate two trucks (big rigs) from each other after a collision, or to save the farmer who was stuck in a rock. He questions God's 'availability' to solve the problem. Kay et al. (2010:42) found that some people, who find themselves in unstable circumstances trying to make meaning, reported a heightened belief in a 'controlling God'. Surrendering self-control for God-mediated control is Alexo's way of

believing that life's problems may be overcome, and goals are reached by working together with God. Individuals with a strong belief in God-mediated control have been found to be more resilient during stressful life events (Krause and Hayward 2014:276). Pali feels that his future is unstable, and he feels threatened. However, he indicated that God is in control of the outcome. Kay et al. (2010:45) says that by knowing that someone, such as God, has a grand plan, allows a person to know that whatever happens is part of this plan. It does not necessarily mean the individual is given insight into these plans. This may seem like a paradox because Pali does not surrender his inner struggles to God. He believes that God is in charge of his future, but not his pain. He trusts Gods plan yet does not know what it is. By trying to live an autonomous life, the OFR becomes disconnected from God and others. During a child's development and identity formation, the child learns to explore and become an autonomous being. The child's limitations are defined by painful experiences due to poor choices wherein his/her automatically tends to turn to a caregiver. Alexo does not have the luxury of turning to parents or adults for caring therefore he turned to God at an early age. Spiritual growth includes an understanding of God's mercy and love (McMinn 2012:36), therefore, an understanding of who God is. Alexo has an idea of who God is in his life, which may be seen as a form of resilience. This understanding might sometimes have been distorted by his traumatic experiences.

According to Pargament (1997:np), people who believe that they can rely on God and that He is working along with them to solve their problems are more prone to solving stress-related problems and, in the process, leads to the relief of stressful effects (see also Krause and Hayward 2014:275). Meaning-making may therefore involve a spiritual adjustment where OFRs need to reappraise their emotional wounds as God's purpose towards their own spiritual growth. On the other hand, they might be more inclined to question God's control in their lives if they are unable to make such adjustments. Pali talked about his struggles to surrender control to God. Spirituality and spiritual growth may lead to aspects of stress relief, a healthier lifestyle, and growing closer to God (Park 2013). When people such as OFRs have a spiritual struggle, it involves emotional tension in their relationship with God (Rosmarin, Pargament, Rob 2010:344). The interviews with the co-researchers revealed feelings such as anger towards God, feelings of abandonment and helplessness lead to a paradox of connectedness and detachment. The existential threat of helplessness and vulnerability threatens a person's sense of meaning (Louw 2012:83).

7.3.1.2   Spirituality within meaning-making

Meaning is difficult to conceptualise into one specific construct. It may refer to a sense of purposefulness, the quality of life, or the pursuit of happiness. Meaning can be viewed as an

existential issue where, first, the quality of one's choices is linked to the outcome of these choices. In other words, for every choice there is a consequence. Second, meaning is made by an understanding of one's purpose and an understanding of ethos. Spiritual knowledge defines human ethos, and in turn, creates existential meaning. The presupposition can be made that the Christian spiritual ethos of unconditional love, as commanded by God, reveals a spiritual transcendent realm of meaning (Louw 2012:81).

To non-believers, the question of meaning is a false question derived from religion, as this current life is the only one to be certain of, not terrifying others with talks about hell and afterlife which have no place within the context of science, but to move towards self-transcendence (Harris 2014:2013. In contrast to what Harris believes, Canda and Furman (2010:76) believe that a healthy spirituality encourages the development of a sense of meaning, purposefulness, wholeness, joy, peace, contentment, coherence of worldviews and well-being, whereas an unhealthy spirituality may lead to inappropriate guilt, hopelessness and prejudice towards other religions. Louw (2012:82) explains the ultimate outcome of meaning as follows:

> Meaning is therefore not something to be achieved as such; it is not a substance of even a goal. Meaning is the experience a posteriori when basic existential realities and needs are addressed and connected to spiritual expectations and convictions, and well in such a way that hope, joy and gratitude set in. This interconnectedness and spiritual networking can be called meaning, because it contributes to what one can call the healing of life.

When considering OFRs' meaning-making process after traumatic and stressful events, Scott and Myers (2005:89) found that it remains unclear how these processes are managed in their post-incident time. Richardson (2017:315) also confirmed this. Nevertheless, the co-researchers in this study confirmed that they manage these emotions by either ignoring them, internalising emotions, or trying to fight a lonely battle on their own.

7.3.2 A sense of connectedness

Spiritual connectedness does not solely refer to one's relationship with God, but also to others and self. Spiritual difficulties are mainly rooted within intra- and interpersonal relationships (Louw 2011:155). In their literature study, De Jager Meezenbroek et al. (2010:339) found that connectedness with oneself is expressed through authenticity, inner harmony and peace, self-knowledge and meaning-making. Connectedness with others is found in compassion, caring, gratitude and wonder. Official First Responder's suffering from compassion fatigue may be classified as spiritually wounded. Connectedness with the transcendent is directed at a higher power, where hope is found.

Fortia indicated a deep sense of connectedness to God. Although God 'threw curveballs' at him, he believed that it was the devil who would try to take advantage of such incidents to destroy his character, to try and make him rely on his own abilities and isolate him from God. Fortia said that when this happens, he grows by remaining 'standvastig' (steadfast) and 'vasbyt' (hanging in there).

A person's assumptive world concept, as explained by Kauffman (2013:1), refers to the beliefs that ground, secure, and orient them within their environment. These assumptions of how the world is supposed to function, provides a sense of reality, meaning and purpose in life. The assumption may be that a person considers himself 'a good person', and therefore the world should make sense. A person might assume that 'God is just' and therefore justice would prevail. A person might assume that there is a future, and therefore hope. These assumptions might form such a deep-rooted belief in a person's life that when disrupted, they find it difficult to conceive. The traumatic loss of their assumptive world concepts has the ability to disrupt their identity and detach them from others and God. Therefore, if the normative consistency of beliefs concerning a person's assumptive world is disrupted it leads to a loss in the beliefs regarding goodness, meaningfulness, and the devaluation of and disconnection from self, others and God. It may be constituted that the loss of the assumptive world is also a loss of internalised basic truths and beliefs. When OFRs understand this concept, and the magnitude of the loss, they begin to understand the core of their spiritual woundedness. When Alexo thought God during a trying challenge he faced, his anger towards God for abandoned him placing him in such a dire position was only relieved when he asked the question "Why did you do that to me?" It was only then that he could explore his feelings. In a conversation with God wherein he directed these questions towards Him, he could find meaning in the disruption of his assumption that he would never be challenged. Alexo realised that God never left his side, although he felt disconnected.

A problem, which Kelly and Chan (2012:202) identified, was that not every person who has experienced loss, searches for meaning. This seems to have implications for adjustment. The co-researchers intentionally avoid certain issues and do not seek meaning as it might cause them to have to deal with the painful memories they have internalised and 'filed away'. Kelly and Chan (2012:203) state that finding meaning after loss improves a person's mental health and well-being and leads to higher relationship satisfaction. If the OFR does not manage to find meaning, it may lead to 'complicated grief' where benefits or meaning can be derived from the loss. Such complicated grief may be found in the story of Pali where he had to 'fight demons' to survive, and Kato who confessed to crying at times when he felt overwhelmed by his emotions. Finding meaning and having a secure attachment to God is thus associated with and overall lower feeling of grief (Kelly and Chan 2012:211).

According to Swain (2011:12), theology is a reflection on humanity's relationship with God. McGrath (2013:42) explains the main theme of humanity as being created in the image of God. Therefore, the basic task of pastoral therapy is to heal spiritual woundedness. Even if the OFR chooses or are forced in some way to live and function alone, he/she has been created to be in a relationship with others. Human psyche is constituted in terms of both inter- and intra-relationships. In order to make theological rational choices and meaning, as well as maintaining a balance between these inter- and intra-environments, God as Trinity, and humanity, should focus on incarnation, creation and an ethical love towards hope of a final destination (McGrath 2013:13). A genuine encounter with God requires that a person embark on a spiritual journey where they grow in their relationship with God towards a deep connectedness with Him (Benner 2015:31).

7.3.2.1   Paradox between connectedness and detachment

De Jager Meezenbroek et al. (2012:338) define spirituality as "one's striving for an experience of connection with oneself, connectedness with others and nature, and connectedness with the transcendent". When considering OFRs, Reed (1992:350) explains their relationship within spirituality as "the propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that empowers and does not devalue the individual". Relatedness therefore can be experienced via intra-, inter- or transpersonal relationships.

Official First Responders have been known to internalise their feelings, and to detach themselves from others and from God. Detachment strategy is a way of dealing with the ambivalence of presence and absence. When taking connectedness to 'self' into consideration, an individual's sense of spiritual self and identity is forged through experience, expectations and opportunities. Therefore, spiritual interconnectedness with self is defined as a "persistent sense of self that addresses ultimate questions about purpose, meaning of life, and resulting in behaviours that are consonant with individual's core values" (Kiesling et al. 2006:1269). Kunz (1991:1) believes that spirituality is ingrained in personal experience, and therefore narratives may be the only method of revealing the spiritual dynamics therein (see also Morgan 2002:68).

Connectedness with others are related to compassion, caring and gratitude (De Jager Meezenbroek et al. 2012:339). Therefore, if this spiritual connectedness with oneself is wounded, it may contribute to compassion fatigue.

Connectedness with the transcendent includes a connectedness with someone beyond a human level such as a higher power or God (De Jager Meezenbroek et al. 2012:339). When providing spiritual direction within counselling, Hoare (2016:1) explains that it is "a rational

ministry between two people whereby both are seeking to listen to the Holy Spirit". Kelly and Chan (2012:218) assert that people who have a secure style of coping have the ability to cope more positively with stressful and traumatic experiences. This includes attachment to God by believing that He is benevolent and consistently available and responsive, and that He is their ultimate secure foundation. When this spiritual dimension of being connected to God forms part of their orientation system and assumptive world, it leads to positive religious coping, which employs prayer, meditation and rituals. Religious coping reflects a connectedness and faith in God who is understood as present and supportive. Although Alexo doubted the presence of God during a crisis, his assumptive world leads him to believe in a consistently available God. Such a belief should provide a fundamental sense of meaning and coherence (Kelly and Chan 2012:218); nevertheless, Alexo struggles with this.

Coherence has the ability to allow a person to believe in a hopeful and purposeful future even in times of a crisis. Many paradoxes were identified from the interviews with the co-researchers. The co-researchers indicated a belief in God, although they are not sure where He is during a crisis. They believe that God remains in control of every situation, except their job; *they* are in control of doing their job. They indicated that they believe in God, yet they did not rely on Him to heal their wounds. Bowlby (1980) confirms this with his statement that "a hallmark of avoidant attachment is compulsive self-reliance" (see also Kelly and Chan 2012:219). The co-researchers indicated that they do not receive answers to their questions; however, they believe that God will provide the answers at the end of their life on earth. Connectedness to God allows people to comprehend the magnitude of a crisis without becoming anxious that their world, meaning, relationships and hope is threatened or shattered (Kelly and Chan 2012:218). Part of the problem identified in this study is the lack of resources to sustain the OFR during a crisis. These resources may be organisational, family or therapy support. When considering the interpersonal love dimensions of individuals, Sutton and Mittelstadt (2012:157) found that it is closely connected to attitude and behaviour.

7.3.2.2   Paradox between absence and presence.

The meaning of absence and presence in this study is explained by looking at the work environment of OFRs. They are constantly exposed to the reality of death, while death is explained as passing from one life to the next. In reality, death is therefore the absence of life, yet not the end of life on earth. Hope towards an eternal life is present, while hope for life on earth has ended. When a paramedic is standing beside a body, the person is there, yet not there. Therefore, absent, yet present. The meaning found in eternal life is found in one's relationship with God. This relationship, as also believed by the co-researchers, cannot be

destroyed by death but it continues; a relationship that has begun yet is fulfilled later (McGrath 2013:77) and therefore provides meaning.

Pali indicated that he believe that God is present in his life; however, God is not the one in control of his life, and he himself has to be in control. He acknowledges that all he has comes from God but he could not ask God for what he needs. His needs are not materialistic; however, his needs include the need to help him make meaning of his traumatic experiences, to help him cope with his experiences instead of using alcohol, black humour, and self-reliance strategies.

In their work environment, OFRs often have the task of dealing with dead bodies in the form of recovery from disaster areas; or where it was not possible to save the life of a person. When trying to make meaning of what had happened, the OFR might consider the person as present, yet at the same time not present. They can see the body, touch the body, smell the body, yet it is but a vessel that held the soul of the person who is no longer present.

Losing a limb causes a person to experience 'phantom pains'. The person continues to sense the amputated limb for a while, although it is materially absent. This is also true for some people who have lost loved ones when they sense the presence of the person, although materialistic, the person is absent. These 'phantom pains' are sometimes in the form of a random song playing on the radio reminding them of the deceased and triggering the pain of the memory.

> [T]he absent elements are sensuously, emotionally and ideationally present to people, and are articulated or materialized in various ways through narratives, commemorations, enactments of past experiences or visualizations of future scenarios.
>
> (Bille, Hastrup and Sorensen 2010:4).

Official First Responders often ask the question "Where was God?" In order to make meaning of a loving Father who protects, it might become difficult to understand where He is during the crisis. God is always present, although He cannot be seen. Therefore, although God is present, he seems to be absent. God is always present, yet where is He? God is in control, yet I am in control.

The story of Lazarus in the Bible shows Jesus, Martha and Mary standing by Lazarus' grave, where he was buried and absent, yet to Jesus, Lazarus was present. During the Passover, on the 'day of silence', Jesus was dead, yet alive. Mary Magdalene stood by the open grave; Jesus was not to be found there. The disciples took refuge in the upper room after the crucifixion, they believed that Jesus died and was buried and absent, and yet at the same time they believed He was risen and remained among them.

When searching for meaning in the anthropology of absence and presence from a Christian theology viewpoint, Bille et al. (2010:14) refer to the second coming of Christ, where Christians place their present hope in the future return of Christ, who lived in the past. Jesus has ascended to heaven but remains on earth among His people through the Holy Spirit. Therefore, He is absent, yet present.

It can be concluded that, although something or someone might be materially or physically absent, it may still influence a person's experiences. Bille et al. (2010:4) suggest that the relationship between absence and presence can be seen as 'an ambiguous interaction' between what is and what is not. Although absence and presence are at opposite ends of the sphere, they significantly depend on each other. In the case of the OFR standing by a memorial statue of an 'absent' co-worker, it implies the presence of absence. A person's interaction with life does not solely consist of making meaning of their experiences and relationships, but they are also keeping present that which is absent in a significant emotional and experiential way. Ultimately, Bille et al. (2010:18) states:

> The presence of absence does indeed go beyond the material, beyond representation and meaning, and relate to the sensuous and ontological understanding of the lived world constituted by both positive, negative and absent material imprints.

7.3.2.3 Spirituality within connectedness

Reed (1992:350) defines the definition of spirituality as follows:

> The propensity to make meaning through a sense of relatedness to dimensions that transcend the self in such a way that empowers and does not devalue the individual. This relatedness may be experienced intra-personally, interpersonally and trans-personally.

Through extensive research on the topic, Hyatt-Burkhart and Levers (2012:37) found that it has become clear that stress and trauma have a negative effect on a person's spirituality, but may at times even strengthen their belief in, and relationship with the transcendent (God), viewing the experience as a positive element towards growth.

Love, as an element of the fruit of the spirit, is the language the soul speaks. It tells the story of a need for relationship and connectedness. This spiritual longing for connection and belonging is viewed as the deepest ache of the soul. "For most people, nothing awakens feelings of deep terror like the experience of absolute disconnectedness form others" (Benner 2015:15).

Kelly and Chan (2012:199) found that a secure attachment to God has a significant impact on a person's stress-related growth and may lead to meaning-making. Even though God is

invisible (Granqvist, Mikulincer and Gewirtz 2012:804), Kaufman (1981:67) explains, "The idea of God is the idea of an absolutely adequate attachment figure". Most individuals who find themselves in a stressful or traumatic situation tend to draw closer to God during these trying times (Granqvist et al. 2012:806). Healing and personal fulfilment is found in connection and not autonomy (Benner 2015:17).

Morgenson (1989) in Smith (2011:233) suggests that trauma may be viewed as a manifestation of the divine, seeming all-powerful and infinite. Spiritual discontent involves anger towards God, questioning God's love, feelings of abandonment, betrayal and distrust. The disrupted relationships, in turn, may lead to perceptions of loss, threat and a lack of control. The reappraisal of these stressful and traumatic events may therefore transfer threat from human forces to that of spiritual ones (Wortmann et al. 2011:3). Anger is a disruptive emotion that may lead to action (Benner 2015:43). This might be one of the reasons why the co-researchers internalised their emotions in order to eliminate such actions.

Living a fulfilled life means the spiritual discovery that there is a fundamental connection between them and God. In turn, this connection aligns them with others (Benner 2015:17) and with self.

7.3.2.4 Spirituality within hope

Hope as a coping resource may be interpreted as an emotion and problem oriented strategy (Wirth and Bussing 2016:1360). This is confirmed by Wright (2016:7) where she indicates that hope is an emotional state, and that it contains elements of optimism, excitement, or even acceptance and trust. Traumatic experiences caused by a person's natural and social environment tend to cause disillusionment. Faith in a higher power and a future has the ability to provide new hope. Faith and spirituality forms part of human nature, and is distinctly connected to hope, resilience and values (Cvetek, 2017). Hope enables a person to envision an alternative perspective and a future filled with possibilities (Wright 2016:7).

The painful process of distress calls for hope amid hopelessness. Dreyer and Smith (2003:152) believe that it is more important for Christian believers to experience God's closeness as a reality than to learn skills toward coping with trauma. Therefore, the therapist and the OFR should seek a way to live authentically and hopeful, despite traumatic experiences. In addition, they suggest that attention from others, support and care, can help the OFR to move from injury to healing so that they can function meaningfully and hopeful in the presence of God.

7.4   The four elements in spirituality

A theological reflection on the understanding of the four basic elements found in the definition of spirituality brings the eschatological dimensions of faith and hope into play. These elements form part of the Christian culture, as we know it: "I pray that God, the source of hope, will fill you completely with joy and peace because you trust in him. Then you will overflow with confident hope through the power of the Holy Spirit" (Romans 15:13).

Pastoral therapy, when viewed from a psychological perspective, is concerned with the spiritual direction, pastoral guidance and interpretation of Scripture (Louw 2011:155). According to Canda and Furman (2010:60), "all human beings are on a spiritual journey in which they seek to find meaning and purpose in life". They further stated that the basis and value of pastoral therapy is to recognise each individual's qualities, which in this study is focussed on "spirituality as the wholeness of what it is to be human" towards a holistic approach to therapy. The spiritual journey towards wholeness is that of transcendence moving beyond the limits of one's ego (Canda and Furman 2010:88).

7.4.1   Faith

Faith plays an important role in a person's development and forming of their virtues and values (Louw 1998:241). Louw (2012:185) defines virtues as:

> the attitude that moves an individual to sustain practices which enable the agent to accomplish moral good. It motivates people and brings about integrity … and healthy relationships … it safeguards human dignity and brings about a human space of moral soulfulness.

In Hebrews 11:1 we read that "faith is the substance of things hoped for, the evidence of things not seen". Theology is tasked with a continued search for the truth and is 'faith-seeking understanding'. Therefore, it seems that faith is knowledge and understanding of what has been revealed in Scripture, and a trust in God who has revealed all through Christ but remains a mystery beyond comprehension (Migliore 2014:2).

Kato and Alexo both indicated a deep reliance on their faith to cope with their traumatic experiences. Religious beliefs may serve as compensatory control. It serves as a stable trustworthy attachment (Kay et al. 2010:37).

7.4.2   Belief

When considering belief within a postfoundational practical theology, Emile Durkheim's (1965:62) definition of religion may be considered:

A religion is a unified system of beliefs and practices relative to sacred things, that is to say, things set apart and forbidden—beliefs and practices which unite into one single moral community called a Church, all those who adhere to them.

In order to understand belief and non-belief, it is important to acknowledge the definition of spirituality within this study, where belief in God is one of the main components. It is therefore necessary to distinguishing between transcendent religions and non-transcendent religions. Transcendent religions acknowledges supernatural forces, the existence of an afterlife, a comforting force with the power to protect and to provide meaning. Non-transcendent religions such as humanist and atheist beliefs, seek meaning of life in scientific understanding and within themselves (Norris and Inglehart 2011:250).

In terms of the self-reliant OFR, belief in God may serve as an extremely appealing entity for "restoring a sense of externally controlled order when personal control cannot protect one from the anxiety of a random and uncertain world" (Kay et al. 2010:44). It seems as if some of the co-researchers trust an uncertain future to a God that they are uncertain of.

7.4.3   Trust

The connectedness to God through a personal relationship is characterised by a faith and trust that the actions of God will result in a positive outcome (Mofidi et al. 2007:681). A need for connectedness to God is evident in the co-researchers' personal relationship with God. Alexo's story shows a trust in God to intercede and provide outcomes when he is faced with difficult situations, and a trust that nothing would happen outside God's plan. Although this was communicated, he seemed to feel that God is not always 'reliable'. Spiritual perspectives include a connectedness to God, relying on His support, guidance and strength. Religious perspectives include the belief that God is gracious, loving and caring (Hamilton et al. 2010:104).

7.4.4   Hope

Given that hope is a topic that continually presents itself in therapy, Vandenhoeck (2008:75) states that hope forms an integral part of human existence. She refers to the many existing definitions of hope and identifies Thomas of Aquinas's definition as the most relevant where he describes hope as a desire, focussed on a central future, which is intrinsically good, difficult to achieve, yet not impossible. The function of hope in human existence is that of every person's attempt to build up a central story that gives meaning to life. This central life story shows a connection between all facts and experiences. This is a way to interpret facts and experiences, and to reinterpret them towards a meaningful whole. Within Christianity, hope is seen as a virtue where a person is in direct contact with God. Hope connects man with the

past, the present and with a future in God (Vandenhoeck 2008:88). Pastoral therapists not only listen to the needs of people, or the stories of past and present, but also to future stories. If hope can be translated on a spiritual level, it has the ability to transcend the temporary. If one views hope from this vantage point, it forms an important part of the therapy process.

7.4.4.1 Paradox between hope and despair

"Hope expresses the belief in the meaningfulness of life" (Davies 2008:18). Hope relieves suffering. Hope is alleviated by interpersonal connectedness, attainable goals, spiritual beliefs and practices, affirmation of worth, and uplifting memories. Isolation and devaluations have been known to be hope suppressors (Coulehan 2011:143).

The theologian, Paul Tillich (1990:1065), explains the paradox of presence and absence existing at the same time within hope as follows:

> Where there is genuine hope, there that for which we hope already has some presence.
> In some way, the hoped for is at the same time here and not here. It is not yet fulfilled,
> and it may remain unfulfilled. But it is here, in the situation and in ourselves, as a power
> which drives those who hope into the future.

A Christian theology of hope relies solely on God and is focussed on faithfulness to God and the hope of everlasting life. Faith is placed in the trust that God's will and plans for His children's future will be done. The symbol of hope lies in the resurrection of Christ. God's hand is ever-present in all matters, yet suffering may cause doubt in a loving Father who allows pain. Nonetheless, it is believed that God suffers with His children. The question can be asked, Is God then powerless? The answer to this question may be found in Jesus' cry from the cross, "Father, why have You forsaken Me?" Although it seems as if God had forsaken Jesus and caused despair for the disciples, He acted in the almighty power of love, through the resurrection, in which new hope is found. The disciples found hope when they realised God's plan, which turned to triumph (Nolan and Muyebe 2008:3).

The practice of hope is not only an emotion or feeling, but also the action or praxis of hope, which brings meaning and purpose. Weingarten (2010:6) refers to reasonable hope as something attainable, in contrast to an unrealistic hope, which is hope towards a desired outcome. Reasonable hope is relational; a practical action done with others; it maintains an open, uncertain and influenceable nature; hope seeks goals and pathways; and accommodates despair.

7.5   Spiritual anthropology

Theological anthropology has to do with a person's relationship with God. In Jesus, the relation of the divine Trinity with humans is explored in one person who is both unity and trinity, and of which the Holy Spirit forms part of the image of God and is reflected in humanity when lived out in a relationship. This relationship is grounded in love (Swain 2011:13).

Human nature contains spiritual elements of love, trust, hatred, compassion, and the ability to forgive (Holmes 2007:25). This might refer to a moral compass. Spirituality involves the understanding of virtues, norms and values (Louw 2011:155). In his book *Network of the Soul*, Louw (2012:62) says, "when applied to a Christian spirituality approach, identity and dignity will be determined by the understanding and experiencing of God and the self-understanding of the church (appropriateness of ecclesiology)". In both cases, the content of belief determines the value of life, and the eventual outcome of what can be called a Christian identity.

In order to understand the human relationship with God, it is first necessary to understand how humans interpret the image of God. When considering God images from a psychological viewpoint, it is a person's affective mental representation underlying and identifying an embodied, emotional experience or experiences in relation to God, including how people perceive God, and how they think God perceives them. God concepts are underlined by beliefs, ascribing God with personality traits through theological teachings (Razar et al. 2013:269).

An example of such contemporary views towards religion can be found in the Freudian writings that religious beliefs are associated with emotional disturbance, irrational thinking, inflexibility, and intolerance (Ellis 1980, in Zinnbauer and Pargament 2000:162). Within practical theology, Schneiders (2005:26-27) outlines a postmodern anthropological approach to spirituality:

> This approach is rooted in the recognition that spirituality is an anthropological constant, a constructive dimension of the human. Human beings are characterized by a capacity for self-transcendence toward ultimate value, whether or not they nurture this capacity or do so in religious or non-religious ways.

7.6   Spiritual landscape

The 'landscape' of spirituality covers a vast terrain and is not easily limited to a single thought or definition. Heitink (1999:193) explains the intercity of such a landscape as follows:

> The central problem practical theology must face is the hermeneutical question about the way in which the divine reality and the human reality can be connected at the experiential level. This question focuses attention on the pneumatological basis of the

theological theory of action. The fundamental choice to be made in this respect has its impact on the daily praxis in the church.

To define spirituality has been identified as a challenge. Therefore, researchers might find it equally challenging to explain how and where spirituality functions within certain landscapes.

7.6.1 Spirituality within religious systems of belief and values

Although spirituality is becoming a popular concept as research topic, it is in many instances not connected to a specific religion, specific truth, or as in the past, based on a biblical view (Jacobs 2013). This might be due the fact that it is difficult to define, measure, or assess spirituality (Botha 2006:95). According to Jacobs (2008:2), Scripture defines, and at times confines, spirituality within the Judeo-Christian worldview, which cannot be ignored.

According to White, Peters and Schim (2011:49), spirituality and religion is distinct multidimensional concepts that are often incorrectly used as synonyms. However, the postmodern era separated religion from spirituality. This is confirmed by Waaijman (2010:5) who has referred to spirituality as a discipline, which has, during the past fifty years, become independent from other theological disciplines. The reason for this is the change in the theological landscape and the scientific reflection on spirituality in non-theological disciplines. These non-religious disciplines do not only include the traditional disciplines such as philosophy, literature, history and religious studies, but also sciences such as anthropology, psychology, sociology, pedagogy, medical sciences and policy sciences. The activities are connected with the change process in which the Western culture finds itself. Waaijman (2010:5) identified the necessity to refocus the position of spirituality and reinstate its position within theology. This brings the study back to Müller's (2017) seven movements towards a postfoundational practical theology where theory-laden practices and experiences are interpreted without excluding neighbouring disciplines. Spirituality is shown as an independent entity, concerned with making meaning and sense, and searching for a connectedness and transcendence. Postmodernism depicts spirituality as a quest for fulfilment, and religion as based on beliefs and rituals (Jacobs 2013:4). Jacobs goes on to identify problems within such a changing landscape where spirituality has become dismembered and compartmentalised and has become increasingly anti-traditional.

In human sciences the study of spirituality, specifically meaning-making, has become a most common core concept, including concepts such as well-being, development, integration, freedom, self-fulfilment, inner discovery, and a sense of self, which are usually seen as intra-physically and intra-social concepts. The concepts 'experience' and 'meaning' have contributed to the spirituality discipline derived from the narrow framework of Catholic

spirituality, often limited to the classical religious schools. However, after fifty years, it has become critical to revisit the spiritual praxis consisting of spiritual exercise and virtues that shape the God–human relationship. These practices can be found in the Sermon on the Mount in the Gospel of Matthew (Waaijman 2010:23).

Religious people consider themselves as spiritual yet may or may not participate in formal religious practices. Religion is defined as "a set of beliefs, values, and practices based on a spiritual leader" (Office of Minority Health 2001:132), whereas spirituality incorporates both religious and non-religious beliefs and practices (Dessio et al. 2004:189). In many spheres, religion is viewed as institutional, dogmatic and rigid (Higgs and Smith 2003:np; Jacobs 2013:6) and exclusive, judgemental and divisive (Whittington 2015:6).

Religiosity is defined as "a sentiment of learned behaviours and social expressions that reflect cultural values" (Dy Laccio 2009:36). Behaviours are manifested in actions (White et al. 2011:49), where spirituality searches for meaning, purpose and transcendence (Usey et al. 2007:126). When striving to define spirituality, it becomes clear that its boundaries are limitless, and as Kurtz and Ketcham (1993:np) so eloquently state, it becomes a discovery of one's own limits.

The experience of spirituality is developmental, contextual, and most importantly, personal. It is viewed as free from formal structures and practices associated with religion and involves looking inward. This freedom makes it difficult to define spirituality (Whittington 2015:6). This seems to be in contrast to the definition of religion by Dy Laccio et al. (2009:36). When looking at spirituality through a personal lens, and in accordance to the OFR work environment, the following definition of spirituality is most appropriate:

> Spirituality is the universal human capacity to experience self-transcendence and awareness of sacred immanence, with resulting increases in greater self-other compassion and love.
>
> (Cashwell and Young 2011:7).

When distinguishing between spiritual beliefs, practices and experiences, Lajoie and Shapiro (1992:91) differentiates between translative and transformative aims. The translative spiritual aim is linked to meaning-making and purpose-seeking, and transformative aims are linked to self-realisation. When defining spirituality on a more personal, individualistic and secular level, people disconnect religious rules, regulations and responsibilities and view themselves as spiritual-but-not-religious (Koenig 2009:284).

Psychological trauma has the potential to break down a person's sense of meaning and purpose and may bring about a 'crises in faith'. Religion has the potential to help individuals make sense of trauma and death and provides answers to questions such as 'Why did this

happen?', which in turn, enhances well-being, lowers distress and facilitates the recovery process. Weaver et al. (2003:216) emphasise the importance of spirituality and religion within stressful, traumatic and critical incidents, where it has been known to provide a positive contribution. The significance of clergy in crisis and trauma recovery has been well documented. They further said that spiritual practices have been found to be a primary and traditional way developed by individuals to make sense and meaning of situations.

Richards and Bergin's (cited in Poll and Smith 2003:133) theistic model of human development assumes that spiritual identity if forged through the spiritual reality of an existing God, human beings as God's children with temporal bodies and eternal spirits, and with a means to communicate with God through their spirituality. In layman's terms, biblical spirituality is explained as 'living your religion', where the Holy Spirit lives in the person and manifests his character in them. This character can be found in the Fruit of the Spirit in Galatians 5 (Jacobs 2013:6). Spirituality is expressed in biblical text as containing the embodiment of the lived experience of God in Jesus and originating from Israel's experiences. Biblical spirituality is the lived experience of faith where experiences of people are storied in Scripture, as well as "that which is embodied in the text, and that to which the text gives rise" (Schneiders 2016:421).

Many scholars (Holmes 2007:24) are questioning the relevance of religion and scripture. The reason for this might be the growing interest in spirituality in many spheres of life, such as social sciences, psychology and medicine. When taking a closer look at these interested parties, it does not include the 'faith' element when considering the definition of spirituality and is rather focussed on scientifically proven facts within these disciplines. It has also been suggested to be a 'mystery' when viewed from a traditional vantage point. Schneiders (2016:417) explains the position of the Bible within Christian spirituality as follows:

> By Christian spirituality, taken in its substantive sense, I mean the lived experience of Christian faith, which is an ongoing project of life integration in the context of, in response to, and in terms of the revelation of God in Jesus Christ. [The term also refers to the academic discipline that studies this lived experience.] God's self-revelation, for the Christian, cannot be reduced to but is always integrally related to the text that Christians hold to be the inspired Word of God, namely the Bible, understood as sacred Scripture. So, in my understanding, all Christian spirituality is intrinsically biblical in some sense of the term, and the Bible is always related in some way, explicitly or implicitly, to any spirituality that can be called Christian.

Pali makes a distinction between his lived faith and religion. He views religion as 'the church', where one lives according to institutionalised dogma, whereas faith is one's personal relationship with God. It concerns what one believes, and how one feels. In Pali's words:

> … ek maak ook 'n onderskeid tussen geloof en godsdiens. Want dis twee verskillende dinge. Godsdiens is kerk. Jy staan op, jy gaan kerk toe, jy luister, jy sê agter die dominee aan, jy doen jou katkisasie, jy word aangeneem, jy word 'n pilaar van die gemeenskap. Diaken, *eventually* ouderling, en so gaan jy aan. Jy sit op die kerkraad, dis alles witboordjies en daai tipe dinge. Ware Geloof, is jou persoonlike verhouding met God. En wat jy glo. En hoe jy voel. Ek het 'n gly gekry in die kerk. Skynheiliges. Ek het begin vrae vra waarop niemand my kon antwoord nie. Ek het nie 'n sterk verhouding met die kerk nie. My verhouding met God in terme van my geloof is wat ek elke dag dankie sê vir dit wat ek het, en probeer om nie te veel te vra vir dit wat ek graag wil hê nie.

Pali has been wounded by the church, and feelings of bitterness and resentment seem to consume his thoughts concerning his experiences with the church community. He does not attend church, and therefore does not have the support structure to lean on. In the past, he did reach out for help, yet was unable to find the answers he needed to make meaning. Eventually, he stopped asking. In the process, he also stopped asking God questions, to which he did not receive answers. However, he said that he still has a relationship with God, but not with the church. This is also true for Geniko, who did not receive answers from his minister, and thinks of ministers to be ignorant and unknowledgeable where OFR experiences are concerned. The researcher asked Pali how he made sense of everything he went through. He laughingly said he reads books by Terry Pratchett, who is known for his fantasy and comedy novels. This seems to confirm how flippant he feels towards the support of his faith; although he says that, he is thankful for it.

Negative spiritual responses to stressful and traumatic life events may include negative cognitions about self, God, and the world, and may include spiritual discontent and disrupted intra- and interpersonal relationships and detachment (Wortmann et al. 2011:3).

Religion provides resources and tools towards empowering individuals through structural and social aspects of faith such as congregational and ministerial support, as well as religious literature, where peace, comfort and answers to questions may be found (Smith 2004:234). Ultimately, Lombard (2012:71) pens it down as "Christian spirituality is not just one dimension of the Christians life; it is the Christian life". However, Geniko described ministers as having no knowledge of his situation or experiences. He spoke of the minister not relating to his situation or touching on things that mattered. Consistent with studies relating to post-traumatic growth (Joseph et al. 2012:316; Kashdan and Kane 2011:84), Geniko seemed to be searching for a meaningful personal relationship and connection with God. OFRs require wise and empathic support systems. Their exposure to crises, violent acts, and traumatic incidents challenge their theological claims and beliefs about healing, forgiveness, justice and love. Usually, the trauma victims and their families' first contact is with the OFR who is then the first

to witness or hear their stories however brief it may be. For the OFR, stories of traumatic experiences are mostly internalised or told among their peers in a macabre and unhealthy manner containing gallows humour. It is only later that they may turn to a spouse or minister for guidance. They are not, like their patients, exposed to health workers, social workers or therapists after trauma. They sometimes turn to the church, and this is then their first 'professional' contact where they seek professional guidance. However, Slough (2015:95) found that the pastor and church community or congregation is 'rarely prepared' to handle the overwhelming feelings that the OFR may experience: "Few congregations have the resident professional knowledge or skills to help the traumatized." She suggests that love, patience, humility and discernment is needed to help trauma victims. Rosmarin et al. (2010:344) found that applying spirituality and religion to psychological issues is not always successful and may cause more harm and distress.

The debate on the relevance of religion and spirituality may only be important to those who are influenced by the subject. However, that it is an important and controversial topic has been shown in this study. That religion and spirituality can function, as separate entities have also been a matter of debate, as stipulated in Chapter 1. It is now the aim of the researcher, through literature, to show that the one cannot function without the other.

According to Lunn (2009:937), religion is often the source of spirituality, yet not all individuals who are spiritual are also religious, and not all individuals that are religious are spiritual. She defines each concept as follows:

> Religion is an institutionalised system of beliefs and practices concerning the supernatural realm; spirituality is the personal beliefs by which an individual relates to and experiences the supernatural realm; faith is the belief in a transcendent reality.

When one looks at the similarities between the three concepts, claimed as being able to function as separate entities, it should be noted that each one is concerned with a belief in a transcendent being, thus interlinking each one with the other as depicted in Figure 7.2.

When describing religion within institutionalised systems of belief and practice, Cox (2009:111) defines religion as "identifiable communities that base their beliefs and experiences of postulated non-falsifiable realities on a tradition that is transmitted authoritatively from generation to generation".
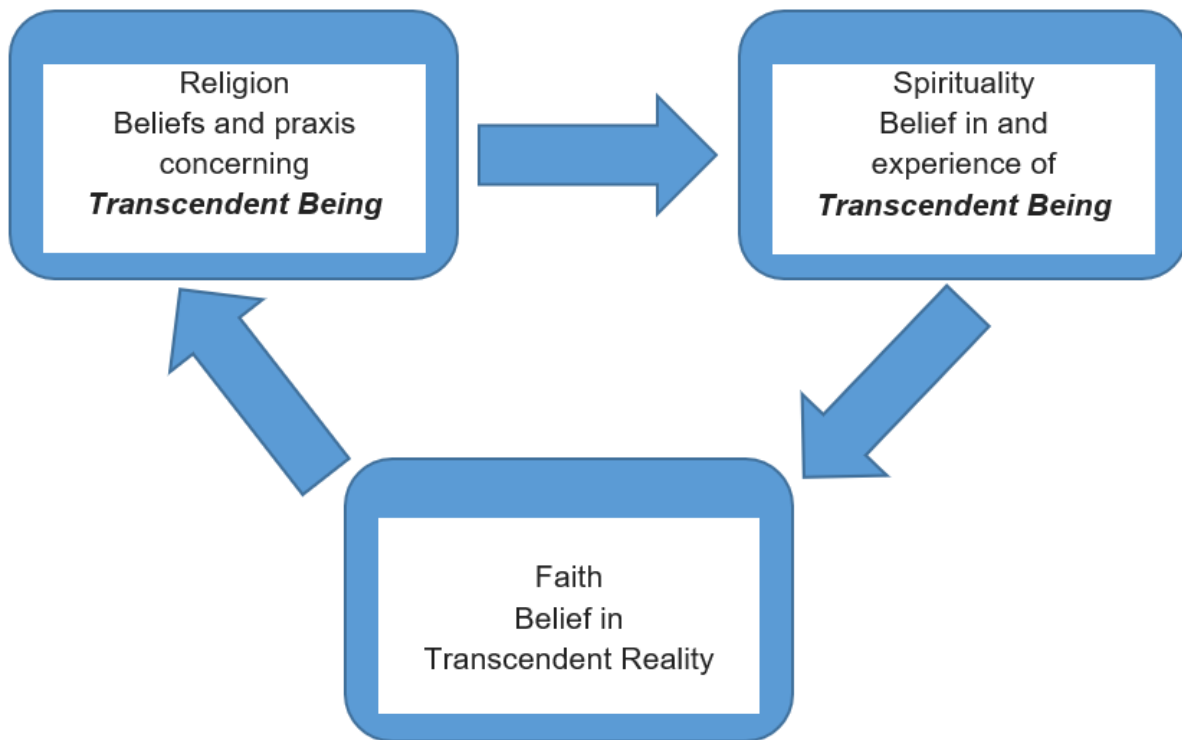
Source: Author's own (2018)

Figure 7.2:   Religion, spirituality and faith

Hervieu-Leger (1999:88-89) in Cox (2009:111) says that religion depends on the transmission of autoreactive tradition and defines it as "an ideological, practical and symbolic framework which constitutes, maintains, develops and controls the consciousness (individual and collective) of membership to a particular heritage of belief". Hervieu-Leger furthermore says that people share a past, giving meaning to the present, and contain the future. Religion is therefore not a religion if it is not connected and identified within a certain community, and if it has not heritage of authoritative traditions.

Spirituality can be experienced and expressed individually as well as institutionally, taking traditional and non-traditional forms. Religion is the search for significance related to the sacred and encompasses both the individual and the institutional, while including the traditional and the novel. "Virtually every major religious institution is concerned with spiritual matters" and "spirituality is never experienced outside of a context" (Pargament 1999:9,12). For example, the aim of the church is to bring people closer to God (transcendent), or privatised/individualised groups such as Yoga groups or meditation groups. Spiritual practices such as prayer and a reverence for creation are aspects that feature within most spiritual communities. For example, Maori spirituality in New Zealand and Christian spirituality identify with each other through similarities such as these. It helps the Christian pastoral therapist

when encountering different beliefs to assist by making use of these similarities and helping in the context the person understands.

Some traditional Australian Aborigines do not belong to a religious institutionalised system in the traditional sense, such as a church or mosque, yet they participate in religious ceremonies and are taught by elders, where sacred knowledge such as 'dreaming '(also called law) is passed on from generation to generation. Through 'dreaming', they relate to experiences of the supernatural realm. Meaning-making can also be recognised in their art containing aspects of their history and spirituality (Hume 2010:8).

Atheists define themselves as seeking truth through non-religious science and do not rely on religious myths and superstition. They therefore deny the existence of any supernatural being. However, atheist organisations can be found in most American urban centres where they practice freedom from religion (Williamson and Yancey 2013:58). Beliefs are related to making meaning, and in the case of the co-researchers, making meaning of violence, where Pali tried to consider poverty to make sense of such acts. People's beliefs are implicated by support and attributions of responsibility and hope for the future.

7.7 Spiritual struggle

Spiritual struggle in the form of a set of negative religious cognitions have been found to contribute to PTSD and how a person understands and responds to stressful events. A spiritual struggle includes a 'Punishing God Appraisal', the reappraisal of God's powers, and spiritual discontent. These elements have the potential to mediate the relationship between trauma and PTSD and is an indication that spiritual struggle is an important cognitive mechanism used by trauma survivors (Wortmann et al. 2011:442).

At times, loss has a way of making it difficult to believe in a loving, all powerful, always-present God. Loss, stress and trauma such as experienced by OFRs have the ability to challenge their global assumptions related to spirituality. Trauma and loss has the ability to disrupt beliefs such as the belief in the nature of God, a higher power who controls human density, a sense of fairness and justice in the operation of the world, or beliefs about what makes life and death meaningful (Kauffman 2013:50). The struggle to find meaning allowed the co-researchers to deepen their belief structure, although they could not reconcile their experiences with beliefs of a loving God. These experiences did not turn them from God and their beliefs. Rather, it allowed them to re-story their belief system in their assumptive world. Their faith allowed them to seek a deeper sense of knowing God. Geniko's new story separated God from disasters and awarded the cause to natural phenomena. Although God remains in control of nature, it

was necessary for Geniko to believe this new story in order to make meaning of why these things happened.

Although the co-researchers struggle to find meaning, have relational problems, and at times feel hopeless, they did seem to resolve some of the issues they struggled with. In these spiritual struggles, the co-researchers were led to a more resilient spirituality. Ultimately, this means that they managed to find meaning in these most difficult situations when they surrender their autonomy.

7.8   Spiritual crisis

When looking at the healing within counselling models concerning soul wounds or spiritual wounds within stress and trauma, research mainly refers to historical and cultural woundedness (Aho 2014:181). However, spiritual and religious conversation have become increasingly common among scholars in academic circles and has become a significant topic in a modern, post-secular society. Despite the challenges of finding relevance in a political and social hemisphere, spirituality is considered as a vital entity in public and health care institutions (Reimer-Kirkham 2012:1029). Literature has shown that, along with physical, mental and emotional health, spirituality and religion has a participatory effect towards an individual's wellness and resilience factor (Reutter and Bigatti 2014:56).

In their study where they researched the meaning of spiritual and religious growth after trauma, De Castella and Simmonds (2013:537) found that individuals who have experienced trauma, started to question core assumptions and the meaning of life, and in particular, spiritual and religious changes. Thorne (2001:438) defines spirituality as follows:

> The yearning within the human being for meaning, for that which is greater than the encapsulated individual, while religion serves this yearning through a complex pattern of writings, rituals, and ethical codes that are deemed necessary for spiritual fulfilment.

Violence and traumatic events effect individuals on a physical, emotional and spiritual level (Redekop and Ryba 2014:1) and has a direct and indirect impact on the community and the social environment in which they function. Emotional and spiritual trauma reduces people to wounded individuals and may lead to broken relationships, an inability to cope with challenges, feelings of hopelessness, an inability to stand up against injustices, and creates a rift between people, which in turn, makes human connections and forgiveness nearly impossible (Redekop and Ryba 2014:2).

The healing path may be complicated by a person's history of woundedness, wherein unconscious emotions and attitudes are transferred to present circumstances (Van Byssum 2013:249). During trauma, a person's life as well as their memories are disrupted. By narrating

traumatic memory, an individual may shift from victim to victor by becoming the subject of his/her own speech, rather that the object of someone else (the perpetrator). "Narrative memory is not passively endured; rather, it is an act on the part of the narrator, a speech act that defuses traumatic memory … helping the survivor to remake a self" (Brison 1999:40).

In a study by Schröder (2012) conducted among EMS and OFRs, considering OFRs' willingness to acknowledge and seek spiritual healing, it was found that, in general, 79% viewed themselves as spiritual, and within the same group, 86% viewed themselves as religious. This study also found that 63% confirmed their willingness to discuss their problems with a pastoral counsellor; 57% had access to a psychologist yet indicated that that they preferred to talk to their spouses rather than the psychologist; 56% indicated that they have had access to a pastoral counsellor, yet 63% indicated that they would prefer to talk to a pastoral counsellor. In their study concerning the role of religious coping and attachment to God, Kelly and Chan (2012:222) found that most people in the USA professed their belief in God. Weaver et al. (2003:217) found that most individuals turn to clergy when traumatised. They therefore classify clergy and chaplains as the 'first traumatologist' in the recovery process, and front-line mental health worker during stressful and traumatic incidents.

Official First Responders' intricately woven ideas and concepts of their work and life has been adapted to help them make meaning, narrate their stories, and cope with relationships. Fowler and Peterson (1997:47) define spirituality within systems of belief and values as:

> The way in which a person understands and lives life in view of his ultimate meaning, beliefs and values … It integrates, unifies, and vivifies the whole of a person's narrative story, embeds his core identity, establishes the fundamental basis for the individual's relationship with others, and with society, includes a sense of the transcendent, and is the interpretive lens through which the person sees the world.

In their study on the spiritual struggle of college students after exposure to stressful and traumatic events, Wortmann et al. (2011:1) found that maladaptive ways of understanding these events may, in itself, become spiritual and religious sources of stress. According to Smith (2004:233), spiritual trauma reveals itself in many forms; among these are anger, despair, confusion, guilt and withdrawal. Anger toward God may lead to guilt and shame.

Traumatic experiences affect a person's spirituality in the sense that they are confronted with uncertainty and instability, and in turn damages the person's sense of trust and security. Distrust influences a person's inter- and intra-relationships, meaning-making, attachment to God, and their concept of spirituality (Smith 2004:233).

7.9   Spiritual warfare

Swinton (2015:297) points out that the Hebrew Scripture does not have a word for health, and the reason for this is that a biomedical tradition of health was not yet established. Wilkenson (1980:5) agrees and add that the term 'shalom' contains the closest meaning to health, holding elements such as righteousness, holiness and a relationship with God. In theological terms, health is not understood as self-actualisation and the absence of suffering, but rather the presence of God amid suffering. Health therefore relates to a person's relationship with and connectedness to God, trusting and relying on His love and assured presence at all times and in all things (Swinton 2015:297).

Literature on religious and spiritual health has increased during the last decade, but still suffers a lack of well-defined constructs and theoretical models (Aldwin et al. 2014:2). Spirituality within health literature has one constant within all the complexities when identifying an appropriate definition. From a health care perspective, Sessanna, Finnell, Jezewski (2007:252) explain spirituality as an "intricate, enigmatic, abstract and ambiguous concept". Aldwin et al. (2014:2) found that religious alienation had adverse effects on the individual's health and suggest that psychological health modules may benefit by focussing on the cultivation of a richer spiritual life (Aldwin et al. 2014:28). In their research focussing on the link between religion and spirituality within psychological well-being, Ivtzan et al. (2013:915) show the importance of spirituality within psychological well-being, regardless of any experiences through religious participation. Their main finding was that of the individual's core spiritual awareness of the importance of a personal experience with the transcendent. Their study confirms the need for spirituality within religion, becoming the variable between religious activity and psychological well-being. This has not realised yet but it may assist in the quest towards a personal interpretation of experience (Ivtzan et al. 2013:927). However, Park (2013:828) found that within psychological well-being the highly religious individuals were more likely to experience emotions of happiness and satisfaction as well as being the least likely to become psychologically distressed.

Spirituality is related to lowered traumatic stress and can become a protective buffer between ongoing stressful life events, which may result in traumatic stress (Hourani et al. 2012:1). Lee and Wales (2003:45) suggest that therapists should be aware of this, especially for clients for whom spirituality already plays an important role. Spiritual traumatic growth after experiences of trauma and symptoms of post-traumatic stress, highlights issues such as spiritual beliefs, growth and healing where the loss of meaning and religiosity caused woundedness (De Castella and Simmonds 2013:536). This provides an opportunity for a spiritual model towards

healing of woundedness of OFRs. Pali indicated a spiritual war, that of fighting demons and wrestling with God.

Smith (2004:236) found that the wounded individual might benefit by including religion and spirituality in the treatment process. She however points out that spiritual elements within therapy are not common and therefore many therapists may be unfamiliar or uncomfortable to incorporate it into therapy. The researcher is concerned that the therapist's needs are put before the individual's needs and making use of clergy is not acceptable to many secular therapists, and referrals from the clergy then seem unnecessary, as therapists will not be incorporating spirituality or religion in their sessions.

7.10   Spiritual growth

According to Waaijman (2002:423), spirituality has to do with the godly–human rationalisation process, which brings about transformation (see also De Villiers 2008:126). With regard to both godliness and humanity, spirituality can be explained in the light of basic concepts such as holiness, mercy, and perfection (De Villiers 2008:126). In their study researching the predictors of growth and decline following spiritual struggles, Desai and Pargament (2015:47-48) found that spiritual growth is inhibited by factors such as avoidant attachment, negative experiences in a person's relationship with God, a lack of social support, and ineffective religious coping and support. Spiritual growth is difficult to measure and is uniquely related to each individual (Sharpe 2016:18). However, when considering OFRs and their spiritual struggles as identified in this study, guidelines and approaches may be suggested to support them towards spiritual healing. Sharpe (2016:18) suggests that formal church programmes and teachings might assist; however, the OFR first needs to rebuild a trusting relationship with the church and ministers before such steps might be successful.

7.11   Spiritual support

Psychotherapy is made up of a vast variety of theories, techniques and approaches and it is for this reason difficult to critically evaluate a particular theory as a unique, successful and proven technique. Approaches to counselling therefore needs to assess the type of counselling approach, considering the following: 'with whom' and under which conditions, the particular problem, and the unique concerns and assumptions. Approximately twenty-five years ago, pastoral counselling was seen as substantially different from psychotherapy but has moved closer together and has been seen as less distinct in recent years (Tidball 1986:19,22). Spirituality has been identified as a vital component within wellness, which is achieved by balancing biopsychosocial life dimensions, of which spirituality has been found to

be a central and essential core concept. Evidence of spirituality being central to human functioning has been found in the theoretical and conceptual models within counselling literature, and this is confirmed by the need of most people who find spirituality essential to their lives (Young and Young 2014:79). After the Haiti earthquake in 2010, the humanitarian aid World Vision International confirmed that clergy and individuals' spirituality are vital components which are neglected within the support systems (Schafer 2010:121). Again, none of these studies included OFR support, but only the affected communities.

In a previous study conducted on the counselling available to EMS within their work environment, the researcher found that institutional and structured counselling sessions of any form have negative connotations for the paramedics, and they tend to rely more on themselves to find effective coping mechanisms (Van Straten 2012:33). Figure 7.3 shows the accessibility of psychologists by paramedics.
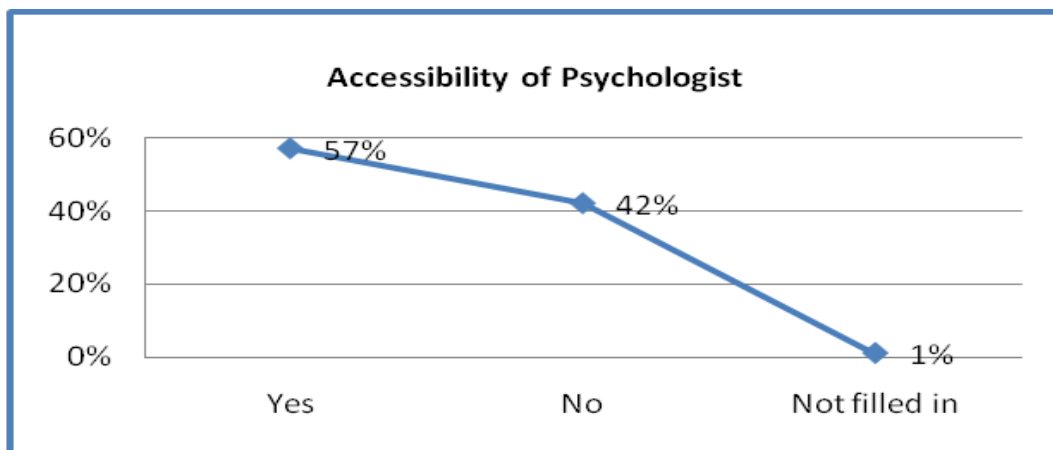
Source: Schröder (2012:33)

Figure 7.3:   Psychologist being available and accessible to paramedics

According to Figure 7.3, 57% of paramedics had access to a psychologist, yet preferred talking to their spouse or colleagues about their problems. Another 42% did not have access to a psychologist or knew that a psychologist was available. This might be the reason why this group of paramedics confided in their colleagues and/or spouses.

During the interview conducted in the study by Schröder (2012:32), a paramedic mentioned that they had access to a psychologist right after a critical incident in the form of debriefing. Sometimes it was a bit too quick for the guys. They needed someone on site 'who goes where we go'. He mentioned the frustrations of the Japan earthquake disaster in 2011 and said that:

> We had to achieve the impossible. Now I am back in South Africa and have to consult
> a psychologist who has learnt the basics of psychology and then just tells me things

that I already know. Now I have to source funds from my private medical aid to seek additional help and this becomes a burden.

This might be a reason for the paramedics' preference in turning to their spouses/partners when talking about their work experiences, as shown in Figure 7.4.
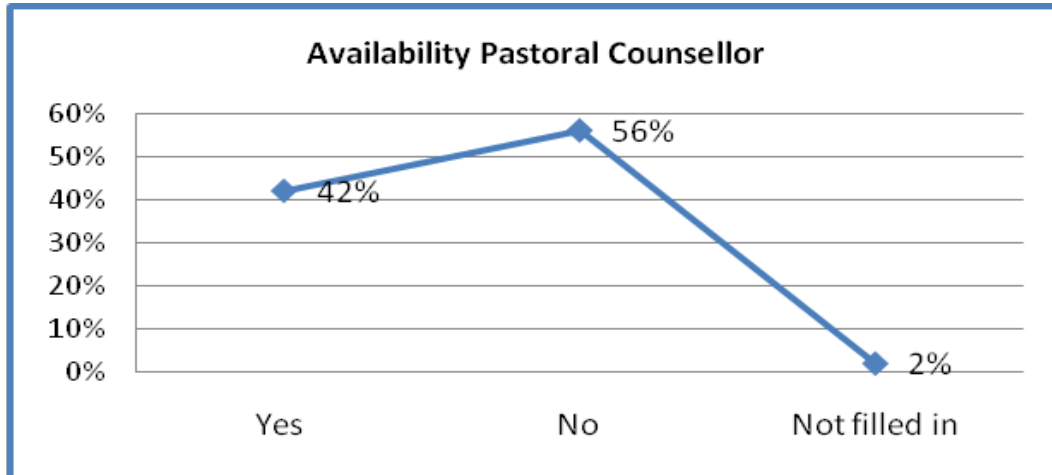
Figure 7.4:   A pastoral counsellor being available and accessible to paramedics

Figure 7.4 shows that 56% of the paramedics did not have access to a pastoral counsellor, and only 42% had access, which means that paramedics have greater access to a psychologist than to a pastoral counsellor. They further indicated that they would prefer to talk to a counsellor, which highlights the gap that exists in pastoral counselling. Sigmund (2003:222) indicates that life-threatening events and psychological trauma can prompt spiritual questioning.

In the interview, respondents were asked where they went for help:

> There is no help. Books have been written on this subject, courses have been constructed, and everyone knows everything. The equipment is the best. All over the world they try to make it more professional. The vehicles are smaller, technologically advanced. The training is the best. My issue is, What is being done about this? [solving the trauma-problem].

He indicated that they were all talking about the existing problem, but there seemed to be no solutions that help the paramedic to cope. Another respondent answered that:

> Health care professionals get traumatised, but for some reason, we don't get the chance to go for counselling. There are no motivating programmes for one to do that, there's no support. Even after an incident, you can't get the time to go for help.

According to Smith (2004:234), spirituality provides a framework for building a set of beliefs. These spiritual beliefs may assist in understanding of the emotions sprouting from spiritual woundedness.

7.12 Conclusion

Spirituality and religion are topics that can no longer be ignored within science and research. Counselling and therapeutic methods and models towards individual change and healing have become a prominent topic within both secular and practical theological approaches to therapy. According to Rambo (2010:434), parochial approaches to religion is no longer viable and an interdisciplinary approach should be considered, while maintaining the core complexities and theories within the faith. He further said that, although almost all approaches are criticised, one has to carefully consider that not all assumptions, methods and theories are accepted as truth. In this study, a shifting movement between pre-modern, modern, and post-modern eras will be balanced, as not one era has the monopoly on the idea of truth and healing, as seen from the birth of each model within these eras.

From approaches such as rejectionism, exclusivism, constructivism and pluralism, the researcher has opted for a contemplative approach to counselling, where all things begin with a relationship with God, who lives in the centre of all things (Blanton 2008:78). By using the contemplative approach, insights from pre-modernism, modernism, and post-modernism are recognised (Watson 2003 in Blanton 2008:73) where the Christian worldview is not one of isolation but exists in context to postmodernist worldviews. Aten (2004:255) suggests that the integration of these different worldviews be developed into models suited for a postmodern culture.

In the pragmatic task, the items relevant and beneficial to the spiritual healing of OFRs will be combined into a programme aimed at healing spiritual woundedness, namely the First Responder Spiritual Reliance (FRSR) Model.

Spirituality is difficult to define because of the diversity of religious beliefs and ever-changing worldviews. For example, New Age spirituality refuses to acknowledge institutionalised religion and invites diverse spiritual beliefs within contemporary society, calling it secularised spirituality. Scholars have not found a single definition of spirituality that they can agree on (Wolfteich 2009:122). It therefore seems necessary that each community or culture should define their spirituality according to their systems of belief, even if it denies religion. From a Christian spiritual viewpoint, practical theology has the responsibility to tend to spirituality and the development of appropriate methodologies through theological reflection.

The 'Art of War' has a common denominator linking it to this research study and that is mainly found in Sun Tzu himself. According to Brennan (2011:ix), Sun Tzu was a revered general defined by compassion and spirituality, who "possessed a desire for resolution". Therefore, the Art of War is not about waging war, but about winning. Brennan (2011:ix) refers to this as

David toppling Goliath, and he claims that these concepts may be applied to one's own life. The next chapter aims to discuss, in short, a few existing methods and models in South Africa, which are applied in the hope to assist the OFR with the stressful aftermath of waging war.

The question might be asked, 'what do we dare hope for?' The researcher ventures to say that we dare to hope for the things we lost in the 'war'. In other words, the things we lost before we started questioning why bad things happen to good people violent acts, accidents, and other traumatic incidents, which result in the loss of meaning, the loss of trusting relationships, and hopelessness.

A pastoral approach to therapy is grounded in hope towards a positive change in the client's life. Although the counselling relationship commences from desperation, it aims to alleviate despair and suffering towards a hopeful outcome. Within the therapeutic relationship, a therapeutic alliance is formed. When a person is oppressed by the evil in the world, tired of inter- and intrapersonal struggles with trying to make meaning, it may lead to feelings of vulnerability, weakness and hopelessness (McMinn 2012:126). Pastoral therapy has the tools for restoring a person's meaning, relationships and hope. "The exploration of the meaning-making process may have considerable impact on therapeutic intervention" (Golsworthy and Coyle 1999:22). Chapter 8 discusses a few therapeutic approaches, which may contribute to the spiritual healing of OFR spiritual woundedness.

Chapter 8

Manoeuvring and Variations

8.1   Introduction

Sun Tzu said, "In war, the general receives his commands from the sovereign" (Giles 2012:53). Metaphorically, pastoral therapists who act as generals during a client's inner battles and outer wars have to receive guidance from God, the Sovereign, who commands all life and living. The history of pastoral therapy can be traced back to the Old Testament where ancient Israel looked to God for guidance and to Scripture for wisdom. Wise men and rabbis were the guides. Jesus, who counselled many through his teaching ministry, was often called 'rabbi' (Mt 26:25,49) (Johnson et al. 2012:12).

The therapist is tasked to bring about transformation in the lives of people who suffer from inner wounds. This transformation, in turn, leads to wholeness. In order to guide people towards wholeness and meaning, the therapist needs discernment, wisdom and understanding (Nolte and Dreyer 2010:1). Many counselling and therapy models and guidelines exist, and it is the responsibility of the therapist to discern among these, and to apply what is needed in the client's life. As established in Chapter 4, the co-researchers each felt that they have unique needs and these needs should be considered and understood. Therefore, one specific chosen model might not be appropriate for all OFRs in general. Yet, there are basic elements, which need to be included in the therapy process when considering a narrative pastoral therapy approach.

De Jager Meezenbroek et al. (2010:337) identify spirituality as an important component in health care, yet research is limited to religiosity and in terms of the role spirituality plays in the patient–therapist relationship. For example, Louw (1998:1) identifies the cure of human souls as the most essential function within pastoral therapy. Although secularised society, and especially psychology as independent science, have distorted what this means, pastoral therapy should remain focussed on salvation through the gospel, as well as interpreting human existence within contexts and relationships.

There are many structures that help us find meaning, hope and healing (Newhouse 2006:1), such as educative and grief counselling (Clinebell 2011:22), trauma counselling (Ling, Hunter and Maple 2014:297), marriage counselling (Sadi et al. 2010:335), and family counselling (Gerstein 2013:xii) . Different types of interventions depend upon the individual's social and personal functioning (Cuijpers and Nies 2013:175). Hunsinger (2011:9) describes pastoral

counselling as an invitation to participate as an intervening role player in the theology of God's care through Jesus Christ.

Movement 6 of the Postfoundationalist Practical Theology is a description of experience, conducted and thickened by an interdisciplinary investigation. During this movement, the notion of transversality was used by bringing views of different disciplines into play. Van Huyssteen (1999:116) states that:

> Although we cannot think and act except through engaging with our local contexts and traditions, our task is always to stand in a critical relation to tradition precisely by stepping beyond its epistemic boundaries in cross-contextual conversation.

The following sections are short discussions on a few of the different voices participating in such conversations.

8.2 The voice of psychological therapy approaches

Many different psychological therapy approaches have been developed, each with their own positive and negative elements. Erikson (1950) developed an eight-stage model concerning a developmental theory involving stage-specific tasks with the aim of altering the consequences when the tasks are not completed in a stage-salient sequence. Piaget (1936) developed a sequential sensory motor and operational periods with physical and neurocognitive development in mind. These models are criticised as purely psychological approaches to stress and trauma therapy and may ignore other factors such as spiritual and religious issues (Levers 2012:5). These models are also criticised as "purely mechanistic models" and not contributing to an understanding of lived experiences and worldviews (Levers 2012:6). A bio-ecological model developed by Bronfenbrenner (cited by Levers 2012:7), is transactional and systematic in nature and focusses on attachment across a lifespan and the impact of trauma, which allows the client and counsellor to understand the trauma and meaning-making process within the time and space of a relevant ecology. Other trauma-focussed therapies include trauma-focussed cognitive behaviour therapy that focusses on meaning and memories, and is promoted as a first-line treatment; and collaborative care pilot interventions to reduce symptoms of PTSD and alcohol abuse, and is a disease managing strategy (Johnson et al. 2012:108).

8.2.1 Positive psychology

At the core of psychology and its neighbouring professions lies the disease model, around which most of its models are built, and where most research focus on mental illness (Gable and Haidt 2005:104). The disease model within psychology may be defined as "any

dysfunction that effects mental functioning can be regarded as a 'disease' … [and] is assumed to be a consequence of physical and chemical changes which take place primarily in the brain" (Frontier Psychiatrist 2011:Online). Gable and Haidt (2005:104) define positive psychology as "the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, or institutions".

During the 1990s, the helping profession negotiated the watershed plea. This plea motivated scholars towards the "scientific study of the personal qualities and sociocultural conditions that promotes a life well-lived, defined by criteria of happiness, physical and mental health, meaningfulness and virtue" (Baumgardner and Crothers 2010:9).

> Positive psychology is an umbrella term for the study of positive emotions, and character traits, and enabling institutions. Research findings from positive psychology are intended to supplement, not remotely to replace, what is known about human suffering, weakness, and disorder. The intent is to have a more complete and balanced scientific understanding of the human experience – the peaks, the valleys, and everything in between. We believe that a complete science and a complete practice of psychology should include an understanding of suffering and happiness, as well as their interaction, and validated interventionism that both relive suffering and increase happiness – two separable endeavours.
>
> (Seligman and Csikszentimihalyi 2005:410; see also Park 2011:324).

The aim is to, not only repair and heal, which has been the main focus within the helping profession, but to build upon the positive qualities of clients (Seligman and Csikszentmihalyi 2014:280), and to move away from the traditional psychological disease model towards a positive psychological approach where a quest towards understanding happiness, thriving and a meaning for life would be promoted (Seligman and Csikszentmihalyi 2000:6; see also Brunsdon 2015:5). According to Seligman and Csikszentmihalyi (2014:279), these traits have the potential to improve quality of life and prevent pathologies arising from meaninglessness. They refer to certain existing gaps in knowledge within science and the profession where hope, wisdom, creativity, future mindedness, courage, spirituality, responsibility and perseverance are, at times, ignored. Non-neglected areas such as attachment, love, and emotional intelligence remain the focus. Although researchers in social sciences and helping professions do not believe in an imbalance, they tend to focus more on the negative side (Gable and Haidt 2005:104). The social and behavioural sciences may have a very important role to play (Seligman and Csikszentmihalyi 2014:280). The researcher therefore suggests that it includes pastoral therapy as an important role player within this discipline as it has been shown to have a major influence within the existing field of spirituality.

8.2.2   Logo therapy – Victor Frankl

OFRs have to deal with continuous difficult circumstances in their workplace. Although they do not find themselves in an actual war zone, their work has been compared to war-like circumstances and consequences. Victor Frankl, the founder of logo therapy, was a prisoner during the Holocaust in World War II. He may be one of the best examples to portray the human need to search and understand meaning. His unavoidable and intense experiences of suffering in the death camps cannot be compared to the OFR stress and trauma, yet the concept is relevant to the OFR (for example, survivor guilt, detachment) when considering the unavoidable nature of their work. Frankl believed that individuals should accept the consequences of these unavoidable circumstances and deal with the existential dynamics thereof. Mental health is built on the concept of the existential dynamics consisting of the tension between that which has been accomplished and what should be accomplished (Frankl 2006:104).

Frankl encourages survivors to walk through their pain, without clear processes and suggestions from the therapist (Tate et al. 2013:85). When clients 'get over' a problem, and not 'through' the problem, they seem to become 'stuck' and do not work through issues towards understanding and growth. Therefore, the therapist should encourage clients to deal with the consequences of their suffering.

Frankl believes that people are able to find meaning in life if they are in tune with the 'Ultimate Meaning' (a suprahuman dimension of the Spirit). Frankl translated the biblical passage "In the beginning was logos, and logos was with God, and logos was God" (Jn 1:1), according to his own understanding: "In the beginning was Meaning, it is the centre of the universe and calls out to people to discover it. This is the ultimate demand of life" (Frankl 1985:297). When connecting this ultimate meaning with psychotherapy, life's meaning in general is less important than the meaning a person gives to specific moments in time (Frankl 1985:171). It is the therapists' mission to guide the person to his own unique potential areas of meaning. He believes that achieving meaning in life, one needs to understand the meaning of suffering. Only then can meaningful living be achieved; "He who has a why to live for can bear almost any how" (Frankl 1985:97).

8.3   The voice of a phenomenological paradigm

Within the phenomenological paradigm found in postmodernism, the focus is on the human need and individualistic surrendering of external locus of control for internal locus of control (Louw 2010:70). Psychology is explained as the study of the 'soul'. The Afrikaans word for psychology is 'sielkunde', meaning 'soul knowledge'. The researcher agrees with Johnson

(2012:19) when he states how ironic it is that the 'soul' is rejected by most therapies today. This leads to many challenges when integrating Christian counselling and psychotherapy. Psychological approaches dominate therapy in these approaches, and consist of a series of orientations, theories and research methods, and has its focus on the individual's perceptions, cognition, emotion, relationships and behaviour, while seeking to describe, understand, predict and control the person, which is coined as the 'holistic approach' (Rambo and Bauman 2012:880). Rambo and Bauman (2012:881) refer to three approaches within the holistic approach, of which no approach mentions spiritual healing:

- **Behaviourist approach**: Emphasising the environmental impacts on change.

- **Humanistic perspective**: How conversion empowers an achievement towards self-realisation or fulfilment.

- **Social holistic approach**: Synthesising the previous approaches.

These approaches to healing have all been developed in a hope to find a more holistic approach to understanding human change (Rambo and Bauman 2012:881). Within this holistic approach, spirituality is mostly excluded and may be classified within the constructivist approach to therapy. This approach denies the existence of an absolute reality but recognises the individual's ability to construct their own personal meaning to life and realities, and to reconstruct their own story (Zinnbauer and Pargament 2000:166). Constructivists view human beliefs as constructed with or without God and religion, and therapy has its focus on the client's belief system, and therapy techniques are adapted to suit the client's worldview (Zinnbauer and Pargament 2000:166).

8.3.1   Person-centred therapy – Carl Rogers

Carl Rogers' (1902–1987) perspective towards therapy is based on a person-centred approach where openness, growth, and a change in how therapy is understood is promoted. It is focused on providing a way of understanding and solving problems in relationships, emotional development and ethical behaviour. Therapy includes acceptance, empathy and a positive regard from others (Gatongi 2007:205). In other words, the client is partly dependent on how others perceive him or her.

In therapy, the causes of the client's problems, and searching for possible solutions, are irrelevant. Therapy is focused on the client as solely responsible for their own healing, their control over the therapeutic process and the therapist's non-judgemental acceptance of the clients (Gatongi 2007:206). Person-centred therapy is therefore not dependent on the

therapist or therapy techniques, but on the client him/herself. The therapist acts as a companion on the road to healing.

When considering the role of spirituality within person-centred therapy, is only in the later stages of his life that Rogers started to acknowledge 'spirit' within the client–therapist relationship (Rogers 1980:129; see also Mather 2008:33). This can be found in the following conclusion by Rogers (1980:129):

> When I am at my best, as a group facilitator or as a therapist, I discover another characteristic. I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when I am in a slightly altered state of consciousness, then whatever I do seems to be full of healing. Then simply my presence is releasing and helpful to the other. There is nothing I can do to force this experience, but when I can relax and be close to the transcendental core of me, then I may behave in strange and impulsive ways in the relationship, ways which I cannot justify rationally, which have nothing to do with my thought-processes. But these strange behaviours turn out to be right, in some odd way: it seems that my inner spirit has reached out and touched the inner spirit of the other.

Rogers' (1980:133) understanding of a spiritual experience can be found in the following statement:

> I hypothesize that there is a formative directional tendency in the universe, which can be traced and observed in stellar space, in crystals, in micro-organisms, in more complex organic life, and in human beings. This is an evolutionary tendency towards greater order, greater complexity, and greater inter-relatedness. In humankind, this tendency exhibits itself as the individual moves from a single-cell origin to complex organic functioning, to knowing and sensing below the level of consciousness, to a conscious awareness of the organism and the external world, to a transcendent awareness of the harmony and unity of the cosmic system, including humankind.

8.3.2   Traumatology – Charles Figley

Charles Figley is a university professor in the fields of psychology, family therapy, psycho-neuro-immunologist family studies, social work, traumatology, and mental health, and one of the leading experts in PTSD. He is the Paul Henry Kurzweg, MD Distinguished Chair in Disaster Mental Health, and a professor in the Graduate School of Social Work at Tulane University. Prof Figley is the founder of the Green Cross Academy of Traumatology. The academy was initiated after the bombing of a federal building in Oklahoma City in April 1995 and was merged with the Green Cross Foundation in 2004. The Academy is a non-profit, humanitarian organisation providing international assistance and comprises licensed traumatologists focussing on assisting victims of traumatic and disaster related events (Green Cross Academy of Traumatology, n.d.: Online).

Figley (1997:xvii) stresses the need for therapists to understand PTS before they are able to effectively address the suffering of the traumatised. PTSD and traumatic experiences may manifest symptoms and modes of denial and intrusion, while the OFR is in the process of coping with traumatic incidents and experiences. Figley (1997:xvii) suggests that treatment includes addressing the related effects by finding new ways of being, finding a comprehensive perspective on the client's, and in this case OFR's logos of control, an emotional relocation of what has been lost, relinquishing guilt, a revision of the assumptive world, creating new meaning out of experiences, and forming a new identity.

The co-researchers indicated that they preferred self-care methods to that of consulting a therapist. The Green Cross Academy of Traumatology initiated basic self-care guidelines towards wellness. These guidelines provide standards and principles of self-care (Appendix B). The guidelines comprise of issues such as ethical guidelines towards self-care, standards when expecting compensation, creating an awareness of physical, psychological and social inventory in the self-care practice. However, the guidelines do not include spiritual self-care information.

Figley (cited in Weaver et al. 2003:220,216) acknowledges that spirituality and religion cannot be ignored as highly valuable constructs when dealing with traumatised persons. When questions such as "Why did it happen?" are asked, people tend to turn to faith and spirituality.

8.3.3 Narrative therapy – Michael White and David Epston

Narrative therapy originated in the late 1980s in Australia and New Zealand and was grounded in approaches to family therapy. Narrative therapy has since evolved to become part of various therapy programmes. Michael White and David Epston are the pioneering fathers of narrative therapy, built on the foundations of social constructionist, postmodern and post-structuralist discourses. White and Epston, inspired by Foucault, had their focus on meaning-making, assumptions of humanism and ethics (Besley 2002:125).

The common denominator between narrative therapy and other humanist therapies are that it is person-centred, aiming towards the seeking of knowledge and skills, and ultimately towards transformation; a positive change in self-perception; the therapist's role of facilitating the process, and not imposing knowledge; and to play the role of a servant leader, following the client within the discovery and decisions within the problem, and how to deal with them (Payne 2006:5). Narrative therapy ultimately encourages the re-authoring of wounded thoughts and experiences.

Narrative therapy may be explained as a storied experience. The counselee sets the goals which narrating their stories would achieve. In order to make sense of life, the individual

arranges his experiences in life into a beginning, a middle, a present and an ending. Morgan (2000:4) identifies the aim of narrative therapy as follows:

- Narrative therapy seeks to be a respectful, non-blaming approach to therapy and community work, which centres people as the experts in their own lives.

- It views problems as separate from people and assumes that people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives.

- Curiosity and a willingness to ask questions to which we genuinely do not know the answers are important principles of this work.

- There are many possible directions that any conversation can take (there is no single correct direction).

- The person consulting the therapist plays a significant part in determining the directions that are taken.

Although narrative therapy was originally focussed on the family and family therapy, it contributes to this study and spiritual healing. The OFR work environment may be compared to a family environment, in the sense that they prefer to speak to each other or their families about their problems. Thus, they turn to each other when resolving issues. Ultimately, it was found that they do not communicate about their problems at all. Narrative therapy may help as it encourages the client to externalise the problem, and as a result, the problem becomes detached from the person and can be viewed as less restrictive. Externalisation has the potential to lessen conflict in the following ways (White and Epston 2005:88):

- Decreases unproductive conflict between people, including those disputes over who is responsible for the problem.

- Undermines the sense of failure that has developed for many people in response to the continuing existence of the problem, despite their attempts to resolve it.

- Paves the way for people to cooperate with each other, to unite in a struggle against the problem, and to escape its influence in their lives and relationships.

- Opens up new possibilities for people to take action to retrieve their lives and relationships from the problem and its influence.

- Frees people to take a lighter, more effective, and less stressed approach to 'deadly serious' problems.

- Presents options for dialogue, rather than monologue, about the problem.

In relation to meaning-making, Randall (2009:32) asserts that spirituality is a narrative process and spirituality is an experience. He goes on to say that, one's sense of self is shaped through the storylines and how it is interpreted. The master narratives situated in philosophies influence it and doctrines in which people's beliefs shape their lives. When listening to the stories of clients in therapy, the focus should rather be on spirituality than religion. The reason for this is that religion is often experienced and perceived as suppressing spirituality. Therefore, many people are becoming adamant in saying that they are spiritual, yet not religious. "Spirituality is deeper than religion … its expression takes a religious form. Spirituality transcends religion" (Randall 2009:38).

8.3.3.1 The model of a narrative approach to therapy and research

Narrative therapy was introduced by White and Epston (1990) during the 1980s and has since evolved into a multi-faceted psychotherapeutic approach to healing. This influential approach allows the client to construct new stories of their lives. Narrative therapy implies the re-authoring of a person's main story. This happens by paying meticulous attention to the 'unique outcomes' identified in the main story. Through a narrative lens, a person's life story is placed in the spotlight. Each individual has a unique and personal narrative identity, from which events and experiences are interpreted and meaning is made. Both past and future narratives are relevant. As indicated, this study is situated within social constructionism as an epistemology in dialogue within a postfoundational notion of therapy and research. Although social constructionism was discussed in Chapter 2, the reader should be reminded of the importance thereof. Social constructionism offers the therapist ways of thinking and understanding social constructs such as identity and gender, and this is mostly done by separating the person from the problem.

A postfoundational notion of practical theology as epistemological framework relied on narratives and social constructionism in order to obtain meaning from the experiences of the co-researchers in order to understand their woundedness and to construct preferred realities. Transversal rationality, based on a postfoundational approach, allowed the researcher to generate meaningful communication between various disciplines. Muller (2013:3) argues that a universal rationality limits and complicates a fundamental understanding of reality, as it commits to an ultimate truth wherein "truth" is expected to be universally accepted by the diverse disciplines entering the conversation. In contrast to this, a diverse rationality allows the nullification of all truth and renders interdisciplinary conversation meaningless. Therefore, a transversal rationality, leaning towards a responsible and workable, tangent point between disciplines, was utilized. According to Van Huyssteen

(2007:421), creating such an epistemic space motivates an interdisciplinary discovery and critical evaluation within social sciences. These jointly constructed understandings and shared assumptions become part of the healing process where, through narratives of the OFR, knowledge and understanding of the challenges they face, and how this influence truth, reality, knowledge and identity, is rationalized.

Narratives, interpreted by different people, such as the OFR and the pastoral therapist, allow multiple understandings and interpretations. This may guide the OFR to construct a subjective meaning-making narrative, and provides freedom of choosing an understanding, and in turn, functions as a motivator (hope) towards transformation, change, and possibilities of an alternative outcome (Loubser and Müller 2011:5). From unique outcomes, people are able to 're-author' their stories. In *Time and Narrative* Paul Ricoeur (1983:248) writes: "narrative identity is not a stable and seamless identity ... It is always possible to weave different, even opposed, plots about our lives." Narratives have the ability to accommodate fact and fiction in the same story. Narrative identity is positioned between historical narratives and narratives of literary fiction. In other words, Narrative identity allows the person to be the narrator as well as the interpreter, and receiver of interpretation (Ricoeur 1987:244-249). From the OFR work environment, the study is concerned with their stories, spiritual experiences, identity, and the narratives of experience, beliefs, and understanding of the three focussed concepts identified in spirituality, which are meaning-making, God concepts, and hope for the future.

8.3.3.2   Language within a narrative perspective

A person's sense of self is dependent on their memories. These memories are translated into stories (Randall 2009:36). Every person is the author of his own self-story, and from this, identity is shaped. It is a continuous process throughout life. When having to work in an environment where the OFR is confronted with death and mortality on a daily basis, stories of stress and crises are merged with self-stories. What are the stories OFRs tell themselves at the end of a working day? Within narration of one's stories, spirituality involves the transcending of these stories (Randall 2009:38).

"Trauma takes away language. If we can't put language to our experience ... it burrows further inside our beings" (Gonzales 2001:197). The researcher concludes that in order to transcend stories and re-author life narratives it is necessary to find new meaning in the stories.

Language within the therapeutic conversation is used to externalise the client's problems. The therapy techniques aim to deconstruct and expose patterns that are identified as problems, which in turn provide opportunities for change (Besley 2002:128):

> Language is constitutive to people's lives. One cannot stand outside language. Language is evocative and brings forth realities. Therefore, vigilant attention must be paid to the use of language from the very beginning and throughout the therapeutic conversation. Our concern is not only how people interpret language and circumstances, but how we interpret their interpretations.
>
> (see also Payne 2006:8).

The stories that people narrate about their experiences, shape their meaning-making and lives (White and Epston 2005:89). OFRs use their lived experiences to tell stories to each other as a way of alleviating stress; therefore, the researcher chose to incorporate narrative therapy in the spiritual programme towards the healing of OFR's spiritual woundedness. "People inadvertently contribute to their problems by the way they construct specific meaning to their experiences", which in turn determines their behaviour and meaning-making, produced through the way they turn their thought, emotions and history into stories (Besley 2002:132).

Cunliffe and Coupland (2011:63) argue that sense-making is done through embodied interpretations and interaction with others and occurs within narratives where individuals try to construct sensible accounts which are responsive to certain moments.

8.3.3.3 Pastoral therapy from a narrative perspective

The narrative therapist becomes a co-traveller in the client's story, using a 'respectful and not-knowing' stance while being a careful and tentative listener, using language and therapeutic skills to show inconsistencies, contradictions, and hidden assumptions. This technique is important, as OFRs are usually hesitant to speak to people who are not part of their cultural circle. They also believe that 'cowboys don't cry' and therefore these stories may contain hidden assumptions that may contradict their true experiences.

By integrating a narrative approach, therapy becomes "a cultural arena that people who are experiencing difficulties or tensions in their lives can use to construct or reconstruct a sense of agency, personal identity, and belonging" (McLeod 2004:352). Pastoral therapy helps people to link their individual unique stories to the narratives found in biblical faith. The meaning-making process is central to pastoral therapy. The client may at times view the counsellor as insincere and inauthentic because of their constructivist approach (Zinnbauer and Pargament 2000:167).

8.3.4 Skilled helper model – Gerard Egan (coaching)

The Egan Skilled Helper Model is built around life coaching, which is a practice situated within different professions, utilised in health professions such as mental health, physical health, and

entails the use of coaching, and motivational and behavioural change methods (Newnham-Kanas, Morrow and Irwin 2010:1).

The Egan Skilled Helper Model may be rooted in the postmodern era with a person-centred approach at its core (Shorrock 2011:65), as it focusses on self-consciousness and is a client-centred systematic approach to therapy (Newnham-Kanas et al. 2010:30). Humanism has a rational focus concentrating on the expression of emotion and human free will, competing with many other therapy techniques within the same sphere. Including cognitive behaviour therapy (Shorrock 2011:64), the goal is to help clients to help themselves, and to manage their daily lives and obstacles. In turn, clients commit to learning new skills to manage their lives (Newnham-Kanas et al. 2010:32).

Riggal (2016:82) identifies the main outcomes that the Egan Skilled Helper Model aims to achieve. The model aims to:

- offer a way of working together with identified skills in forming and maintaining relationships;
- help clients to tell their story;
- challenge them when they have blind spots;
- focus on the client's strengths;
- place the client at the centre of decision-making;
- encourage the client to make and take responsibility for his decisions;
- encourage the client to choose realistic and workable goals; and
- identify relevant strategies for achieving and maintaining said goals.

The Egan Skilled Helper Model is a three-stage model that is concerned with the current picture, asking, "What is going on?" (Stage 1). Stage 2 is concerned with the preferred picture, asking "What solutions make sense to me?" and Stage 3 explores the way forward, asking "How do I get what I need or want?" Each stage provides certain tasks towards the goal of answering these questions and new stories are framed (Newnham-Kanas et al. 2010:33). This technique can be compared to that of narrative therapy, where the aim is to find new stories (Loots, Coppens and Sermijn 2013:112).

Language within the Egan Skilled Helper Model consists of an internal conversation where the counsellor concentrates on his own intuition (self-consciousness), thoughts, feelings, or judgements, which may have been triggered by the client's story. The counsellor refrains from giving advice, unless specifically requested by the client, in the hope that the client takes responsibility for the problem and solution. The client–counsellor relationship is believed to be the most important factor towards healing, where clients are viewed as equal contributors and

victims. During therapy, the emphasis falls on the client's life as a whole (Newnham-Kanas et al. 2010:29). Where narrative therapy refers to 're-storying', the Egan Skilled Helper Model refers to 'relearning'.

In researching the therapeutic relationship, as understood by Egan and its relevancy to the counselling profession, Shorrock (2011:63) found that this module transcends helpful philosophies, theories and approaches. Egan highly values the therapeutic relationship as central to counselling, and views it as a working alliance, a forum of relearning, including Rogerian elements of empathy, respect and congruence. However, many psychologists believe the therapeutic relationship to be the only vehicle towards the destination (Shorrock 2011:68). Egan's (2010:37) model, with the foundation of humanist values, warns:

> Overstressing the relationship is a mistake because it obscures the ultimate goal of helping: clients' better managing problem situations and developing life-enhancing opportunities. This goal won't be achieved if the relationship is poor, but if too much focus is placed on the relationship itself, both client and helper can be distracted from the real work to be done.

Shorrock (2011:69) views Egan's holistic view to the therapeutic relationship as a strength, wherein the client takes full responsibility in deciding which goals to set and which tasks will help him to achieve these goals. Riggall (2016:81) found that Egan's model is helpful as a communication and problem management tool within 'relearning'. This model accommodates an integrative framework allowing different theories from different and diverse therapeutic modalities (Jenkins 2000; see also Shorrock 2011:722).

8.4   The voice of biblical counselling approaches

8.4.1   Christian biblical counselling – Larry Crabb

The uniqueness of Christian counselling lies in the use of Scripture as authority. Religious interventions such as spiritual healing within Christian counselling has been reported to be more effective, with a greater closeness and trust between the client and therapist, and a greater improvement in presenting their concerns, than that of their secular counterparts. Therapists therefore need to be open and sensitive to the importance of religion and spiritual needs of clients as their beliefs and practices may assist in, or hinder, the healing process (Wade, Worthington and Vogel 2007:91-92). Wade et al. (2007:94) define Christian counselling as follows:

> treatment offered by a therapist who is Christian, therapy using methods consistent with a Christian worldview, therapy using Christian practices such as prayer, or therapy that advertises itself as explicitly Christian.

According to Crabb (1977:52), true counselling is committed to guidelines from Scripture and do not need to mix secular or other concepts. He believes that a psychological understanding of human personality should be replaced with that of a spiritual understanding. Johnson and Jones (2000:14) highlights Larry Crabb's (1977) Christian counselling methodology, which is divided into basic principles of determining the true problem and discerning the perceived problem. By educating the client to think right, they change their mind and so changes behaviour and thinking. This may be compared to the secular counselling method – the rational emotive behaviour therapy – where questions are asked about a client's beliefs, which are believed to influence behaviour. It seems that this mode of therapy expects an OFR to determine the problem (stressful event), and then change his mind about it and conclude that he thought incorrectly and should consider the event as non-intrusive.

Kelleman and Viars (2013:14) highlights the main objectives of biblical counselling as follows:

- Biblical counselling is grace-based and gospel-centred.
- Strives to bring glory to God.
- Christ is the only hope towards change.
- Spirit-centred.
- Prayer-saturated.
- Build on the trinitarian relationship.
- Grounded in the local church.
- Relevant to everyday life.

The question arises if the Bible is trustworthy. According to Lambert (2012:21), "counselling is ministry, and ministry is counselling" and therefore informed by Scripture and done by theologians. Marsden (1991) explains the trustworthiness and reliability of Scripture as follows:

> The publication of Charles Darwin's Origin of Species in 1859, had sparked an intellectual crisis for Christians that no educated person could ignore. Darwinism focused the issue on the reliability of the first chapters of Genesis. But the wider issue was whether the Bible could be trusted at all.
>
> (see also Lambert 2012:12).

God wrote the Bible in a narrative form, which is a process of progressive sanctification and seen as sufficient by many therapists (Kelleman and Viars 2013:15). Crabb and Crabb (2007:106) believe that "God has looked at the mess we have made of our lives". He has seen our self-focussed desires, our stubborn independence, our foolish definition of 'life as pleasure' and of 'death as pain now'. Scripture has been given to guide people to live their lives the correct way. OFRs tend to try and 'self-medicate' where therapy is concerned, and this may

be seen as stubborn independence, as well as showing detachment from others and from God:

> The passion to protect ourselves, to keep our wounds out of sight where no one can make them worse, is the strongest passion in our hearts.
>
> We are not our problems. We are not our wounds. We are not our sins. We are persons of radical worth and unrevealed beauty.
>
> (Crabb and Crabb 2007:35,34).

Biblical counselling has its aim at restoring counselling to the church and recognising Christ at the centre. Crabb and Crabb (2007:180) are champions for church community networks who aim at spiritually supporting their members: "The choice is not between psychotherapy and spiritual direction. It is rather between independence and community." It is the role of the biblical counsellor, or spiritual director who knows and trusts the Spirit (Crabb and Crabb 2007:182), and who are functioning within this community, to restore joy in Christ by bringing God into their story and answering questions such as "Where is God in my struggle?" (Baker and Holmes 2013:32). Crabb (1977:191) holds the church responsible for restoring and alleviating human suffering. Isaiah 11:2 shows that the God's Spirit empowers the biblical counsellor. 'The Spirit works to drive the seed that is God's Word, deep into the heart where it will take root and produce life' (Carson and Forrey 2013:59). From the interviews with the co-researchers, it was identified that they were wounded by the ignorance of the church or the ministers' lack of knowledge concerning the OFR work environment and trauma therapy. David Benner (1992:32) described pastoral counselling as follows:

> Pastoral counselling involves the establishment of a time-limited relationship that is structured to provide comfort for troubled people by enhancing their awareness of God's grace and faithful presence and thereby increasing their ability to live their lives more fully in the light of these realisations.

Ethical codes were developed by professional counselling organisations to guide the pastoral therapist. Pastoral counselling views the Bible as God's Word and accepts Scripture as the ultimate fundamental standard against which all ethical decisions are tested (Collins 1988:34). Ethical decision-making includes acting "in ways that will honour God, be in conformity with biblical teaching, and respect the welfare of the counselee and others" (Collins 1988:34). Louw (2008:268) describes theological ethics as a science focussing on applying knowledge regarding the meaning and destiny of life issues:

- The quality of life, objectives and modes of living; the 'ought' of human behaviour.

- The evaluation of life in terms of normative criteria as they are related to basic commitments and belief systems; the tension between good and evil.

- The assessment of the notion of human well-being in terms of moral issues; the quality of responsible decision-making and value judgements.

- The character of human choices; the identity and character of human ethos.

- The characteristic traits and mode of human behaviour, attitude and aptitude; the promotion of human dignity.

- The issue of justice and human rights; the understanding of the will of God – the function and cause of life from the perspective of the intention of God with creation and our being human.

In his work and research, Crabb (1977:191) concluded that therapists should focus on the human need for meaning and love. Crabb (1977:73) further believes that Jesus is sufficient to fulfil these needs. Counselling is therefore responsible to help restore people's relationship with Him: "Only in God can our needs be met" (Crabb 1977:73). According to Crabb (1977:91), spiritual growth depends upon how a person perceives and evaluates the world they live in. In Chapter 4 it was found that the co-researchers were not keen to seek counselling from a biblical counsellor or the church. They feel that there is a lack of understanding of what they experienced.

It is therefore the researcher's finding that it is necessary to understand the work environment and culture of the OFR, how they perceive their world and experiences, and building a trusting relationship in order to apply biblical counselling in a manner that will consider these elements:

> I believe in that position because I believe that the root of all non-medical human struggle is really a spiritual problem, a disconnection from God that creates a disconnection from oneself and from others. That disconnection consists of a determination to take care of oneself in the face of a disappointing and sometimes assaulting world. We conclude that no one exists who has our best interests at heart. That's unbelief. The resolve to look after oneself (call that rebellion) breaks fellowship with God and others and involves a violation of our created nature to be givers (disconnection from self).
>
> (Crabb and Crabb 2007:47).

8.4.2   Kerygmatic counselling – Daniel Louw

Daniel Louw, professor emeritus in theology and pastoral care at Stellenbosch University, South Africa, has done extensive research on topics such as soulfulness, hope and pastoral care. For him, a Christian spiritual approach to life mainly concerns an appropriate God image. He explains that many irrelevant and inappropriate paradigms and belief systems ('zombie categories') exist which may render Christian spirituality and pastoral therapy irrelevant (Louw

2012:11). Christians may often confuse spirituality with legalism and dogmatism, and in turn, this may lead to degrees of hypocrisy and fanaticism.

In his book, 'Network of the Human Soul', he points out a vital fact concerning life, and that is the acknowledgement of death. One can choose to view life either from a pessimistic, destructive stance or from a more realistic vantage point where a balance exist between a reality of good and evil, right and wrong, options and limitations. Yet, to be overly optimistic is to romanticise life, and can be seen as an unrealistic expectation.

In his paper on possible paradigm shifts and understanding of God, after the American 9/11 World Trace Centre disaster, Louw (2002:77) referred to Johnson (1983:4) who stated:

> At the beginning of the 1920s the belief began to circulate, for the first time at a popular level, that there were no longer any absolutes: of time and space, of good and evil, of knowledge, above all of value. Mistakenly but perhaps inevitably, relativity became confused with relativism.

The disaster 'thoughts' that emerged from the interviews with the co-researchers range from 'an act of God', 'an act of nature', or 'an act of humans'. Geniko contributed disasters to an act of nature, as he did not know where God was during such times, especially where innocent children were involved. Alexo believed that disasters are in the hands of God, although he did not understand the purpose and meaning thereof. He believed that 'eendag' (one day) it will be revealed to him. Pali believed this to be true, yet he also did not understand why these things happened. He only knows that God has a reason for everything He does. Manyena et al. (2011:417) explain that disasters have been explained as 'acts of God' since the beginning of time. It was believed to be God's way of showing His anger towards people's sin. This implied that people had no defence against such acts and should accept them without question. However, during the Enlightenment and the emergence of science, explanations of the causes of disasters shifted to 'acts of nature', and are therefore blamed on hazards, and not God. During the 1970s, this viewpoint changed, and disasters were seen as acts caused by humans.

Basic human needs towards a meaningful life include a need for intimacy, recognition and dignity. In order to make informed decisions, humans need to be free. Purposefulness, meaning and hope therefore play a vital role in attaining a meaningful life. However, often people have not acquired the appropriate life skills to cope with issues such as marriage, family life, relationships or crises. Without the appropriate life skills, problems often escalate (Louw 2012:12).

When considering a pastoral therapy approach, Louw (2012:13) relies on a systems approach in therapy formation where the system is made up of a "dynamic organism of interactive

polarities that are interrelated in such a way that they effect and influence one another mutually". This is a qualitative entity, compiled not only by the parts of the organism, but also by value and meaning, creating space, atmosphere, and purposefulness. According to Louw (2012:62), identity development is the interplay between experience and environment. From a Christian spiritual stance, identity is shaped by an understanding and experience of God and the church.

Kerygma, the original oral gospel as preached by the apostles, views the dualism of body, mind and spirit as a temporary condition, while anticipating the reception of a spiritual body (Dunn 1975:312; Jacobs 2008:2). According to Moore (2004:1), *kerugma* is both a message and an event. It is an act of linguistic communication, as well as an occurrence or event meant to change hearts and minds. Brown and Augusta-Scott (2007:267) explain kerugma as the good news about salvation through Jesus Christ: "this good news is not just any news, not just any truth, not just anything agreed with, or just any Biblical truth. It is good news about salvation through Christ." The Greek word *kerugma* means 'proclamation'.

Additional pastoral counselling, such as nouthetic counselling, and including kerugmatik counselling, is building on the principle of "the fall, human sinfulness, and the dualism between soul (substance) and body (worldly flesh), and dealt primarily deals primarily with repentance, confession, admonition and forgiveness" (Louw 2010:70). The kerugmatik paradigm is based on theological reductionism and has its focus on "the human predicament of sinfulness and the quest for forgiveness and redemption. The tendency in this model is to reduce most of human and life's problems to our being sinners." Healing is found in redemption through the grace of God and proclaimed through Christology (Louw 2010:70). The pastoral counsellor's aim is to assist the client in the liberation from guilt because of sin, towards conversion, followed by the proclamation of salvation through Christ, and ultimately, forgiveness.

Sinfulness is the root of all human problems. Restoration is beyond the competence of humans and is found only in redemption (Louw 1999; Mohler 2010). According to Milne (1998:3), "God's presence becomes a place of dread as our sinful will encounters resistance and opposition from Him" (see also Coleman 2011:135). When considering this statement, it becomes easier to understand why some of the co-researchers are avoiding the church and ministers for counselling purposes. They have been distanced from God. They resist being confronted. In order to restore this relationship with God, they have to face their 'demons' (Pali) and confront their pain which has been "filed away" and forgive themselves (Geniko).

Kerygmatic counselling starts the therapeutic process with the conviction of addressing the sinful heart. When approaching the OFR, this might be a delicate matter as they are wary of being judged as weak and guilty. They are already convicted by feelings of guilt. According to

Gothard (1993:4-8), whose basic life principles model has the same goal as kerymatic counselling, all human problems stem from a rebellious attitude and the refusal to accept God's grace (see also Ross 2011:98). This fosters feelings of frustration, insecurity, guilt, fear and pride. Official First Responders' refusal to share their burdens with God may be due to such feelings. However, it may also be because of thoughts that they do not deserve grace due to this disrupted relationship with God. They might feel that they do not comply to His or others' standards, and therefore feel guilty. Gothard (1993) suggests that therapist help the client to identify these attitudes and feelings by "taking clear and logical steps of action to reconstruct thinking and direction; by introducing relevant Scripture in order to distinguish between their natural inclinations and the non-optional principles of God's Word". Ultimately, tracing surface problems to root causes. The goal is self-acceptance by building spiritual maturity. Spiritual maturity is achieved by learning God's plan and the meaning thereof for their life and developing good conscience through submission to God and allowing Him back into their lives. This may be obtained through an acceptance of forgiveness, pursuing moral purity, and by meditation.

Brown (2007:26) regards kerugma as an opportunity for a client to trust and believe without hesitation. In order for forgiveness to be possible, judgement must first be cast. Through kerugmatik counselling, the message of a merciful God is proclaimed.

Meaning is related to morals and ethics, needs satisfaction, and an understanding of life (Louw 2012:81). When one of these elements are disrupted, it may lead to a loss of meaning, and therefore, spiritual woundedness.

8.4.3   Nouthetic counselling – Jaye Adams

Nouthetic counselling is one of the counselling modules that does not accommodate the integration of Christian counselling with mental health treatments (Garzon 2014:131). Nouthesis means to 'admonish', 'warn' and 'teach' and this method consists of nouthetic confrontation (Adams 1970:44). When counselling a spiritually wounded client, McMinn (2012:86) found that biblical and theological wisdom is more authoritative than a psychological approach to counselling. However, when treating symptoms such as panic disorder, a cognitive psychological approach is more suitable. Deep personal experiences require a spiritual approach to therapy. Most nouthetic counsellors believe that humans suffer because they sin (Welch 1998:19-26). Healing can therefore only take place after repentance of sin. Adams (1979:99) defines sin as "any want of conformity unto or transgression of the law of God".

Nouthetic counselling is divided into four main principles:

- The emphasis falls on personal responsibility, with sin as the core human problem.
- A strong affirmation on Scripture as the primary source of knowledge in pastoral counselling.
- Nouthetic counselling is known for its distrust in secular psychology.
- Pastors as counsellors are promoted, ignoring mental health practitioners.

The counselling approach assumes 'expert knowledge' (Oakland 1976:106). Adams (1973:76) confirms that "since the counselee's problem arose from outside, the counselee himself is virtually passive. The assumption that a man is not responsible for his condition leads to the notion that he is not responsible for getting himself out of that condition."

According to Rogerian counselling there is no need for an outside expert, and counsellors are merely a soundboard for clients, while reflecting, clarifying and helping the client in finding answers towards the problems (Oakland 1976:107). Successful nouthesis results in "the attainment of Biblical changes desired, together with an understanding with the counselee of how this change was effected, how to avoid falling into similar sinful patterns in the future, and what to do if, indeed, he should do so" (Adams 1970:57). Smith (2004:235) points out that, within the spiritual realm in trauma recovery, blaming victims of sinfulness and being deserving of their woundedness and the traumatic or stressful experiences, reinforces guilt, fear and anger.

The use of Scripture in counselling forms the basis of praxis by providing biblical guidance, incorporated with secular counselling skills and how to apply scriptural principles in healing. The client needs to affirm his religious orientation with the Christian faith. Without this, spiritual discussions and resources would be a challenge within counselling. Pastoral counselling needs to function within a clear theological framework (Der Pan et al. 2015:543,562). Adams (1979:20) believes that no other method of counselling carries any authority. Four biblical counselling steps have been derived from 2 Timothy 3:15-17: teaching, reproving/rebuking, correcting, and discipleship (Oakland 1976:106).

According to Beck (2003:24), attempting to integrate psychology in biblical counselling is an insult to the comprehensiveness thereof, and efficiency to meet all human needs McMinn et al. (2005:299) are transparent in their distrust between clergy and mental health professionals and say it is because they lack a shared value system (Garzon and Tilley 2009:131). Kim (2000:145) refers to scholars who have been set against the integration of psychology and Christian counselling where it is believed that Scripture is the only source of knowledge. She criticises such scholars as "conservative and fundamentalist" and considers psychological integration as a danger to Christian life, rejecting biblical truths if secular help is accepted. Kim (2000:147) opposes Christian counselling focussing solely on biblical counselling.

Epistemologically, biblical counselling can be classified as biblical exclusivism (Kim 2000:147) and defined by Welch (1997:2) as "a hybrid of discipleship and Biblical friendship … Beginning with God speaking to His people". Biblical counsellors such as Adams and Pawlson (in Kim 2000:149) perceives humanity as "creatures of the Bible's God, made for loyalty but gone wild", whereas psychology views humans as simply from a psychosocial reality.

Although Brent Sternberg is an ardent believer of nouthesis, he criticises Adams' (1973:12) exegesis of Scripture and says that it "contradicts principles for which he claims divine mandate" (see also Oakland 1976:109). Such interpretations include barring woman from professional counselling, barring Christians from practicing professional psychology, and excluding people from counselling who are not willing to receive counselling from a minister. Venable (in Oakland 1979:109) credits Adams for the development of effective counselling techniques; however, he too questions Adams' interpretation of Scripture.

Nouthesis is an example of what the rejectionist approach to therapy implies when they totally reject an approach, and where theoretical systems such as psychoanalytic, behavioural, and existentialistic systems deny the existence of sacred realities and the existence of God. Religious rejectionism makes it difficult to integrate religion and psychology in therapy and creates difficulties, such as ethical challenges and difficult working relationships (Zinnbauer and Pargament 2000:165). On the other hand, nouthesis may be classified within the exclusivist approach to therapy with its fundamental belief in the reality of a spiritual dimension of existence, where God exists as ultimate authority, where spiritual experiences are believed to influence human behaviour, where all values are grounded in Scripture, and all counselling is done from this spiritual reality. The exclusivist approach limits the client's religious views to that of the counsellor's own understanding of reality and insists upon a laid out mapped road to healing without any flexibility (Zinnbauer and Pargament 2000:165).

According to Louw (2010:73), the basis of pastoral care of the human soul within contemporary theological formation is "the expression and representation of the sensitivity and compassion of the Scriptures portrayal of God's encounter, intervention, interaction and involvement in our being human".

8.5 The voice of pastoral psychology counselling approaches

8.5.1 Spiritual hermeneutic approach – Daniel Louw

Moving from a kerugmatik approach to one of spiritual hermeneutics, Daniel Louw (2010:77) suggests a shift from a "pessimistic anthropology of sinfulness" (kerygma and nouthesis) to a "constructive anthropology of pneumatology". This shift implies viewing human beings as new

creations in Christ and therefore they are equipped to live a new life. Louw has therefore made a paradigm shift from pure kerugma to a spiritual hermeneutical approach in counselling. This systematic approach allows the pastoral counsellor to become a spiritual guide and co-interpreter on the client's quest for meaning. Within Scripture, the promises of God are connected to realities of life. Within Christology, the focus falls on charisma, which is the Fruit of the Spirit.

The spiritual hermeneutic approach to counselling falls within the pluralistic approach where the existence of spiritual beliefs, as expressed by different cultures, are recognised. The pluralistic therapist may have his own spiritual beliefs while respecting the beliefs of the client, and he understands the impact these differences in beliefs and values may have on the counselling relationship. A pluralistic approach offers flexibility within pastoral counselling, yet the counsellor should remain alert to the differences in beliefs in order to keep from becoming too indifferent towards the client's beliefs, or too coercive in teaching their own beliefs (Zinnbauer and Pargament 2000:168).

8.5.2 Wholeness and crises counselling – Howard J Clinebell

Howard J. Clinebell, an influential author and one of the founding fathers of the pastoral counselling profession, is considered an expert on wholeness and spiritual healing in people's lives. According to him, "the overall, unifying objective of pastoral caregiving is to heal spiritual and ethical brokenness and to nurture growth in spiritual and ethical wholeness". He believes that the therapeutic model chosen to best suit the practice of healing should be firmly grounded in present realities as well as be acceptable to God's call for repentance and renewal (Clinebell 2011:21).

When considering spirituality and one's walk with God, he stipulates that the social dimensions of spirituality forms a vital part of a Christian's life. Clinebell (1984:2) emphasises that one's degree of relationship with God is interrelated to the degree of one's relationship within the biopsychosocial spheres: "Wholeness is a growth journey, not the arrival at a fixed goal."

Clinebell's wholeness therapy draws knowledge from multidisciplinary fields such as education and psychology. He describes the aim of wholeness counselling as a combination of the methods and insights within these fields, towards a knowledgeable framework.

> Wholeness counselling is a spiritually empowered approach to the healing and helping processes that defines the goal as facilitating the maximum development of a person's potentialities, at each life stage, in ways that contribute to the growth of others as well, and to the development of a society in which all persons will have an opportunity to use their full potentialities.

> (Clinebell and Clements 2013:2).

In order to be renewed and achieve wholeness, spiritual caregivers should rely on three basic resources: a comprehensive, systematic, holistic guiding model; a current understanding of the varied dynamics of problems and contexts; and competence in fundamental caregiving skills.

Ultimately, a spiritual crisis can bring about positive change. This may be brought about when OFRs are prepared to acknowledge that, to some extent, meaning has been lost and that they need to find answers and discover beliefs that have personal meaning (Clinebell 2011:215). For spiritual healing to take place, Clinebell proposed a model cultivating wholeness in seven dimensions of people's lives, namely healing and wholeness in spirit and ethics; wholeness in the mind and personality; healing and wholeness in the body; healing and wholeness in relationships; healing and wholeness in work; healing and wholeness through laughter and playfulness; and healing and wholeness in society and nature. The seven elements within the model represents the different dimensions in people's lives. A constant interaction between these dimensions influence their wholeness or brokenness. When any of these dimensions are nurtured, it leads to growth and wholeness, influencing other areas simultaneously. The model should be viewed through a lens allowing a flexible and holistic view of people's problems. In other words, it provides a cognitive map guiding therapists and caregivers to understand the different dimensions influencing their clients' lives, the hidden meanings behind their problems, and the reasons that motivate them to seek help. In addition, in the case of the OFR, to understand the reasons why they might avoid seeking help. Clinebell's model aims to effectively bring about healing and wholeness in the lives of the counselee, as well as influencing the people they are connected to. In other words, if the OFR is led towards spiritual healing, his entire life and environment is influenced.

8.6   Bridging psychology and pastoral therapy

Pastoral therapy in South Africa is mainly focussed on a ministerial pastoral practice concerned with solving marital problems or depression, while addressing deficits through a medical or disease model. Pastoral therapy includes religion and is built on the foundation of *doxa*, something that is ignored in postmodern times. Clients who choose to consult a pastoral therapist are subscribed to Christian doctrine with Scripture as guideline. The therapist adheres to God's supreme council (Ayansola 2016:59). Brunsdon (2015:7) suggests that neighbouring helping disciplines be incorporated as part of a positive pastoral narrative approach within positive psychology by concentrating more on liberating stories and strengthening of virtues and wisdom. He considers incorporating Scripture and positive psychology as sources towards cultivating such wisdom. The aim is to build a bridge between the medical or disease models of positive psychology towards a positive model for pastoral

care with wisdom as the main outcome. Although Brunsdon (2015:1) found the approach to have potential, he suggests further exploration due to a lack of exegesis of wisdom literature or a case study. The markers for such a model consist of the following:

- Widening the pastoral horizons of the counselee by motivating him to find the wisdom God provides.

- Creating a wisdom frame of reference with practical parameters for life where pastoral care has an understanding of wisdom by relating the biblical teaching on wisdom and positive psychology. In biblical terms, wisdom is a rational concept mainly recognising Christ, who is wisdom.

- Engaging the narratives of a counselee towards a unique outcome where wisdom has been used in the past, how it influenced life for the better, and how it can be approved upon.

- Solidifying stories of wisdom by creating new narratives.

Within the pastoral process, positive psychology aims to seek an outcome of wisdom, wherein narrative therapy may have the potential to uncover existing wisdom and building on that by uncovering problem saturated stories in an unobtrusive manner, while merging with the grand narrative of Scripture, concentrating on wisdom towards an alternative positive outcome or story (Brunsdon 2015:6).

Brunsdon (2015:7) further refers to limitations such as the limited amount of literature existing on the subject of wisdom, and that South Africa has not yet explored positive psychology within pastoral care. Wisdom within Scripture aims to make man fit for life and well-being as it provides advice on most human experiences (Brunsdon 2015:4).

Walton and Hill (2004:315) directs to such advice: Psalms advises man on his relationship with God, Proverbs regards society and family, Songs of Songs focusses on love and sexuality, Ecclesiastes provides answers on the meaning of life, and Job advises on moral structure.

The debate regarding the validity, credibility and acknowledgment of pastoral therapy and its rightful place in the healing of psychological woundedness will probably continue for as long as integration is refused. However, the counselee who makes the informed decision to consult a pastoral therapist does so because of choice, while he/she is well aware of the availability of clinical psychologists. Clinebell (2011:219), an ardent champion of pastoral care, entered the debate by stating, "when spiritual or ethical issues are raised by care receivers, it is appropriate to deal with them as problems in their own right while being alert to the possibility

that psychological or relationship problems may be lurking in the shadows". Clinebell (2011:220) goes on to say that there are psychologists who ascribe all spiritual problems to simply exist because of deeper underlying psychological issues. In many cases, secular society views spiritual woundedness through a non-religious lens. Considering OFR's silent plea for help, the researcher appreciates Clinebell's (2011:220) confirmation when he says, "often the messages are disguised and therefore difficult to recognize for what they are, quiet cries for spiritual help".

8.6.1   Integrationism

The debate on whether integration between theology and psychology is possible within counselling is ongoing. Integrationism of the paradigm shift in pastoral counselling from being solely focussed on the spiritual realm, towards a living human document calling, has been termed by Sperry (2002:30) as "psychologizing spirituality", whereby the self becomes the dominant theme (see also Louw 2010:72). He calls for the re-evaluation of morality and spirituality within therapy. When considering the spiritual dimension within traumatology, psychology and counselling, the debate of who is competent to counsel is an ongoing issue (Sedesma 2007:125). McLeod (2013:51) defines counselling and psychotherapy as 'umbrella terms' that cover a wide range of talking therapies. Trained practitioners who work with people over the short or long term to help them bring about effective change or enhance their well-being do therapy. The practice of secularised counselling, as in psychotherapy, emerged from various practices within faith communities, spiritual traditions and psychotherapeutic influences (McLeod 2013:51). Wade et al. (2007:92) indicate that not all religiously tailored interventions have been found to be appropriate within certain areas with specific needs The effects of such interventions have been limited by design, the small number of participants, and the use of only cognitive-behavioural therapies treating mostly depression. When comparing Christian counselling to secular counselling, both counsellors aim to help but with different methodologies. Christian counselling aims to help the client to see himself through the eyes of Christ, arriving at a place where they are able to worship Him, and skills to overcome adversities in order to be an effective servant to Him (Taylor 2013:2). However, Garzon and Tilly (2009:138) concluded that most lay Christian counsellor models have no research training and are in dire need of empirical expertise, while collaborating with counselling professionals from psychotherapy.

Although recognised as a vital coping resource, religion and spirituality are neglected within psychological training and practice and have been found to have dire implications for professionals (Elkonin et al. 2014:119). Although the integration of spirituality in counselling is widely investigated, Oakes and Raphel (2008:240) identified the need for a general awareness

on this topic, and that counsellors or therapists need to recognise that they need training in this field. Spiritual questions such as "Why did God allow this?" are often ignored by the secular professions, as they sometimes seem unanswerable (Craigie 2010:xvii). This lack of clear meaning of spiritual care brings forth hesitation to incorporate it in therapy and health care. Issues such as a time-consuming conversation, no theological skills, and an unspoken fear of engaging in topics they are uncertain of, therefore may lose validation (Craigie 2010:6). According to Human and Müller (2009:161), secular therapists in South Africa move on ethically dangerous terrain and at times are not completely prepared for the task at hand. They suggest that support structures be put in place to assist counsellors and therapists in matters such as appropriate training, supervision and a governing council to regulate measures (Human and Müller 2009:178). On the other hand, Garzon and Tilley (2009:130) found that some lay Christian counsellors lack formal accreditation, training and experience as licensed mental health professionals. Walker and Aten (2012:349) state that the psychotherapy profession is in dire need of Christian counselling training programmes. Walker and Aten (2012:353) further refer to the suffering of Job in biblical context concerning his experiences with 'wise counsellors' who should be aware of the world belonging to God, and the mystery of trauma and suffering. Adams (1973:4) is, however, adamant in his belief that effective counsellors do not need a degree in psychology, but an extensive knowledge of Scripture and a total reliance on the guidance of the Holy Spirit for direction. Clergy contributing towards mental health care are viewed with suspicion, and this may be due to the ignorance of healing partners and mental health practitioners. One of the reasons for consulting a minister or pastoral counsellor is their inherent nature, knowledge concerning the ultimate meaning of life, and the support and access to external resources (Chatters et al. 2011:1); such as the collaboration between psychiatrists and clergy when recognising and treating mental problems, and a knowledge of people's beliefs which may improve crisis intervention (Farrell and Goebert 2008:437). Leavey, Loewenthal and King (2007:558) found that clergy in London play an important yet confined role due to anxiety and stereotypical attitudes and their value is not recognised and their contributions stay unrecognised by the health care profession. Clergy therefore may not have confidence to implement their knowledge to the fullest. However, Stansbury and Schumacher (2008:127) found that African American clergy have been a successful mode towards health education and prevention programmes within their communities. Black churches in America have been found to have significant influence in their communities and especially toward people seeking outside mental health care. Allen, Davey and Davey (2010:117) found that the church environment plays an integral role when seeking and advising the church community where to seek mental health services. When investigating disaster mental health disparities after Hurricane Katrina in 2005, and how the church and clergy may assist, they identified a void within the church's response to such assistance in the

form of a lack of training and counselling models, and suggested equipping clergy in the response. The researcher of this study is therefore motivated, through additional studies, to provide the church with a model to help OFRs to cope within their work environment. Adams (1973:12-13) says that counselling is the task of the church, where

> … the minister has to do preventive work that preaching and regular pastoral care provides. The counsellor outside of the church has no opportunity to mould a congregation of people into a harmonious loving body into which counselees may be assimilated and from which they may receive significant help. And, perhaps most important of all, the process of discipline, which is of utmost significance in Scriptural counselling, is not available to the Christian counsellor who operates outside the church.

The question now arises: If people do not belong to a church community, do they have access to a pastoral therapist?

Masters (2010:400) found that spiritual and religious forms of treatment have been deemed culturally sensitive by secular therapies. Thesnaar (2010:266) identified a struggle to create spaces within the church and ministry where pastoral counsellors may contribute to healing. The crisis within pastoral counselling with regard to their true identity and worth, contributes to the confusion. Regardless of this 'lukewarm reception' from secular health institutions, he emphasises the need for recognition of the implementation of clients' spiritual needs According to Schneider (2005:27), spirituality is "a universal human concern that is significant for the human enterprise as a whole". When considering practical theology in South Africa from a neo-essentialist frame of understanding, Lombaard (2013:113) found it to be a most relevant and valid field among any of the traditional academic fields. Abel and Louw (2009:100) found that not many counsellors register at the Professional Board of Psychology of the Health Professions Council of South Africa. In South Africa, pastoral counsellors are faced with challenges such as the ability to function within a multicultural context, taking responsibility for personal and professional growth, and to be able to establish internal and external collaborative networks (Pillay 2011:351). According to Menninger (1950), a need exists for pastoral counsellors and psychiatrists to cooperate. Pastors should recognise when people need to be referred for psychiatric consultation, and the psychiatrist should recognise the support pastors provide to individuals needing spiritual healing. He goes on the say that despite negative attitudes and prejudices those opposed to integration, clergy and psychiatrists are working together and supporting each other.

In terms of its spiritual calling, the reader is reminded that the pastoral church, grounded in practical and systematic theology, is the vehicle allowing individuals to journey from woundedness to wholeness (Thesnaar 2010:272). It is therefore imperative that caregiving

and therapeutic skills are acquired by all who provide such a service. OFRs are known to avoid therapeutic support in fear of rejection or being labelled as weak. They are already extremely vulnerable because of the belief that 'cowboys don't cry', and therefore their cries for help remain silent. Clinebell (2011:6) confirm that most people who seek counselling prefer to consult clergy. Clergy are viewed as trustworthy and reliable. The co-researchers indicated a need for confidentiality, understanding, and a trusting therapeutic alliance. This is a clear indication of the need for clergy and other health care professionals to gain sufficient knowledge towards the healing of OFR's emotional and spiritual wounds.

8.7   Conclusion

Chapter 8 introduced the reader to a few interdisciplinary views related to therapy. Regardless of the different techniques employed, they have the same aim, and that is healing. In order for whole-person healing to take place, it is necessary for therapists to learn from each other. Chapter 9 employs the voices of five scholars from interdisciplinary disciplines to participate and contribute to this study.

Chapter 9

The Use of Spies

9.1   Introduction

> Be subtle! Be subtle! And use your spies for any kind of warfare.
>
> (Tzu 2012:106).

In the sixth movement of the postfoundational notion of practical theology, one is urged to move beyond one's own borders of specific context and traditions and acknowledge that an interdisciplinary language exists. This may be accomplished by incorporating transversal rationality which "is the language used within postfoundationalist thought that enables meaningful communication between the diverse disciplines" (Müller 2009:120). The aim is to create a gateway between practical theology and the vast array of knowledge existing in the interdisciplinary sciences, which may contribute towards the betterment of the OFR plight. Van Huyssteen (2006:25) states:

> A postfoundationalist approach helps us realize ... that we are not the intellectual prisoners of our contexts or traditions, but that we are epistemically empowered to cross-contextual, cultural, and disciplinary borders to explore critically the theories, meanings, and beliefs through which we and other construct our worlds.

In order to engage in battle, the use of spies enables "a general to learn more surely than by any other agency what is going on in the midst of the enemy's camp" (Tzu 2012:1000). The enemy's camp in this research are the causes of the spiritual woundedness of the OFR. An interdisciplinary investigation was conducted with the help of participants from different fields of expertise. They performed the task of 'spies'. The different 'camps' are metaphorically depicted as the different disciplines from which new knowledge of understanding may contribute to this study. The camps should not be viewed as 'enemy camps', as in the past, but as allies. "When in difficult country, do not encamp. In country where high roads intersect, join hands with your allies" (Tzu 2012:65). Therefore, as in battle, it is wise to form alliances with experts who may help to win the battle, and ultimately, the war.

9.2   Description of experiences, thickened through interdisciplinary investigation

For the purpose of interdisciplinary action, five experts from different disciplines were selected to participate in the study. These scholars were known to the researcher, were viewed as

experts in their fields, and who, with great willingness and enthusiasm, agreed to participate in this study. Dr Lizette Mobey is a pastoral theologian and the head of the Filadelfia Institute, Cape Town. Dr Steyn Venter is a pastoral counsellor and has his own practice. She is also a lecturer at the University of the Free State. Dr Andre Pelser is a professor in sociology at the University of the Free State. Me Martha Joubert is a social worker with her own practice. Dr Edwin du Plessis is a clinical psychologist working at Pelonomi Hospital. He is also a lecturer at the University of the Free State.

Each participant was presented with the same overview of the study as given to the co-researchers (Appendix C). They were given free rein to choose their own work method, language of interpretation and expert view. Observations were only restricted to the interviews. This provided them with the freedom of responding from their own discipline without being bound (Müller 2013:4) or influenced by the researcher's understanding or views, in order to move beyond the contexts formulated by the researcher. The aim was not to guide the participants with questions or concepts formulated by the researcher, but to have a pure transversally rational response from the interviews. Each participant identified themes which they thought were dominant. The outcome of each participant's text was thematically analysed, and their stories told. These complete texts was quoted without editing. The researcher systemised the consolidating themes as well as unique outcomes. After each theme, the researcher reflected on their observations.

André Pelser's reports that in the book 'Who needs the concept of spirituality?', Salander (2006:647) views the concept of spirituality 'hazy', and states that existential questions of meaning and purpose does not belong in a spiritual discourse. To answer these questions, he leans on insights from existential philosophy and psychology. He found that religious and spiritual orientations might be found in the field of general existential orientations, but it should not influence such issues as trying to make meaning of things or influencing purpose.

9.3   Interdisciplinary Investigation

The interdisciplinary investigation brought together different voices towards identified commonalities and distinct views from each field. These voices influenced the intervention strategies and approaches towards spiritual healing of the OFR. The following sections give a short description of each spy's chosen method towards the analysis of the interviews.

☐ **P1: Pastoral theology – Dr Lizette Mobey** – explained her strategy as follows: I as a 'spy' have read the interview three times:

- The first time to get a holistic impression of the conversation.

- The second time, focusing on expressions, metaphors used and repeated phrases.
- The third time, evaluating the emotive narratives.

P1 reported her findings of each co-researcher in bulleted format.

☐ **P2: Pastoral counselling – Dr Steyn Venter** – divided his findings into main themes that emerged from each co-researcher's interview.

☐ **P3: Sociology – Dr André Pelser** – explained his strategy as a sociological and analytical approach. By adopting a qualitative, micro-sociological approach embedded in symbolic interaction and dramaturgical analysis, the self-constructed experiences and realities of the human actors (namely the four OFRs involved in the study) as captured in the transcribed narratives, were unravelled, interpreted and explained. The Weberian approach of *Verstehen* ('understanding') posits that human action is determined by the state of the mind; we therefore need to *understand* the subjective, mental processes that underpin human action in order to *explain* the causes and consequences of any action. Analysing the four narratives from an interpretive approach was therefore an attempt to understand the perceptions and lived experiences of OFRs in order to explain the phenomenon of 'spiritual identities' that are shaped by their experiences. Searching for common denominators in the lived experiences of OFRs resulted in the identification of at least three thematic themes that underpin, cut across and percolate from these narratives. These themes are discussed collectively and with brief explanatory reference to verbatim reconstructions that serve to inform and illustrate the analysis and interpretation.

☐ **P4: Sociology – Me Martha Joubert** – made general comments in the written interviews where she identified prominent themes. P4 summarised her main concerns in a separate report.

☐ **P5: Psychology – Dr Edwin du Plessis** – only conducted a thematic analysis.

9.4   Emerging themes

From the 'spy' reports, the following main themes were identified, and reflected upon.

9.4.1   Official first responder's identity

It has been suggested that traumatic childhood experiences lead to feelings of insecurity and social vulnerability (Van der Kolk 2017:402). Alexo's interview revealed a complex and traumatic history and was confirmed by the 'spies'. P1 found that Alexo merged his identity

with that of being an OFR: "dis baie naby aan wie ek is". This is an identity statement made unconsciously. She believes that this is important because the trauma that he experienced also shaped his understanding of 'who' he is. When considering his codependent behaviour, Alexo took on the role of hero in his past, his job, and his personal life. This observation is on par with P2's finding where he said that the co-researcher had a very traumatic childhood. Alexo described his childhood as terribly difficult. His parents were divorced when he was still very young, and his father left and is not mentioned again. He had to become father and mother within a very unstable home situation. He states that he had no family support. He felt that he never belonged to a family. He and his mother never had a relationship, which continues even today. He had brothers and sisters who needed food and there was no bread in the house and thus nothing to eat. He collected empty cooldrink bottles to put food on the table for his siblings. The responsibility of his siblings came too early in his life. Their mother was absent. His fight for survival started here. He was in boarding school all his life. P1 found this statement especially interesting. Similarly, P4 indicated that Alexo has a sense of loss and longing to have had the opportunity to be a 'normal' child – with the term 'normal' P1 meant 'carefree' – as he indicated that he had to become an adult too early, indicating that he had to take responsibilities that were not meant for a child. This hardship, however, drove and motivated him to enter the helping profession, believing that everything that happens in life happens with and for a purpose.

Addressing Alexo's relationship with his parents from a pastoral care lens, P1 revealed possible strong emotions, which could have influenced his relationship choices, behavior, and beliefs as an adult. P2 focussed on Alexo's relationship with his mother. His absent father and mother remain a big problem in his life. It is called father and mother wounds. These wounds have severe consequences in later life. These wounds have never been addressed and healed. The wounds are still with him today. P2 suspects that he had no respect for his mother and their relationship bordered on hatred. This might be because of a complete misunderstanding of what his mother went through after her divorce. She was rejected and possibly desperately tried to satisfy her own needs. Unfortunately, women in these positions search for love and/or acceptance, resulting in relationship abuse of some sort, and she might have desperately moved from one man to the next. The children, on the other hand, might have experienced it as immoral behaviour. Children in these circumstances lose respect for their mother and reject her completely. This is a possible explanation for the "no relationship with his mother". From a social science perspective, P4 revealed two possible outcomes regarding Alexo's relationship with self. P4 concluded that his background affected his behaviour in two manners: (1) Wanting to achieve, to get recognition for the things he does – his parents never acknowledge the good things he did, so he was now seeking it in another

manner – to 'file the hole'. Deep inside he did not have a good self-image and sense of acceptance of himself. Therefore, he tried to keep busy with work and helping others so that he could feel better about himself and to gain acceptance from others. (2) As he had to be an adult from a young age, he developed the personality and sense of feeling responsible for others and not caring for himself. Self-care could have been viewed as selfish and not Christian-like. In accordance to P2's finding, P4 suggested a struggle to accept his father's death and his difficult circumstance and this played an important role in why he started 'seeing' other people's hurt. He could identify with the people (placing himself in these circumstances and then in a manner subjectively thinking how they felt and what they thought). Brewer-Smyth and Koenig (2014:251) confirm that traumatic childhood experiences are mediated by interpersonal relationships and realty influence adult behavior. They found that religion and spirituality are related to feelings of isolation and guilt; however, it is also major resources towards hope, meaning, comfort and forgiveness for survivors of childhood trauma.

When considering the OFR identity, P1 and P2 noted that Kato's management position influenced his OFR identity in a manner where he had to learn to become more resilient in order to appear in control of his environment. He studied to become a chaplain in order to help his fellow OFRs. P2 indicated that Kato's leadership position in his field helped him to hold a very strong religious foundation, and therefore he was able to attain structure in his way of life and the way he dealt with challenges in a very responsible way. In correlation with this, P1 indicated that Kato showed a great capacity for understanding the stresses of his chosen profession. Considering that the interview with Kato revealed certain vulnerable areas in his life due to job stresses, the observations of the 'spies' confirmed Kato's resilience found in his spiritual beliefs, such as finding meaning in certain 'why' questions.

9.4.2   Meaning-making within spirituality

P1 explained that for Kato, the question of life and death is an underlying ambivalent stressor in his narrative. Although Kato has been identified as having strong coping strategies in place, it did not always comply with his well-being. P4 suggested that, in a way, Kato's soul was wounded because he revealed feelings of guilt and inadequacy. She said that the guilt stemmed from a belief that he was not providing sufficient support to his personnel in the form of counselling and to his patients because of lack of time management. He had to move from one scene to the next without receiving the necessary support. Another important factor that contributed to his wounded soul is that there was no time to debrief and to work through the trauma that he experienced. Paramedics need to be able to have regular debriefing sessions, and a need was mentioned that either paramedics must receive training in dealing with

traumatised people or a therapist or counsellor must form part of the team. The therapist can assist with the family or people at the scene as well as to debrief the paramedics.

The need to address spirituality during therapy became clear when P4 indicated that Kato constantly tried to rationalise why things happen. His finding was that the world of sin causes bad things to happen. People try to make sense of their lives and for it to make sense and to keep hope and faith, a spiritual lens is needed. According to P4, Kato managed to not blame God for what happened, but would blame the Devil and sin. He gains strength from God (he serves as a priest) to be able to know how to assist people and not to do more harm than good. In the same vein, P1 found that the emotional effect of the gruesome details, especially where a 'crime' was involved, seems to make the deepest impact on Pali. Even though he is aware of the consequences of his job, he understands his passion for being an OFR. His focus is to be involved in the community and to make a difference. He seems optimistic. However, P1 mentioned that it is easy for people in this profession to become despondent. Pali expresses his emotions but has established coping mechanisms to work through it. The researcher found these coping mechanisms to be mostly destructive, such as alcohol use, black humor and dissociation. In contrast to his optimism and passion lies fear, unresolved pain and vulnerability. This is clear when P2 noted that Pali reported that the experiences on the road rips you apart. It breaks you inside. He is intensely aware that his life is in continual danger. He stated that it is the spirit that gets hurt. Some cases keep on haunting him, especially on the days when he is not as strong as other days. The ghosts appear when he is weak. He then pushes them in his personal torture chamber. He tries to put the demons and ghost in chains, to suppress them, to put them in a cage but have to confront them sometime, because they consume him. P2 believes that Pali went to college because he could not face going on the road again and said that this he seemed severely traumatised. From a social science perspective, P4 noted that Pali has experienced death as a reality and therefore has a more realistic knowledge. Where most people know that one day they will die, they are not confronted with the possibility on a daily basis and believes that there is always a tomorrow. Pali and other OFRs know that there are no guarantees. In a sense, it can make them appreciate life more, but also make fears more realistic.

When trying to make meaning, P1 found that Geniko admitted that he at times struggle with the question 'Why?', but he has found that it does not help to ask because there are no answers. P2 described Geniko as somewhat cynical when he was asked where he thought God was during the disasters and in his work environment. He reported that he has thought a lot about the 'Why' question. Geniko does not really go into it very much because it is too complicated to try to unravel it. Therefore, he just lets it go. His spiritual life seems to be in turmoil and he ignores the whole issue even though it disturbs him.

9.4.3   Counselling

From a social science lens, P5 highlighted three main themes from the interviews, and explained his findings concerning the first theme, counselling, as follows: Since the inception of Sociology as a science in the eighteenth century, many of the founding fathers, practitioners and scholars of the discipline had an 'uncomfortable relationship' with the notion of 'spirituality', or in a more narrow sense, the whole idea of religion and specifically that of a superior being, referred to as 'God' in many traditions. This often leads to either the explicit rejection of any potential existence of 'God' as a superior entity (Comte, Spencer, Marx, Al-Arsüzï, Baudrillard, Foucalt) or a radical reinterpretation of the (actual) purpose and function of religion and worshipping of 'God' (Marx, Durkheim, Weber). Personally, P5 has always been attracted to the thoughts of Emile Durkheim in this regard, and by adopting a structural–functional perspective it is useful to apply Durkheim's ideas of religion to the context of OFRs in order to interpret, understand and explain their journey to emotional restoration and spiritual revitalisation. Being exposed to traumatic incidents not only influence the emotional well-being of the individual OFR (and even his relationship with 'God'), but also on that of the collective, namely society, and in this case specifically the family of the OFR. This inevitably leads to a weakening of the family ties and eventually to an erosion of social integration. The self-reported need of OFRs to find emotional support and spiritual revitalisation in the worshipping of 'God' could be explained as a renewed attempt to strengthen their integration in the social group and revitalise the meaning of their lives. Religion as such is merely the symbolic manifestation of society. What is perceived to be 'God' is nothing but a representation and expression of the moral powers of society; 'God' is society. Religion binds a community together and serves to create an all-important social cohesion. It further offers a sense of strength during life's transitions and traumatic events. The source of religion, however, is not 'God', but the collective mindset of society. Therefore, seeking emotional comfort and healing via the worshipping of 'God' is essentially an attempt on the part of OFRs to reintegrate with society by finding the necessary moral support and solidarity as preconditions for their emotional health and social stability.

> As Alexo puts it: Ek moes baie meer bid. Ek moes baie meer vir oorlewing.

And later in the same interview:

> Nou begin jy afhanklik raak van hierdie geestelike [aspek].

The need for reintegration in society and for restoring the cohesion with society, is defined and articulated as a need for and dependency on 'God', not realising that the notion of 'God' merely embodies the moral representation of society, namely the moral support that the OFR sometimes struggles to find within and from his family:

> Daar's geen bande nie. Tot vandag toe nog, ek en my Ma het geen verhouding nie. Ons het niks.

Being religious in this context offers meaning and purpose to cope with an existential challenge such as post-traumatic stress, or to effect greater emotional well-being for OFRs. Religion is an expression of social cohesion, namely our collective consciousness that projects a force greater than humanity and gives it a supernatural existence called 'God'. An important function of such interaction with 'God' is the facilitation of social contact and furthering of positive mental health that derives from the optimism associated with a close relationship with 'God'. These are essential elements for OFRs to cope with the stress of their profession. As Alexo articulates it:

> Die beste berader is die Hemelse Vader.

But if 'God' is society, then real healing takes place by strengthening the cohesion and interaction with others (such as family members and close friends), especially during life's transitions and tragedies that are so common in the lived experiences of OFRs. It is within these interactive networks of family and friends that real healing lies and maintaining the solidarity and integration of these social networks is therefore imperative for the emotional well-being and stability of the OFR.

9.4.4   Autonomy

The OFR profession expect their employees to take control of difficult situations, to make vital decisions, to remain strong and in charge of others and themselves. It is therefore not difficult to understand their autonomous attitudes in life in general. During the interview with Alexo, his body language was that of someone who was in control. He was sitting in a relaxed position, making elaborate hand gestures, and he seemed very excited to tell his story. However, his story began with his childhood experiences and not with his experiences as OFR. It seemed that he was searching for an opportunity to tell his story. This became clear prior to the interview, in the texts sent to the researcher, making sure the interview was scheduled, and would definitely be taking place. It is therefore interesting that P1 observed a sense of nervousness and intimidation. She motivates her observation with a possibility that this is an indication of the difficulty he experienced to talk about his experiences. This confirms his reluctance to begin his story with his work environment. P1 stated that it became clear, from reading Alexo's story, that he is a person who takes the 'lead' and at times appear to be quite directive in the conversation.

P1 observed that Alexo referred to himself quite a lot by using phrases such as "my filosofie, my denkwyse, my ervaring". It indicates an extremely well-developed sense of responsibility.

In addition to this, P4 found that Alexo was able to be independent and developed the sense of independency at a very young age. As Alexo has empathy for others, he had a longing to give back and help others (generosity). He was able to fulfill his sense of generosity in his work environment.

P1 found it interesting that Geniko kept on repeating the question "Jy verstaan?" ("You understand?") It is noticeable that he seems to ask for understanding of his experiences rather more than the words he uses. P1 commented that she wondered if this is a need for affirmation of understanding from someone else about what his unique experience meant.

9.4.5   God concepts

God may be conceptualised as authoritarian (controlling, commanding, punishing) and as benevolent (helping, forgiving, protecting). These concepts play a crucial role in the manner in which people behave (Johnson et al. 2013:15), influencing their choices and attitudes, and influences their spiritual growth. The constant exposure to death and destruction leads OFRs to question God's authority and love. Disappointment and anger with God have been found to correlate with negative religious coping and lower religious participation (Wood et al. 2010:1). P4 reported that Alexo displayed ambivalent feelings, indicated when he said that he relied on God and prayed for guidance in contrast to an underlying sadness and the question of 'why' God allowed things to happen, as they did. When referring to his spiritual woundedness, P1 found that Alexo's understanding of God concepts needed to be addressed. He seemed to have a fatalistic understanding of God's omnipotence concerning life and death. P2 believes that, in the light of Alexo's background and traumatic experiences throughout his life, the only reason he is still coping is because of his spirituality. He has a very deep and personal relationship with God. This journey with God started at a very young age, born out of desperation and survival. He talks with God about everything, fights with Him when he does not understand, cries when he needs to and asks for guidance when he does not know what to do. This is the only reason he has survived the trauma he has been through. Although P2 recognised Alexo's reliance on God, feelings of disappointment and anger was detected by the researcher when he indicated his frustration in struggling to cope with difficult situations where he believed God left him to figure out the problems by himself. P4 stated that Alexo tried to rationalise why things happened to him in order to try to make sense of his life. She also recognised the importance of his need to believe that he was in charge despite difficulties. His faith is a strength that assists him to have hope and not to give up, become hopeless, depressed or feel useless. His relationship with God is strong and that motivates him to grow spiritually and mentally. His spirituality enables him to set goals for his future and to be purpose driven.

Kato indicated a belief that he could not afford to become a victim of his circumstances because of his supportive and managerial role in the EMS profession. Yet, P1 found that it was clear that he also struggles with spiritual wounding expressed in his words "Here, hoekom?" Translated it means, "Lord, why?" This is a cry from his very soul and it is clear that there is no support for him at this point. P1 said that it would seem that Kato struggles to understand that God is good when he is confronted on a daily basis with the cruelty of man and man's experiences.

P2 highlighted Pali's description of his relationship with God as complex. He differentiates between faith and religion. Religion is church, and faith is your personal relationship with God. He objects to going to church. He has no relationship with the church, but he believes in God and is thankful for what he has. He tries not to ask too many questions. He believes everything happens for a reason but does not need to understand that reason. He does not need to make sense of everything. His spirituality is a little confusing. In comparison to this, P4 highlighted Pali's view about religion and spirituality – the personal relationship with God is a strength – and this is what assists him to cope and be able to do his daily work.

9.4.6 Social support systems

Social support and flailing relationships have become an evident topic in this study. P2 confirmed this with his observation that showed signs of confusion and failure in his relationships. Because of the fact that his father left their home while he was still young, and his environment that was an extremely unstable family set-up, he therefore had no frame of reference as far as relationships and family life are concerned. There seems to be confusion and contradictions about the importance of family relations. He states that family ties are important and a strong force in his mind because he never had family, and yet, he has no relationship with either his father or mother. Alexo said that he never went out with girls, and that his first wife was the only girlfriend he had, at that point in time. He states the reason as being that his relationships were so broken up and so bad, that he kept his distance. He met his first wife, his first love. He did not know how to share. His occupation and his marriage collided. She did not understand his passion for his work and conflict started. He lived for his work. He was always in control and now he had to share. Another contradiction. He states that he was inclined to share his emotions, but then states that he could not. She left him because he never learned to keep a balance in his life. He is teaching his children now about relationships, but still has a relationship problem with his second wife. He states that she has all the reasons in the world to pack her bags because he is never there. There is no balance in his life. He mentions that people should learn and get knowledge from experience, how to

handle situations and conflict. However, he never tried to acquire that knowledge. He then states that he will see a counsellor when his relationship is not good, in other words, never!

Considering Alexo's relationship with others, P4 observed that he views himself as one of the helping profession [vereenselwig hom], and the importance of belonging to a particular group in the working community. In her assessment, she became aware of his need to master and achieve in his life and therefore the administrative environment where he worked during his time in the army did not make him feel good enough or satisfy his need for accomplishment. Becoming a Parabat would give him a sense of mastery. Although he was unable to achieve this, he does not see his injury as negative, but a positive incident that led him in the direction that he was supposed to go (sense of belonging and mastery). When considering Alexo's relationship with his parents as well as his childhood circumstances, P4 said that it could be assessed and evaluated from the systems theory. Alexo does not want history to repeat itself and therefore is motivated to change his circumstances and behaviour so that he does not repeat his parents' mistakes.

P2 recognised the OFR's dire need for family counselling. For him, this became especially apparent when he found that, while the family was excited to be reunited with their husband or father at the end of a working day, the traumatised OFRs need space and time away from everyone. They need space to think about everything that happened during their shift. The trauma haunts them and that affects the family. It has a ripple effect at home. The wife and children do not understand. P2 believes and recognises that their wives are not in a position to be their counsellor. When Kato spoke about his wife not wanting to know the details of his work experiences, the need for someone who would be prepared and trained to listen and understand, became clear. P1 observed that Geniko expresses the difficulty of 'going home' after a difficult day and facing normal family responsibilities. This is important; because the family also needs their 'dad' or 'husband' and his own personal emotional need of 'quietness'. This may lead to home conflict. P2 stated that family counselling is completely ignored, and it has a severe negative effect on the OFR. This is confirmed in the assessment of Pali's interview. P2 said that the family issue is of real concern as this aspect of the co-researcher's life is ignored. His wife seems to go through terrible tension as their rule is that they must never leave the house angry and say goodbye properly as he does not know whether he will return. He stated that his wife, as a pillar in his life, understood that he sometimes just needed space. He shared his experiences openly with her in the beginning, although it was difficult for her. She also does not want to hear all the experiences he goes through. Some of these experiences have the potential to cause secondary trauma, as it upsets and hurts her. Many of his colleagues are divorced because of work-related reasons. Alcohol abuse is one of the major reasons why they divorced. The tension in relationships was confirmed by P4. She

stated that Geniko's relationship with his family was negatively affected by his work. He identified an important lack in services – therapy and emotional assistance to family members of OFRs. P2 confirmed this when he referred to Geniko's need for family counselling; a topic which was also revealed by the other co-researchers. Nobody works with his or her families. Nobody has ever talked to Geniko's wife. There seems to be nothing in place for the family in the system. Nobody explains the role the family should play. They come home, he must do this or that or there is a child who needs special attention. Some women do not understand what they go through and when they come home it is 'blah blah blah' or 'nag nag nag'. There is no family support system. Many divorces occur in these families and that is very unfortunate.

P5 summarised the social support structures of the OFR and observed a self-construction of their realities, particularly those that relate to traumatic incidents to which OFRs are exposed. This points at an emerging situation of anomie in which, depending on the intensity and extent of the incident, the OFR finds himself in a situation where conventional norms and values are uprooted. Despite his clinical and technical training, the OFR is not necessarily equipped to deal with the context of social instability and lack of purpose and ideals that typify conditions of anomie. Often emotional and mental challenges are the net outcome of such a situation. This is expressed as follows by Kato, one of OFRs:

> Ons kan ons werk doen. Die kliniese deel daarvan. Maar as jy kom by die emosionele deel en die hantering daarvan, voel ek, dit is waar jy baie gechallenge word.

Arriving at the scene of a traumatic incident, the OFR often finds himself in an unstructured situation where social instability, resulting from a breakdown of conventional standards and values, is prevalent (such as arriving at a scene of violent crime that involves gangsters and hostile onlookers). He therefore has to internalise norms and apply coping strategies to deal with such a situation, but little formal and/or professional advice and counselling is available to enable him to structure and act in such a context. Because of an inability to adequately deal with the emotional and mental aspects that are triggered by a socially unstructured and traumatic incident, the OFR may now become disconnected from the larger social unit on which he depends, such as his family and/or friends. The social ties that bind him to the group are subsequently weakened, or sometimes even broken. Social stability depends on solidarity and interdependence with members of the primary groups OFRs interact with, which means that societal disintegration may lead to currents of disillusionment, frustration and depression – a situation that in extreme cases may result in what is known as egoistic suicide, as explained by sociologist Emile Durkheim. In other words, trying to 'fight his demons' or 'restore his emotional balance' on his own and without support from professionals or his family members may lead to feelings that the OFR is 'on his own', thus not integrated with society anymore. A person's values and sense of purpose come from his integration in society, and

when this integration is weakened, the general feeling of moral support that society usually provides us with becomes eroded, and under those circumstances, some individuals are liable to commit suicide at the smallest frustration or emotional disruptions. Alexo's account of events in Japan is a case in point, and he uses the word 'frustration' on a number of occasions in his narrative:

> Japan se storie was die frustrasie.

Finding the first bodies after the disaster in Japan lifted the spirit and excitement of the rescue team; more importantly, however, it contributed to the cohesion, integration and solidarity of the team members and helped to mitigate the situation of anomie.

P5 continued by stating that, being integrated into a larger social unit, is of paramount importance for optimal emotional functioning and well-being, and for that reason Alexo expresses his concern when asking rhetorically:

> Wat kry ons hierdie kant? Wat kry ons as ons terugkom uit hierdie goed uit?

The absence of formalised and professional support services and structures that are readily accessible to OFRs, aggravates the situation and contributes to the emotional plight of OFRs. Kato explains:

> Maar die vraag is, wie debrief? Wie is opgelei om te debrief? Niemand van die paramedics het deur 'n debriefing-kursus gegaan nie.

Another OFR (Pali) confirms this sentiment:

> Jy moet jou eie paadjie vind om hulp te kry.

It therefore comes as no surprise that the family as primary social unit plays such a cardinal role in the lives of OFRs, as repeatedly emphasised in all four narratives. In the absence of a social unit where the individual can enjoy moral support, cohesion and integration with significant others, feelings of disillusionment, frustration, depression and eventually suicide can easily set in, and this applies to OFRs:

> Alexo said: Van my kollegas het al selfmoord gepleeg.

Throughout history, the institution of marriage has been found to be an important mechanism or protector against suicide, and for that reason, it makes sense that OFRs highly value their families and marriages and make frequent reference to the important role that this institution plays in their lives. Family life serves an important function to strengthen the individual's integration in society and to provide OFRs with a sense of the broader meaning of their lives: Says Alexo:

> … een ding wat vir my verskriklik belangrik is, is familie … Dis waar baie van my genesing kom.

In the absence of a strong and dependable family structure, the OFR is much more vulnerable, as the context in which he finds himself is suddenly lacking the vital elements of social integration and cohesion and thus becomes more conducive to anomie that, in turn, may trigger suicidal behaviour as he finds himself in a socially disrupted and unregulated context from which he sees no escape. Geniko articulated this as follows:

> Jy hoor ouens het selfmoord gepleeg, en goed maar jy weet … nooit hoekom rêrig nie want jy weet nie wat by sy huis aangaan nie. Maar ek sê hulle gaan by die huis, partykeer dan verstaan die familie nie [wat hy deurmaak nie].

In cases where the families or wives of OFRs fail to provide the kind of empathy and moral support that are needed for a return to emotional healing, or when a professional counsellor is unavailable to facilitate integration and cohesion with either society or the family unit, the OFR may turn to 'God' as source of comfort, emotional stability and social integration. In such cases 'God' subjectively becomes the manifestation or symbol of support that the OFR needs, but often struggles to find in his immediate social context among his colleagues, family members or even in professional counselling services. This is explained in more detail in the next section.

9.4.7   Dissociation

During the interviews, it became apparent that the co-researchers attempted to dissociate themselves from their work experiences. P2 recognised this when he observed that Alexo seemed to obsessively chase adventure. P2 suspects that his adventure seeking is an attempt to occupy his mind with all manner of activities, which will keep it too busy to think. His traumatic childhood years still haunt him, and he needs to be on the run all the time to be able to put it at the back of his mind. He has moved from job to job in search of more excitement and adventure. P2 stated that Alexo was constantly denying his own feelings and emotions. He stated that he gets emotional because your see so many corpses, you smell so much, you experience so much, it is a nightmare. You see the worst of the worst. When he came back from Haiti, the emotions were so high, he cried for everything. He then states that he does not focus on emotion. He never returns to the people he helped. He denies his emotion and does not want to think about it. He knows that he cannot handle too much emotion because of the pain he experienced in his life. He once visited a child he helped in hospital but could not bring himself to see her. He walked away and said, "I'm not interested." He denied the emotions in him that drove him to the hospital and then walked away relieved that he could not see her. After an incident, everyone must leave him alone. He must deal with it alone. He never expresses his feelings to his colleagues. They tend to break away, sort it out themselves and then go on. The emotions take its toll. He gets post-traumatic depression but deals with it and

goes on. Everything is baggage, a bag full of feelings. He denies his emotions and buries them. Those emotions and trauma are never dealt with properly, but he convinces himself that he will be fine because he dealt with it himself. They have to deal with their emotions and trauma, but they deal with it in different ways. Some use alcohol to drink it away, he uses space. He needs distance. "Leave me alone. I'm going into myself." They are very careful whom they are talking to because each one is different. They tend to break away and sort themselves out in their own way and then come back and go on. P2's findings were confirmed by P4 when she said that, in a manner, Alexo was distancing himself from the situation as a coping mechanism. Blocking the memories and the 'what-ifs' to protect his own vulnerability.

According to P4, Geniko copes by dissociating, not thinking about the incidents and the feelings – 'becoming hard'. In order for him to cope, not to feel hopeless or to lose his spirituality, he tries to avoid thinking about his work and the traumas he has experienced. His soul is wounded by the traumas and hurt and to dissociate is the easiest coping mechanism for him.

9.4.8   Hopelessness

Hopelessness, as found in this study, may stem from feelings of inadequacy, loss of meaning, loss of job satisfaction, or frustration with coping and dealing with work experiences. P2 refers to Alexo when considering hopelessness. He said that Alexo expressed the hopelessness and discouragement in all the trauma, human tragedy and problems. He asked, "How do you cope with blood and brains and bones?" There are many facets against them as paramedics, what is terrifying is: "Just say we can't get the guy out, and he dies inside, what then?" These thoughts and events cause a lot of despair and hopelessness.

Not all traumatic events lead to spiritual hopelessness. P4 indicated that Alexo illustrated a good relationship with God. No relationship is exclusively good or bad. He is able to ask God questions but does not lose his faith in God and that He will assist him and listen to his prayers. His heart to assist people and to live his God-given calling assisted him not to become hopeless and depressed. Here one can again see Alexo's faith and spirituality: believing in the Bible and God that said He will be with us, but as his children, He does not promise an easy life. Alexo, although sometimes in conflict with God about why things happen, uses his faith to rationalise and to make sense of his world. Faith plays an important role for him to keep trying and not to give up on people in need and crises. In contrast to this, P4 noted that Geniko sometimes feels hopeless and thus the frustration exists for "if I only could". "If I could have done it differently" – this has an impact on the soul and in a manner wounds the soul because you feel not good enough.

9.4.9 Emotional well-being

Kato explained that procedures are drilled into them during their student days. P4 observed that, during incidents, OFRs become clinical and do their job without thinking about the emotional issues involved. As Kato mentioned, they go into flight mode and do what they have to do, because they are used to it. They have no problem doing the clinical part of their work. P1 noted that Pali seemed optimistic, although confessing that people in his profession easily become despondent. Pali expressed emotions but were able to work through them. According to P1, Pali displayed great situational awareness. The researcher does not fully agree with this finding, as Pali was aware of his unresolved emotions.

P1 observed that Kato's interview was loaded with unresolved emotions. It would be good that he finds a constructive outlet for his stress. Stress experienced by him are expressed in these areas: physical distress, emotional distress and spiritual distress. P2 confers with this. Kato's emotion catches up with him after scenes when he sits down and realises what actually happened. The emotional part of their training is minimal. The emotional side comes in when the family arrives at the accident scene and they 'freak out'. They are challenged with the handling of the emotional part, for example, when you have to tell the families that their loved ones are dead. It is very draining. A major shortcoming is that they do not have time to process their emotions. In addition, there are no therapists at the accident scenes, so they have to play counsellor, and they are not trained to do that, and they sometimes cause more damage than doing good. Fortunately, the respondent did courses in addressing families on scene, but the others not. The others are not emotionally prepared to do counselling. When they decided to become a paramedic, they did not sign up to be a counsellor. The researcher found that the co-researchers seem to feel personally responsible for relieving their patients and bystanders from suffering. Feelings of helplessness and even guilt for not being able to adequately assist, places an unfair and unnecessary burden on them. According to P4, Kato indicated that he uses cognitive strategies to cope and to do the work, blocking out the emotion.

Pali's interview was deeply emotional, and the researcher had to be very careful to not ask too many in-depth questions too early on in the interview. P2 observed that ordinary questions were being asked of the respondent and quite a few times, he could not answer immediately because of the emotions that overwhelmed him. At one time, he actually cried. He was asked where he goes when he comes from a scene. He became very emotional and took a long time before he could answer. When he talked about his ghosts, he again got very emotional. He discussed the uncertainty of how long he can still do it, how much he can still take, and he started crying. In P2's opinion, this respondent was close to breaking point.

Even though Geniko tried his best to portray an image of always being in control, P2 said that he did confess to becoming vulnerable and emotional at times. He describes his trauma as a wave that overturns him. As soon as he surfaced, it tumbles over him again, especially when the waves are in unison of each other. As soon as he thought he would surface, it overturned him again. He stated that many of the men are deeply wounded. P2 found it troublesome that they returned from scenes with the damage but felt they had to suppress it, file it, and close the drawer. According to P2, it means that the men are constantly traumatised, and it just builds up all the time. At some stage, an explosion will occur, and that will have a devastating effect on the men and their families.

Another concern, which P2 detected from Geniko, was the undetected deterioration of the personal member's well-being. This was found in the interview with Geniko where he spoke of employees being valued and hardworking, and suddenly is reprimanded or disciplined. P2 attributed this to the systemic neglect, where his emotional welfare was never addressed.

9.4.10 Coping and counselling

P2's concern that there was no adequate therapeutic support for OFRs, stemmed from Alexo's interview where he did not paint a pretty picture as far as counselling is concerned. Although he and his colleges desperately need counselling, it is mostly ignored or completely inadequate. They do not trust therapists. They tell the counsellors what they want to hear. Many of them say they know exactly how they feel, but they do not. They sit through the session out of respect. The counselling is only to say to the media that the people got counselling. In his own words: "Counselling sucks in South Africa, it stinks." He admits that counselling is important; you need to talk and not to bottle up. Much more attention should be given to counselling. Most of them first try to see what they can do themselves. He will go to a counsellor if he realises that he has a problem. Many of his colleagues have given up and left. They cannot deal with the nightmares. Some have committed suicide. It just gets too much. He expresses the need for spiritual therapists (pastoral therapists). Therapists need to understand what type of person you are and how you handle your emotions. Counselling for the paramedics seems to be completely inadequate. In most cases, it seems to be completely neglected or just scratches the surface. It is not enough to only deal with some trauma or some incident. The person as a whole should be dealt with. Where does he come from? How does his childhood experiences influence his life now? How does his occupation influence his marriage relationship and what problems does he have at home? It seems as if the person as a whole is completely ignored and only some issues are dealt with in counselling. There seems to be a major shortcoming in the counselling of these men. They are in the war zone all the

time and very little consideration is given to spiritual counselling. Most therapists are not trained to give spiritual counselling, and that is what these men are desperately looking for.

According to P4, Alexo's support system consisted of his relationship with God and the belief that God sent people on his path to help him reach his goal. These relationships were not all healthy, such as his relationship with his mother. Yet, he believes that they too, formed part of his growth process. Through the difficulties, Alexo saw opportunities and learned from his experiences. His relationship with God grew and he made sense of life through his spirituality. Sometimes they are not aware of the purpose, but faith kept him going and believing. The co-researcher is driven by passion to do his work and not for the money. However, this seemed to be a way to make sense of the sacrifices he made and to find a reason for continuing in this line of work. P4 said that this has implications on his emotional well-being, but due to his strong faith/spirituality, he is able to stay positive and not give in. This aspect is a huge coping skill/motivation that can be used during therapy. The strong spirituality of OFRs can be viewed as a key element to assist them to be able to cope with secondary trauma. According to P4, Alexo identified another coping skill that he uses during a crisis, namely to focus cognitively and not to focus on emotions. Emotions can sometimes overwhelm you and cloud your judgement and logical thinking. Thus, he focuses on the situation, block out his emotions so that he can cope in the situation, and not 'have a breakdown' to the trauma, he is faced with.

Coping skills were mostly self-taught, as Pali said. Yet, P1 noted the need for support in the form of therapy when Kato constantly stressed the need for therapists throughout the interview. P2 supports this when he noted that, especially after an accident scene, they could have many guilt feelings if they do not handle the family of the victims correctly. That is why it is so important to have a counsellor where OFRs can download their emotions, and work through their feelings with a trained person. It is advisable for everyone to go to counselling but it is not necessarily happening. Their own funds and medical aid can only handle limited sessions and in the end, there is a major mentality of 'cowboys don't cry'. All the emotion is then bottled up or comes out in a negative way. Instead of talking about it emotionally, they joke about it. These are negative coping mechanisms. They want to get it out, but they do not want to reveal their emotions and vulnerability, and often in trying to express their emotions the words come out in the wrong way, generally negatively. The pain is great, and the personnel suffer severe trauma and grab at wrong ways to cope. The pain affects him. His family will say that he is quiet and sometimes he cries. He cannot go on and says that it was nothing and therapists do not become involved with these things, or they do not go for counselling at all. There is a definite need for full-time therapists, but it costs money and time for the paramedics. If they go during their working time, it can mean that an ambulance is not running. You can only go in your private time, but you are not paid overtime for that. If it is

priority that your staff are healthy you will see that there are enough workers so that the service can continue and those who need to, can see a counsellor. The respondent mentions a woman colleague who has left the service because there was no one to help her. There is a great deal of evidence that therapy and counselling are successful. They need someone to talk to. They debrief but it does not involve these things in the debriefing. There is mostly no one to talk to, no frame of reference. That is why the wrong coping methods are being used, such as alcohol and substance abuse. He advises that there should be full-time therapists at an office, not a church building, and a free, safe confidential place where they can open their hearts, just to have someone to talk to. They handle it in the wrong way and the trauma is pushed into the basement, and somewhere along the line the doors are going to fly open and all the junk will pour out. Irrational choices often result. They start drinking or leave the service because they cannot cope anymore, and there is nothing in the system to support them.

For P4, Kato's stipulation of the need for OFRs to receive training in how to deal with emotions – their own and that of others – was an important issue. They know what to do and how to do it, but sometimes might be perceived as cold or mechanical as they do not always take into consideration the feelings or emotions of the people involved. It can, however, also be said that the paramedic is there to save lives and not to give counselling or to respond to people's emotions. It will, however, be beneficial for them to understand the emotional reaction to trauma and why some people act in the manner that they do. It might assist the paramedics if they had a counsellor or therapist with them when arriving on scenes to deal with the people, victims, bystanders or the family of victims, while they do the medical care. P4 identified dark humor as a coping mechanism, and she felt that this was something only OFRs would clearly understand. She said that this might damage relationships with family and friends, as they will feel that the OFR is hard or not empathetic. P1 noted that Pali expressed a need for trained and well-educated caregivers, counsellors and therapists. P1 noted that Pali's own coping mechanism was destructive. Having said that, he was severely traumatised and close to an emotional breakdown. It was shocking to take note of his coping mechanisms and it was no wonder that he was in this state. When he is traumatised, he goes to himself. He makes use of self-taught processes. He reads something about how to approach problems. He thinks a lot, he replays it in his mind; he opens many doors to try to make sense of it and runs through it just to arrive at a point. He said that it felt as if he arrived at a point where he had to employ a self-protection mechanism and was done by cutting himself off from the rest of the world and internalising his thoughts and spiritual wounds. Pali confessed that the 'ghosts' of the past did reappear, and therefore his self-care tactics were unsuccessful. Humour was another main coping mechanism. Macabre jokes were at the order of the day. He said that he did talk to his colleagues about certain struggles, but no solutions were ever found. He compared this to

covering a wound with a band-aid, but it fixes nothing. A shocking statement that the respondent made was that alcohol is cheaper than therapy. They use alcohol to facilitate the proses of dealing with the past. Pali compared the pain to a multifaceted complex ball containing anger, helplessness and hopelessness. He asked the researcher: "Waarheen moet ons gaan?"

Pastoral therapy and spiritual guidance have been identified as a key component needed in the lives of OFRs. P2 noted that Pali mentioned that OFRs have to go to a psychologist of their own accord. There is an employee assistance programme where social workers are appointed to help them, but he states that he does not feel that the department is geared to help them as paramedics. His information is hearsay because he himself has not been to them. It is known that the department does not really understand the situation of the paramedics and what they go through. He thinks it can be of help if you have someone to help you with the process to change the perception of the situation. It seems as if this respondent has never been to a counsellor to help him and it seems that there are no structures in place to make sure that they go for therapy.

Reading Pali's interviews, P4 found that coping is done by dissociation, rationalisation and not asking 'Why?' questions. Spiritually believing that things happen with a purpose, he tried to make sense of his life. Spirituality plays an important role to assist him to cope and not to give up. She mentioned that it seemed that Pali was developing negative coping skills. This could be seen in his strange humor, becoming hard, using alcohol to cope, dissociating by thinking he could temporarily escape. P4 described these elements as negative coping skills. In his interview, Kato described black humor as a negative and destructive coping mechanism. P1 mentioned Geniko's coping mechanisms where he tried to "put it in File 13 and put it away". P2 agreed with this when he stated that Geniko described his coping mechanism as a library full of files. We open a drawer, pack it full, close it again and move on. There is no time to process experiences because the next call is already there, so you file and close the file. The file is filed either in the library drawer or in File 13. What he is describing is that all his trauma and emotions are stored inside and is never processed. In addition to this, P2 found that Geniko's attitude towards counselling was very disturbing. He stated that the reason many of them are not going for counselling is that many of the therapists sit with them and ask irrelevant questions without understanding their situation. He does not want to see a counsellor because they only talk a lot of nonsense. There is an organisation called ICAS, but he does not go because the things they ask do not make sense, and they do not understand the situation. They want counsellors who understand their situation and who will be able to help them. He will not reveal the things deep inside or share his emotional state as it might make you feel and look like a loser. He suggests that there should be a system where you could go. The

state says ICAS is there, but they do not know what the men are doing and experiencing. Ministers understand just as little. They are probably good for weddings but not to help them. It is true that ministers are not trained to do counselling, they are only trained to run a congregation.

Despite Geniko's apparent resistance to therapy, P4 noted Geniko's need that the counselor or social worker needs to understand the work. Not only do they have theoretical experience, but also, they know what really happens in a trauma or at a trauma scene. Again, the need for a specialised therapist to work with the OFR and his family is expressed.

From a social science perspective, P5 gave an account of his assessment by referring to Erving Goffman's (2009) dramaturgical analysis. He stated that it is a sociological approach within the symbolic interaction perspective that is often used in micro-sociological accounts of social interaction in everyday life. The idea underpinning this approach is that life is similar to a never-ending theatrical play in which people are actors playing different roles by regulating and controlling information in various situations of social interaction. We are always enacting our roles in the company of those around us and in close interaction with others. Most of everyday life is spent on the 'front stage' (for example, working, shopping, playing sport), but occasionally one can – or even need to as in the case of OFRs – retreat to the 'back stage' of life, a more private space where we do not need to act and can be our real selves. In this space, we can also prepare and practice for our return to the 'front stage' where everyday life plays out.

P5 went on to say that, from the various accounts offered by OFRs, it transpires that they often have to slip from one role to another as dictated by the 'front stage' situation in which they find themselves. For instance, for the benefit of the family of a victim who might be standing by and looking on, they would keep resuscitating although the victim has already passed away. Kato explains:

> … baie keer wat jy doen, al kom jy daar aan, jy resussiteer vir die saak van die familie. Hulle kan dit nie vat as jy net daar aankom en jy doen niks nie.

Alexo experienced this in a similar way:

> … ons het hierdie druk van die hele gemeenskap, sy [die slagoffer se] ouers is daar, dit is hierdie hele prentjie. Hulle wag vir my, die expert.

In this way the OFR (Kato) has to slip from his primary role as rescuer into another role where he acts as comforter for and sympathiser with the 'audience' of onlookers, most often consisting of family members and friends of the victim:

> Dit gaan nie meer oor die pasiënt nie; dit gaan nou oor die familie.

The OFR (Kato) will keep playing this secondary role on the 'front stage' before slipping back into his primary role as rescuer at another incident but having to witness and deal with the emotional responses of the onlookers adds to his own emotional distress:

> … die goed wat my gewoonlik vang, is die familie wat agterbly en die hartseer.

To cope with his own emotional burden – especially in the absence of professional help or lack of empathy from his family – the OFR is often forced to slip into yet another role, this time at the 'back stage' of life. In this private space, he does not need to act, but he can reflect on his experience and at the same time process his feelings and emotions in order to prepare for the return to his 'front stage' role as paramedic. Kato explains this private, back 'stage role' as follows:

> … ek is stil, ek wil op my eie wees. Ek wil deur dit werk. Ek kan nie net aangaan en maak asof dit niks is nie.

Another OFR (Alexo) too admitted to withdrawing to a 'back stage' role that allows him to process his feelings:

> My verwerking is spasie/ruimte. Ek soek net bietjie daai afstand met myself.

Also, for Pali, returning from a traumatic incident means returning to 'himself', namely slipping into a private space away from the front stage of everyday life. He explains:

> Ek gaan maar na myself toe [as ek terugkeer van 'n toneel af]. Ek sê baie keer vir my vrou, sy moet my net kans gee om weer mens te word as ek terugkom van iets af.

Thus, by splitting their 'front stage' and 'back stage' roles and using the latter as private space for reflection and emotional healing, the OFR is able to process his mental and emotional well-being as prerequisite to resume his role as a rescuer and paramedic at the 'front stage' of his daily existence. As we have seen in previous narratives, relying on the support of their family members (or in some cases, relying on sharing experiences with their colleagues) is of crucial importance to create that private space at the 'back stage' of life that enables the OFR to reestablish his emotional balance and reintegrate with the other actors on the 'front stage' of daily experiences.

9.5   Unique perspectives

From the experts' analysis of the co-researchers' interviews, certain unique perspectives were identified, as seen through the lens of their field of study.

From a social science perspective, P4 made use of the circle of courage: belonging, mastery, independence and generosity. According to her, Alexo longs to have a sense of belonging. He holds on to his relationship with God and hope that God will assist him to be somewhere

where he can feel he belongs. He indicated that in Bloemfontein, the fellow soldiers were his family and he developed a sense of belonging; however, he still missed the sense of belonging to a family (mother, father and siblings).

For P1, an interesting observation was that Pali clearly differentiates between religion and faith. It seems clear that Pali needs God as his Father, and Jesus as the Saviour and the Holy Spirit as Encourager. She notes that the emotional effect of the gruesome details of crimes seemed to make the deepest impact on Pali.

P4 identified compassion fatigue and burnout as problematic within the OFR environment. From the interviews she identified this as an existing problem, and from a professional lens she found it interesting that it seemed that the professionals, organisation or government are not aware that OFRs suffer from burnout or compassion fatigue. This is usually more typical of the helping professions. She suggests that a study on compassion fatigue with OFRs might give valuable information and this study provides motivation why a specialised social worker or therapist in disaster management teams is needed. P5 suggested that a disruption of social structures within the OFR was of great concern. He identified two main areas used as coping mechanisms:

- Spiritual outreach as mechanism to restore social integration and stability.
- The role of 'backstage acting' in coping with work-related emotional distress.

9.6   Consolidated observations

P1, P2 and P4 observed a deep sense of responsibility in Alexo's life, which was forged by his childhood experiences.

When asking "Lord, why?", Kato cried out from his very soul and it is clear, according to P1, that there is no support for him or his fellow OFRs at this point. When considering his unresolved emotions, P1 suggests that he find a constructive outlet for his stress. She identified the areas of stress as physical, emotional, and spiritual distress. She states that after analysing his interview, she is reminded of Genesis 28:16: "surely God was in this place and I knew it not."

P4 mentions that for Kato, a big need that is identified is a social worker on the staff, but the team must know that confidentiality is key and that the social worker will not discuss staff with each other. The team must get free services as part of their work package.

9.7 Main concerns

One of the first concerns that P2 found to be of importance, was that the OFR's childhood and history be considered when entering a therapeutic relationship. As an example, he mentioned Alexo's bitterness towards his mother. According to him, it was a definite need to be addressed. The mother–son relationship still bothers him but he avoids speaking about it. The only mention of his father is that he left. He has attempted to eradicate this relationship from his mind. The trauma of his childhood has never been addressed. The respondent's childhood years influence all his actions and decisions in later life. From a pastoral counselling lens, P2 described Alexo's life as a mess. The only things he is coping with is his spirituality and his work. He copes with his work because when he is in action, his training kicks in and he becomes a machine. He is bottling up all his emotions but thinks he has dealt with them himself. This is another indication of the autonomy in which OFRs cope with their spiritual woundedness. They cope alone, and do not include others or God. Alexo did not receive proper counselling to help him with his emotions. His marriage is in shambles, although he thinks he is not doing too badly. P2 suspects that his wife must be very lonely and neglected. This respondent needs intensive counselling from a spiritual perspective to deal with his childhood, marriage, trauma and emotions. P2 suggested that Alexo would be a much more effective paramedic if these things were dealt with. P4 agrees with P2, when she says that Alexo still has many unresolved 'issues' about his childhood and that makes him feel vulnerable and emotional. He therefore does his work in a 'cognitive' state and not on an emotional level. He also believes that God will assist him to cope in his work and that due to past incidences, God will assist him to look cognitively at traumas and crises so that he will not break down emotionally. He deems his work as the purpose of his life and this gives him hope and a reason to continue.

A main consolidated concern identified by the 'spies' was the need for therapy. In response of Kato's interview, P2 found that one discovers the great need for dealing with the paramedics in the proper healthy manner. Therapeutic methods of dealing with the OFR, and the lack thereof, leaves a great void in the system. They need full-time therapists to whom they can talk, at no cost to themselves, when they need to, in confidentiality, at a private office, and without affecting the service. The need for family counselling is imperative but is completely neglected. It is also clear that these men need spiritual guidance in their counselling as this helps them to hold on to a power outside of themselves to cope. A pastoral therapist can effectively offer this spiritual counselling. In addition to this, P4 identified the need for OFRs to receive guidance and training in terms of dealing with their patients and families' trauma. She said that the more she learnt through Kato's story, the more she realised that OFRs needed

training in dealing with people (giving the bad news) and for debriefing and therapy. They see horrible accidents that can lead to post-traumatic stress and or secondary trauma. It seems that the soul of the person becomes distant or dissociated, and thus wounded. She said that it was clear that they try to process some scenes by viewing the dead as 'just another body'. It seemed that it would be too difficult to connect an identity to a body. For them to keep thinking about the losses and the trauma would become unbearable. This assessment was confirmed by P2's response to Pali's story. The contents of Pali's report are distinguished by severe trauma, denial, contradictions and a lack of counselling. Pali's emotions are described as a time bomb waiting to explode and nothing is being done by himself or others to defuse the issues. P2 continues by stating that Pali suffers from major trauma and depression. His emotional well-being is at breaking point. There is no control system in place to ensure that the men receive counselling. They are broken inside and it is ignored. Their family lives are in danger and that is ignored. Not much is being done for their spiritual well-being. They use dangerous coping mechanisms. P4 agrees that there is a dire need for therapy in this specialised field and for social workers and therapists to apply an in-depth understanding towards the situation of the OFR. Geniko's story confirms this need and is a definite cry for understanding their experiences. She said that she realised this through his constant asking if the researcher understands, which shows a need for affirmation of his experiences.

P1 noted the importance of understanding each OFR's home environment. Each co-researcher identified this need. P1 referred to Geniko's difficulty of 'going home', because the family needs their father and husband. He also has his own emotional need of having 'quietness'. P1 noted that this was a problematic area, as it may lead to conflict in the home. P1's finding was in consolidation with P2's response when indicating that Geniko was crying out for effective therapists who will understand them and be able to assist them and their families. At the moment, most of the men never go for counselling and it is detrimental to their well-being.

When reflecting on all four co-researchers' stories, P1 contributed to the similar themes expressed. All the co-researchers expressed the need for therapists. A need for quiet reflection, that was not always met, exists. The co-researchers seemed to, at one time or other have struggled with the question 'Why?' She found that they all experienced spiritual wounding. The co-researchers have found unique ways of coping with trauma. She observed that the OFR training was more than adequate to deal with the physical demands in their work environment. Yet, she found that spiritual direction seems to be lacking. In addition to this, she found a need for direction in coping with the regularity of dealing with violent death, victims of violent crime, and the emotional impact of family members of the victims.

9.8   Recommendations

Alexo's childhood experiences, which influenced how he was coping as an adult, was addressed by P4. The strength perspective from social work would be used as theory to look at the person's strengths and to assist him to see how resilient he was and which coping strategies he used during his 'hardship childhood years' so that he can make use of the same coping skills and strengths to overcome current obstacles and difficulties in his life.

P4 noted that, by being an OFR, the soul becomes wounded no matter how strong a person's relationship with God is. From her perspective, this trauma and the horror will leave them with questions: Asking God why. She recommends that it is important to assist the OFR, maybe already from a student level with support by a specialised therapist.

The 'spies' confirmed the need for therapeutic understanding and interventions.

P4's recommendations were provided in bulleted format as follows:

- I realised that people get 'negative' coping mechanisms – making jokes that people who are not in such a profession will see as cruel or disrespectful, but it is actually a manner of coping and not starting to cry or to fall apart.

- Using dissociations, rationalisation, cognitively dealing with trauma situations, and not affirming the feelings/emotions that they feel. They get cut-off from their feelings, as this is a manner to survive the trauma work. In the long-term, this will have a negative impact on their relationships with people and their families as other view them as hard.

- Souls are wounded as time and finances for self-care and therapy are limited. They also get used to the trauma work and therefore feel that debriefing/therapy is unnecessary and that the therapist does not really understand the trauma.

- A need that can be identified is that social workers can maybe specialise in trauma work and become part of the team (not just knowing the theory of trauma debriefing). Going with paramedics, firefighters or other OFRs to deal with the families of victims during the incidents and to be able to give counselling and support to the OFR team during and after the incidences.

- Another need that was identified by the clients/participants are services to their families. 'If a position can be made available for a team social worker as part of the job description who can be working with the families of the OFR. From her professional experience as a social worker in the 10 years, she has never thought of or heard other social workers (academics or in the field) realising the need for social workers as part of the OFR teams. Usually they will only be called in to render a debriefing or a once-

off service and then all parties will feel satisfied that the OFR has been assisted effectively. The need, however, that has been expressed by the participants are that a full-time social worker is needed to assist them, their families and the families of victims while they are doing their work at the trauma scene' (P4).

- Although all the participants have a strong relationship with God and reported that He is their strength and assist them through their work, all of them do sometimes get to a point to ask why God allow the things to happen. Seeing all the sadness and trauma in the world, she professionally believes that a person will experience challenges in his relationship with God. We as people do not understand the bigger plan, the reason why things happen as it does. As the clients reported, we have choices and sin plays a part in some trauma incidents, but God is almighty and can do anything. The importance here is that when these questions start, and spirituality is challenged, the OFR needs to be able to discuss it with a therapist and to work through these emotions and thoughts so that it does not lead to permanent damage to his/her faith and relationship with God.

- Spirituality and believes are a central part of why OFRs do the work that they do and therefore therapeutic interventions will have to include spirituality and the manner in how OFRs make sense of their world.

- Further research – compassion fatigue in OFRs.

- Disaster management social workers – specialisation field to be able to assist OFR teams.

9.9   General conclusions

9.9.1   General conclusion (P1)

P1 recognised a degree of ignorance when she stated the following: "When reading the interviews, I was shocked and moved by what these brave men deal with on a daily basis. I openly admit crying at each of these interviews. I thought that the gruesomeness that they see daily will be the worst, but I have learned that is not it, it is the cruelty that makes the deepest impact."

When considering the importance of this study, it should be noted that these men are indeed busy with warfare. They are exposed to danger, cruelty and human fragility on a daily basis. I cannot stress enough that this study is of extreme importance. I hope that from this study, a therapeutic intervention programme aimed at the unique field of OFRs will develop. We urgently need to equip specialised therapists to support the OFR and their families.

The study broadened my field of expertise in terms of understanding that questions are asked such as "Where is God when it hurts?", "Is God really good?" and "How can trauma be God's will?"

I believe that this study will help people to grow to an understanding of the above. This study will impact the training of therapists in the future. It broadens the field of understanding. This is an important study, this I cannot stress enough. I thank the interviewees for the honest cooperation in this study. It was a privilege for me to take part in this.

9.9.2 General conclusion (P2)

The first responders serve the community in very dangerous and traumatic situations. The traumatic situations that they have to deal with on a daily basis are detrimental to their well-being. Ample systems should be in place to help these men and women cope with their situations so that they are not destroyed by the important work they are doing for the community.

It is disturbing to hear that most of these men do not receive any counselling to help them cope with their emotions and trauma. The systems that there are, are not working for them. The personnel in the system have not been trained to deal with or have no idea what these men are dealing with and are thus not able to assist them. There is also no system in place to assist the families with their relationships and to help them understand their husbands and how to deal with them. The suicides, divorces and resignations of the men are generally ignored. The backgrounds of the men are not taken into consideration and they carry baggage from childhood years with them into this traumatic career and nothing is being done to deal with these childhood traumas.

It will be advantageous for the men to have therapists whom they trust. Confidentiality is very important for them and it seems as if they stay clear from therapists attached to the department, as there might be a breach of confidentiality. These therapists must be paid by the department and the men must be given regular time to see these therapists in private practices. The men should not have to use time off for that.

These men expressed the need to have therapists who can work with them from a Christian perspective as they realise the need to have strong connections with God. Pastoral therapists are trained and fully equipped to give the counselling and therapy that the men desperately need and want.

9.9.3 General conclusions (P3)

The three thematic issues that emerged from an interpretive analysis of the four narratives render valuable insights into the social reality of OFRs and how the latter respond to their lived experiences. From a wider angle, however, the analysis also identifies areas for policy intervention that may assist the emotional healing process of the 'wounded' OFR and strengthen the personal and official networks of social relationships in which they operate.

The self-construction of their lived experiences suggests that OFRs – because of the nature of their exposure to incidents in a normatively unregulated context – are drawn into an emotional vortex at different levels, namely their interaction with their colleagues, their families and the community. These levels interlock at a personal level to erode their emotional well-being to such an extent that they need to emotionally withdraw on a temporary basis in order to seek healing, balance and restoration in themselves before they re-enter the more structural systems of their daily lives. A central thread running through the analysis is the significant degree to which OFRs depend on self-reflection and temporary withdrawal from their significant others in order to reflect on their emotional burdens and prepare themselves to re-enter a social reality that is often earmarked by anomie, disillusionment in the ability of professional counselling services, questioning of 'God' and religion, excessive expectations of the community and lack of empathy from family members. Intervention strategies and policymaking, aimed at strengthening the structural and supportive environment in which OFRs operate, should therefore not only target the official work or macro-environment of OFRs, but also their personal or micro-environment, namely their family life. Strengthening and supporting the family structure as primary social institution and haven for the OFR is equally important to provide the necessary official support and counselling services in their work environment.

9.9.4 General conclusion (P4)

While I was reading the interview, I started to wonder if OFRs are not desensitised – in a manner losing their innocence and, in some sense, the soul becomes wounded. Death and traumas/horrors became 'normal', as the client indicated at some stage finding that a corpse make them 'happy'.

I believe that in a manner OFRs have to become desensitised in some way in order to be able to cope with the work and not to develop post-traumatic stress or secondary trauma.

As social workers, we are required to start working under a supervisor and later it becomes consultation. The reality is, however, that limited social workers, time constraints and finances

do not allow supervision or consultation to take place as needed. The same situation happens in OFR teams: Limited staff to do the work and due to time and budget constraints, debriefing and therapy for OFRs are limited and self-care is not a priority.

A need that can be highlighted from this study is the need for interventions (debriefing, self-care, and therapy) to OFRs. It is, however, important that the qualities and beliefs of the therapist must be genuine and that the OFR can build a therapeutic relationship with the therapist, otherwise it will be a negative experience like in the case of this client. Then more harm is done than good.

Spirituality plays a big part, as all that at the end of the day remains is faith that we have a purpose in life, that a world makes sense because of God's plan. Without faith or spirituality, the OFR will likely become depressed and more likely, would leave the profession.

9.10 Conclusion

The researcher agrees with Müller (2009:213) that transversal rationality was a possibility when considering the concern and compassion shared by the spies, who showed a communal understanding towards the co-researchers' plight. Although their fields of expertise differ, common ground was created where one is reminded of the values grounded in human nature, no matter the lens through which one assesses the situation, or the chosen weapons with which one enters into battle.

When considering the impact of the study on the spies, P1 confessed that, when reading the interviews, she was shocked and moved at what "these brave men deal with on a daily basis". She openly admits to crying after reading each interview. P1 approached the researcher and confessed that by reading the interviews, she felt she needed debriefing. P4 confessed that she found reading the interviews to be emotionally distressing. She says that she thought the gruesomeness that they have to see on a daily basis would be the biggest problem they faced, but she says she learned that it was the cruelty that made the deepest impact. According to P1, OFRs are indeed busy with warfare. Their daily exposure to danger, cruelty and human fragility could be compared to that of war. She says that she cannot stress enough the importance of this study, and expresses the hope that from this, a therapeutic intervention programme will be developed aimed at the unique field of first response. In addition to this, she urges the need to equip specialised therapists to support the OFR and their families. She said that this study broadened her own field of expertise, as pastoral therapist, by considering the questions such as "Where is God when it hurts?", "Is God really good?", and "How can this trauma be God's will for my life?" She stated that the study would help people to grow to

an understanding of such questions, influence the training of therapists in the future, and broaden the field of understanding.

The researcher asked the question, that if just by reading the interviews one is secondarily traumatised, how can OFR's trauma be ignored? They are the ones who are fighting the battles on the frontline and at ground zero. Chapter 10 aims to provide therapeutic approaches in response to the gaps and needs identified in the study, and where alternative interpretations of experience were made, moving beyond the borders of local faction.

Chapter 10

Attack by Stratagem – The Use of a Holistic Pastoral Therapy Approach for Official First Responders

10.1 Introduction

Sun Tzu believed that "in the practical art of war, the best thing of all is to take the enemy's country whole and intact; to shatter and destroy it is not so good" (in Giles 2012:23). The use of the Art of War as metaphor in this chapter depicts a practical approach to solving problems as a whole, and to embrace knowledge from different fields of expertise. During Movement 7, alternative interpretations of experiences were made by moving beyond the local community. According to Müller (2011:3), a holistic approach in pastoral therapy requires "being fully committed to the real contextual story, but also committed to the exploring of traditions of interpretation". Chapter 8 contains the theoretical framework in support of the research topic and aimed to introduce and describe existing counselling approaches from which the OFR spiritual counselling programme was formulated in Chapter 10. The therapeutic approach aimed to follow a 'whole person' (holistic) approach to therapy. When people experience traumatic loss and woundedness, their whole being is affected – body, mind and soul (Stallinga 2013:14). The holistic approach was chosen for its acknowledgement of the helping professions, yet to include the spiritual component of individuals in the healing process (Young and Koopsen 2010:118).

Many counselling models and approaches have been developed over centuries, moving from pre- to postmodernism, and influenced by science and research within diverse fields of study. Many modules have been successfully applied to the different therapy needs, but many has been deemed unsuccessful. It is therefore a daunting task to explain all the models in one study, and the researcher has therefore identified a few models with components, which may positively be applied to OFR's spiritual counselling. Many counselling modules have been designed to assist clients in their time of need. The researcher agrees with Garzon (2014:131) when stating that the last four decades have seen the development of many modules integrating Christian counselling and psychology. Shorrock (2011:63) confirms the existence of over 450 therapy models, which in itself implies many challenges of integration and theories. However, one needs to take the unique culture and work environment of the OFR into consideration when applying a therapeutic approach focussed on spiritual woundedness. Movements 1 to 6 revealed and described a specific context, where different elements and

epistemes were highlighted. Movement 7, the development of an alternative story, aimed to suggest a few therapeutic tactics and approaches to assist OFRs towards a holistic narrative alternative. The holistic approach is based on creating an alternative story created from current stories told by OFRs, as well as a story of pastoral therapy and healing of OFR spiritual woundedness. Movement 7 completes the narrative and postfoundational circle. Counselling modules and methods include nouthetic counselling, the skilled helper model, Charles Figley's traumatology, and narrative therapy. From the magnitude of models and approaches, these models have been chosen for their approach to therapy and elements that may contribute to the healing of OFR's spiritual woundedness.

10.2 A holistic approach to spiritual healing

Modern theorists such as Sigmund Freud believed that spirituality and religion was the cause of mental health disturbances and felt that it should be avoided. Many behaviourists agreed with him and claimed that incorporating spirituality and religion in therapy, has the potential to discredit psychology as a science (Goode 2010:8). As indicated in this study, the need for whole-person counselling has been identified in research. It has been established that the person as a whole should be considered during therapy and healing. This means that the spiritual aspects of a person, if ignored, does not constitute the whole. According to Narayanasamy (2010:36), a holistic approach to healing consists of social, psychological, physical and spiritual needs Maslow developed a hierarchical model of needs, which is a holistic approach to therapy, and thereby strengthened this approach within secular therapies (Shorrock 2011:64). When researching survivors of stress and trauma, Johnson et al. (2012:103) only mention the biological, psychological and social aspects.

Du Toit (2006:1258) defines post-secular holism as follows:

> It is a realisation that our destiny lies on this planet. We have rediscovered our earthly bounds. Soul is indivisibly part of body; mind and body are one. We are God's co-creators and we can do something about our earthly plight ... Neither the secular nor the spiritual side of our lives can be ignored: both need to be explained, structured and interpreted. We have to take responsibility for human nature, come to terms with it and accommodate it.

Most therapeutic models are individually focussed and pathology-based, with the main aim of reducing PTSD, a mental disorder. The effects of OFR's traumatic experiences depend greatly on the availability of the solace, comfort, reassurance and safety provided to wounded men and women, consisting of a trusting therapeutic relationship, knowing that it is always available to them (Walsh 2007:208).

Pargament (2011:7) asserts that, although therapists embrace sensitive topics such as love, death, violence, addictions or betrayal, most seem reluctant to address spirituality, and mostly view it as irrelevant to the therapeutic process. Clients tend to bring spirituality, religious matters and God into the equation on their own. Some therapists tend to become irritated by the 'delay' in the process and would rather haste to the matters they view as 'concrete' problems. He refers to Bergin and Payne (1991:201) who stated, "It is paradoxical that traditional psychology and psychotherapy, which foster individualism, free expression, and tolerance of dissent, would be so reluctant to address one of the most fundamental concerns of humankind – morality and spirituality." He attributes this, among others, to a lack of knowledge on the subject.

Pastoral care and therapy are traditionally defined as *cura animarum*: the care of human souls. The soul encompasses a person as a whole. This "whole-person is dependent on their relationship with God and Scripture as the source of wisdom" (Louw 2012:15). The need for the integration of spirituality in health care has been empathised throughout the research done by Louw (2008:426; 2013:1). From a practical theological viewpoint, he gives guidelines to health professionals and clergy alike. The experts included in this study, who are from different disciplines such as social sciences, psychology and pastoral therapy, identified the need for spiritual care to be part of the therapy process. Pastoral care deals with the care needs and includes the spiritual dimensions of the person. Pastoral therapy focusses on the professional needs of a person and is done in collaboration with other disciplines. The researcher therefore pronounces the need for an integration of pastoral care and pastoral therapy. Louw (1999:167) affirms that pastoral care addresses the need for acceptance and an understanding of God, provides answers to basic life questions, and helps people to find new meaning and purpose in life. These are all spiritual issues that are vital to the therapeutic process.

One of the most important elements to consider within the therapeutic approach is that of employing true concern for a 'real' person. In this context, concerns are not measured by a theoretical paradigm, but is local and embodied. Holism means to be fully aware of, and committed to what is real, the real person, and the real contextual story, whereby the therapist is committed to the exploration of traditions and interpretation (Müller 2011:3). Therefore, the therapist is not in a position to choose what is relevant and what should be left out. Rosman (2010:334) identified more than 28 000 scientific contributions in the area of spiritual and religious beliefs and practices. However, they are concerned that spirituality within clinical practice remains poorly understood. The reasons for this may be an insensitivity towards religious and spiritual beliefs of their clients, and an ignorance to understanding its importance in the therapeutic approach. Within the field of human psychology, spirituality and religion is mostly found to be unimportant within human functioning (Pargament 2007; Rosmarin et al.

2010:34). When therapists neglect or reject religious and spiritual matters, it might render the holistic approach to healing as atomistic.

10.3 The biopsychosocial model within holistic counselling

A conceptual lack of clarity exists when having to define trauma or emotionally disturbing events. Literature uses the term 'trauma' to explain too many events and their effects on individuals, resulting in a lack of clarity, which may explain the wide range of therapeutic models available (De Soir 2012:1). In order to employ a holistic approach in therapy, the researcher found the biopsychosocial model of health to be one of the many models claiming to consider a hole-person approach to health and healing. This study is not a critical review of the different models; however, different models have been introduced in short, in order to contribute to the knowledge and approach in the healing of the OFR spiritual woundedness.
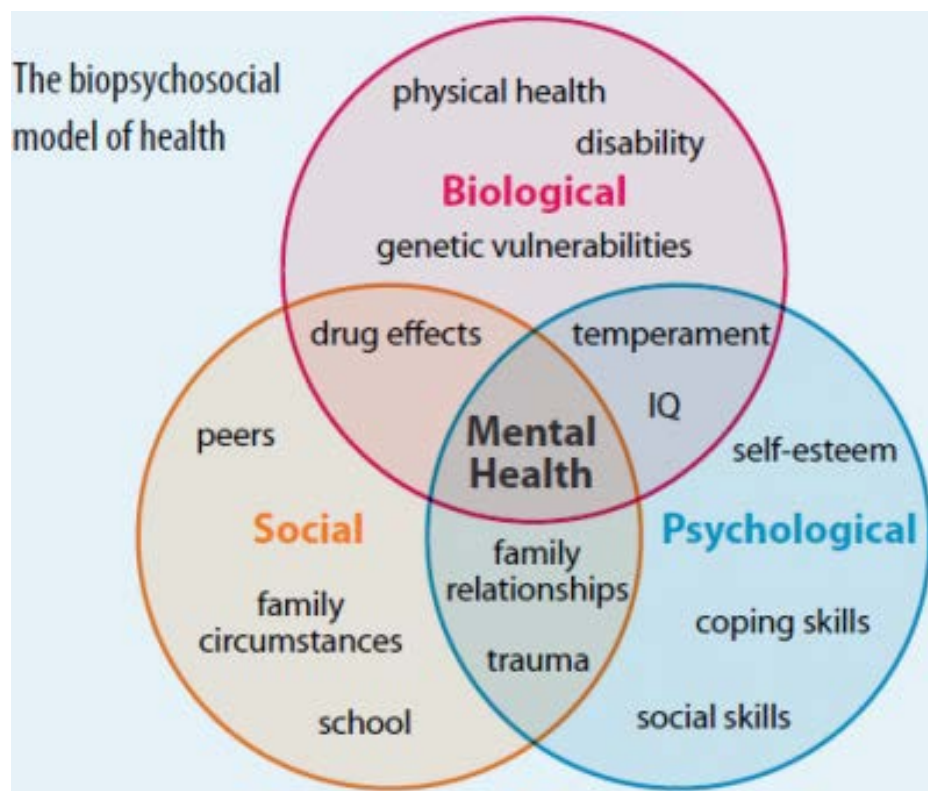
Source: Engel (1980: np)

Figure 10.1:   The biopsychosocial model of health

The biopsychosocial model within counselling was first proposed by Engel in 1977. Engel (1980:535) classified the biopsychosocial model as scientific in nature; seeking to understand the way the mind and body interacts within a social context (Hyatt-Burkhart and Levers 2012:90). "The hallmark of a scientific model is that it provides a framework within which the scientific method can be applied" (Engel 1980:543). Although this model has been considered

as a holistic approach to therapy, it does not consider religiosity or spirituality (Unterrainer, Lewis and Fink 2014:383), yet spirituality has been confirmed as an important part of healing psychological wounds (Smith 2003:614). Science holds a superior position to knowledge and has been identified by Ruse (2010:i) as the most fruitful source of human inquiry. Science, relying heavily on metaphor, has restricted itself. Science is unable to answer "basic, significant and potent questions" relating to topics such as the meaning of life, morality and hope. Ruse (2010:i) most eloquently makes room for faith within the equation by stating: "Scientists should be proud of their achievements but modest about their scope. Christians should be confident of their mission, but respectful of the success of science."

Trauma intervention strategies are designed to normalise reactions to trauma and to promote the expression of feelings, thoughts and situations connected to the traumatic event (Ehlers and Clark 2003:817). Christian counsellors, as well as psychotherapists, are concerned with the wounded human condition, alleviating suffering and promoting resilience and well-being. Christian pastoral counsellors draw knowledge from social and psychological sciences and integrate it with the guidance of biblical theology (Tidball 1986:29). Ruse (2010:236) describes theology as ever moving and developmental in nature, although scientifically speaking, it does not move in an evolutionary Darwinian way.

Smith (2004:231) reminds the reader of the time when medicine viewed mental illness as a different entity from the body and soul, but that it is only recently recognised as a condition including the whole person (mind, body, soul and environment). The researcher therefore suggests that the holistic model should include the spiritual dimensions in the approach to therapy, as agreed upon by some researchers.

10.4 A biopsychosocial and spiritual approach to therapy

Studies have indicated the close connection between spirituality and health sciences, and the benefits and contribution toward wellness. Wellness is defined by Orem (2001:524) as "a perceived condition of personal existence including persons' experiences of contentment, pleasure, and kinds of happiness, as well as spiritual experiences, movement to fulfil one's self-ideal, and continuing personal development".

Within this definition of wellness, certain elements of spirituality are found such as finding meaning, and a sense of purpose. However, science have asked many questions in the practice of health care causing doubt as to spirituality's therapeutic intervention and legitimacy. During the 1990s, certain domains within the medical profession started recognising the role of spirituality in palliative care, as well as other areas of caregiving. This started many debates, of which the mental health profession, in particular, entered into with gusto. Literature

documented these debates and in time, spirituality has been validated as a contributing factor in some health care fields such as in medicine, nursing, ethics, social work and psychology, towards the improvement of quality of life. Integrating spirituality in health care to create more compassionate systems of care is a need in the OFR environment, but also across the entire health care system. This approach to therapy is most effective when recognised and reflected upon in the attitudes of the client, as well as that of the therapist (Puchalski et al. 2014:642).

When researchers refer to the biopsychosocial approach to caring, they focus on the biological, psychological and social dimensions of suffering that affect health and well-being (Matthieu, Lawrence and Robertson-Blackmore 2017:111; Santos et al. 2018:89). Although spirituality in health care has become a relative topic, scientific inquiry into spirituality remains inconsistent due to a lack of consensus regarding its constructs and nature (Grafton, Gillespie and Henderson 2010:698; Tuck, Alleyne and Thunganjana 2006:245). According to King (2000:8), the expanded biopsychosocial-spiritual model "provides a framework for integrating spirituality into clinical practice, provides a more inclusive model for interpreting research in the field and invites physicians to consider the spiritual aspects of their patients' lives". Anandarajab (2008:1) refers to recent evidence supporting the role of spirituality in whole person therapy, and therefore the motivation to include spirituality in the biopsychosocial approach to care.

The interrelationships within the biopsychosocial and spiritual dimensions of individuals form part of holistic care (Grafton et al. 2010:701). There is no specific approach used in OFR's spiritual healing, yet certain elements need to be considered in therapy. The elements identified in this study were derived from the definition of spirituality and the thematic analysis in the previous chapters. Holistic healing signifies the broader context of recovery and should extend beyond formal treatment to include spiritual dimensions.

Both Brown, Elkonin and Naicker (2013:1123) and Hill et al. (2000:51) accentuate the importance of religion and spirituality in psychology:

- Religion and spirituality develop across the lifespan and parallel general developmental process.
- Are social-psychological phenomena and are expressed in groups.
- Related to cognitive progress.
- Related to affect and emotion.
- Important in the study of personality and the genetic determinants of personality.

10.5 Official first responders' spiritual healing

Soldiers have been known to battle post-traumatic stress, depression, anxiety, substance abuse and many other ailments. However, Antal and Winings (2015:382) found that the greater challenge is the injury to their soul due to the violence they experience. They assert that it is the therapist's responsibility to create a place of grace where these wounded soldiers can unlearn violence. In the same voice, the researcher found that OFRs, who experience the same symptoms as war veterans, have to unlearn violence through a spiritual process.

Focussing on spiritual healing is "to enflesh and exhibit the fruit of the Spirit within the realm of human relationships" (Louw 2012:19). The fruit of the Spirit is love, joy, peace, patience, kindness, goodness and faithfulness (Galatians 5:22-23). When the spirit is wounded, these attributes are distorted. The researcher demonstrates such soul wounds, as found in the stories of the co-researchers, as follows:

- Loss of love may lead to feelings of loneliness and relational detachment. "I love you, O LORD, my strength" (Ps 18:1).

- Loss of joy may lead to feelings of depression, and a loss of meaning, purpose and hope. "The joy of the Lord is my strength" (Neh 8:10; Ps 28:7-8).

- Loss of peace may lead to fearfulness and anxiety.

- Loss of patience may lead to feelings of irritation and anger.

- Loss of kindness may lead to compassion fatigue.

- Loss of goodness may lead to inner turmoil and unforgiveness. Forgiveness demonstrates "a hunger for restoration" (Allender 2014:17).

- Loss of faithfulness may lead to detachment, self-reliance.

While researching the value of Scripture as guide and comfort during stressful life events, Hamilton et al. (2013:178) found that spiritual practice such as reading the Word of God is a mental health promoting strategy. They found it to be especially valuable to those in the caring profession. When considering love and connectedness, the image of God forms the central part of formation of a sense of self. Official First Responder's detachment from God is because of spiritual wounds; it might be beneficial that they be reminded of the ultimate sacrifice that God made for them, no matter how unworthy of love this world is (Benner 2015:12).

It has been shown in this study that the hope of God's promises has been distorted by images of destruction, disasters, and cruelty. Biblical trust relies on God to keep one's body, soul and the world intact (Allender 2014:71). This means that a person's expectation is that, although

they are sinners, they will forever remain God's children. Emotional wounds such as fear of addressing the painful experiences, loss of self, inability to forget, overwhelming feelings and compassion fatigue has the potential to lead to spiritual wounds such as loss of meaning, relational detachment and hopelessness, which in turn provides a foundation for the acknowledgement of their need for God. God provides help that has no equal and involves bringing the story with all its woundedness to God. The co-researchers' coping mechanisms are mostly self-reliant, yet it seems that they have an attitude of not bothering with the wounds because they have learnt to cope with them. According to Ferguson (2010:305), a collaborative relationship with God leads to a decrease in stress.

The study identified the basic existential needs for meaning-making. One's basic existential need is intimacy, and to be accepted unconditionally. When spiritually wounded by rejection, healing is found in the grace of God, found in the theology of unconditional love: "But by the grace of God I am what I am" (1 Cor 15:10) (Louw 2012:82). If a purely scientific approach in healing is considered, the grace factor is immediately illuminated (Ruse 2010:235).

Spiritual healing of guilt and shame means forgiveness and reconciliation. "He forgave us all our sins" (Col 2:13-14); "God … reconciled us to himself through Christ" (2 Cor 5:18) (Louw 2012:82). In addition to acceptance and forgiveness, hope has been identified as an existential need. Spiritual healing is found in the reconnecting with God and trust in Him. "May the God of hope fill you with all joy and peace, as you trust in him, so that you may overflow with hope by the power of the Holy Spirit" (Rm 15:13) (Louw 2012:83).

Spiritual healing of the existential threat of helplessness and vulnerability is needed via a support system and the recovery of koinonia through the body of Christ. "If one part suffers every part suffers with it" (1 Cor 12:26) (Louw 2012:83).

The framework in Table 10.1 depicts the existential components related to appropriate spiritual praxis of healing and finding meaning.

While researching people's experiences of the meaning of life in relation to optimal functioning at the nexus of well-being, psychopathology and spirituality, Steger (2013:211) found that meaning of life comprises one's comprehension of their environment and their investment in purpose of life. Meaning in life is characterised as being comprised of people's comprehension of the world around them and their investment in a self-concordant purpose. Through a thorough assessment of the spiritual dimensions and worldview of each client, and by gathering basic information regarding the spiritual domain, the therapist is enabled to measure obstacles and improve progress and healing. The spiritual assessment would contribute to the choice of therapeutic approach, and who to include in a support system (Goode 2010:9).

Table 10.1: Existential realities of life

Framework for meaning and spiritual healing of life			
THREAT Existential issues The threat to the soulful-ness of life SUFFERING	COMPULSIONS Excessive human quests	LIFE NEEDS Being needs: Courage to be	PRAXIS OF GOD Christian spiritual realm
ANXIETY Experience of loss/ rejection (See the role of stigmatisation and discrimination)	Urge for HONOUR/ PRIDE To be acknowledged and validated	INTIMACY AFFIRMATION HUMAN DIGNITY IDENTITY	GRACE Unconditional love Role of God-images: God as partner for life
GUILT SHAME	PERFECTIONISM Avoid failure	FREEDOM DELIVERANCE	FORGIVENESS RECONCILIATION
DESPAIR DOUBT	PROTECTIONISM To quest for absolute safeguarding	ANTICIPATION: MEANING TRUST/FAITH	Eschatological realm of HOPE
HELPLESSNESS VULNERABILITY	POWER ABUSE To manipulate others	SUPPORT SYSTEM	FELLOWSHIP Koinonia Diakonia
FRUSTRATION ANGER Disappointment and frustration Structural issues: poverty/unemployment/ violence/crime	GREED To possess and to have	LIFE FULFILMENT DIRECTION TRANSFORMATION VOCATION	GRATITUDE JOY SACRAMENTS EUCHARIST FESTIVITY CELEBRATION

Source: Louw (2012:84)

10.5.1 Official first responders' spiritual self-care

OFRs are mostly self-reliant in terms of coping with traumatic experiences in the workplace. Folkman and Greer (2000) describe coping as a dynamic process promoting endurance and transformation in response to threatening stimuli: "Coping strategies are learned patterns of behaviour influenced by personality traits, historical patterns of relationship, and situational stressors." Successful coping is possible by generating a locus of control, being goal-oriented (Kravits, McAllister-Black, Grant et al. 2010:131), and the belief in purpose and meaning. In response to OFR's self-reliant coping strategies, and the outcomes and findings in this study, the researcher recommended a few spiritual self-care skills. These skills might be incorporated in their training as a unit. This might ensure that all trainees receive training in elements of whole-person care, while no one is singled out or labelled as 'weak'. Many psychological self-care skills are available, yet spiritual self-care is a vital component in the healing process and should be included. White et al. (2011:48) define spiritual self-care as "the set of spiritually-

based practices in which people engage to promote continued personal development and well-being in health".

Self-care includes the ability to care for oneself, the implementation of coping skills and pursuit towards wellness, and maintaining a healthy frame of mind (Richard and Shea 2011:256). The first step to successful spiritual self-care is the acknowledgement of one's own woundedness and taking the responsibility to find a way of dealing with the pain. Spiritual elements in self-care should include a sense of purpose and meaning, as well as understanding of and connectedness to self. Second, self-care should include a reconnectedness to others and to God. These are elements identified from the working definition in this research study. The support and understanding of family and peers are important components towards optimal mental health. Therefore, healing relationships contribute to healing spiritual wounds. A third step towards optimal self-care is acknowledging one's weaknesses and being aware of emotions that negatively affect wellness. Emotions such as fear, guilt, anger, and sadness should be understood as being part of the OFR's experience. Anger is the expression of frustration due to unfulfilled needs (Louw 2012:83) shaped by exposure to violence, lack of equipment, long working hours, and shift work, lack of understanding from family, therapists, and the organisation. Only when such emotions are acknowledged can they be dealt with. These emotions should not be viewed as 'weaknesses', but as normal outcomes to abnormal situations, which creates opportunities for growth and personal betterment.

Spiritual beliefs are core constructs of spirituality, and include making meaning, inter- and intra-relationships and the awareness of a higher being. These beliefs reflect thought processes and emotions (Neff 2011:29), and a sense of purpose. Relationships within the spiritual domain reflects acceptance of others, interaction and forgiveness. On a spiritual level, a relationship with God includes feeling his presence, believing that He is a caring God. Relationships with others involve connectedness to self, others, the environment and God. From spiritual beliefs flow spiritual practices. Meditation and prayer are forms of self-care. Meditation has been found to increase pain tolerance, reduce depression and anxiety, increase spiritual health and healing, and improve wellness (Wachholtz and Pargament 2008:352). Taking time to communicate with God, mending relationships, and meditating on His Word, are spiritual practices that may lead to better health outcomes.

Lastly, the OFR should have self-compassion. Neff (2011:1) believes that self-compassion includes treating oneself with kindness, mindfulness, being aware of negative aspects through self-awareness, and finding a clear-sighted way of relating to failure, perceived inadequacy, imperfection, and weaknesses. The quest for deliverance from feelings of guilt has the potential to generate an obsession towards perfection and carries with it the fear of failure and

rejection (Louw 2012:82). It is noble to care for others and show compassion towards the needs of patients or their families who have experienced trauma. Yet, compassion fatigue has been identified as a problematic phenomenon in the OFR occupation. If the OFR does not deal with the guilt of how they might have dealt with a situation, and if they could have done more or done things in a different way, they might internalise anger and feelings of incompetency. Therefore, self-care will only be possible if the OFR has self-compassion. If they do not care for themselves, they might become incapable of caring for others.

10.6 A narrative approach to therapy

Meaning-making forms such an integral part of human narrative that it is incomprehensible to imagine life without stories. Milojevic (2014:27) contends:

> Narrative therapy in psychology focuses on helping individuals to move away from unhelpful and distressing storytelling and towards new stories that shape their identities and relationships in line with the possibilities of desired presents and futures.

Spirituality in narrative therapy guides the therapist towards the main components identified in this study. This research study suggested a narrative approach exploring the healing of spiritual wounds suffered by the OFR. Taking the main elements from the definitions of spirituality as identified in this study, the following main themes were focussed on when considering a narrative approach to pastoral therapy: meaning-making, intra- and interpersonal relationships, and hope. While exploring the nature of resilience in paramedics on a psychosocial level, Clompus and Albarran (2016:1) found that they use detachment to manage emotions. Support existed in the form of debriefing and referral to outside therapeutic sources, as well as informal methods such as peer support. However, their emotional needs did not seem to be addressed. By making use of a narrative approach, emotional and spiritual needs can be addressed.

The narrative conversation explores the spiritual narratives of the OFR in order to understand their beliefs, values, meaning-making, relationships and hopes. The spiritual journey has the potential of recognising and revealing narratives that may be self-destructive, have a negative affect on their well-being, or hinder the healing process. The therapist assists OFRs to thicken their descriptions and motivate them to find new possibilities. An example may be their conflict experiences in family life. The OFR may become detached from family responsibilities and their spouse may feel abandoned. By exploring their spiritual journey, they may come to understand and have compassion for each other's experiences.

Louw (2012:11) asserts that the reality of death is part of life and needs to be reckoned with in a realistic manner. Life is made up of the tension between good and evil (morality), wisdom

and folly, love and rejection, survival and death. Human basic need leans towards the need for intimacy, recognition and human dignity, yet a polarity exists where the threat of death, pain and suffering is a reality. Despite these existential threats, humans strive to create a space where meaning and hope exists; a safe living space within a morally just society. In order to accomplish such living spaces, certain life skills are needed. The hermeneutics of interpretation and understanding is required to gain insight in the life skills within Christian spirituality.

Doka (2013:52) provides a few guidelines of how a pastoral therapist may guide a client who suffers spiritual struggles. These guidelines address issues which may benefit a minister when dealing with OFRs:

- To allow and witness the client's struggle: In many cases, others can invalidate their struggle. This was indicated by the co-researchers when they approached a minister for assistance, or a psychologist who was assigned to them, or even their own families.

- At times, clients need only the opportunity and invitation for examining the way their beliefs address their current crisis. Allowing that, offering a ministry or presence that validates and addresses the struggle is in itself a great gift. One of the main issues that the co-researchers struggle with is not receiving validation.

- Individuals may need assistance in finding resources that can help them explore the ways that their belief systems speak to them during a crisis. These resources might include rituals, faith community, books (such as Pali indicated), prayer, and lessons such as the story of Job in Scripture.

These guidelines contribute to the quest for finding meaning. Official First Responders, because of their work experiences and the consequences thereof, need to redefine their faith in order to find meaning in such things as violence, loneliness, detachment, and feelings of hopelessness. The nature of their experiences challenges their assumptions about the world and God. They need to redefine their spirituality, which is challenged by loss of meaning, relationships and hope. It is important to understand the OFR's spiritual history in order to better understand their current spiritual positioning and how to maximally support their future spiritual journey.

10.6.1 Therapeutic alliance

How therapists approach their clients and the problems they present, is greatly influenced by the conceptual models around which their knowledge is built and organised (Engel 1980:543). Duff and Bedi (2010:91) assert that the therapeutic alliance is a powerful predictor of the

outcome of the therapeutic process. The co-researchers indicated a vulnerability and distrust towards therapists and therapeutic interventions. They felt that they have thus far been misunderstood, no effort has been made to try to understand their plight, and when someone do try to intervene, a lack of knowledge, trust and understanding is revealed. Goldenberg and Goldenberg (2008:366) advise the therapist to enter the conversation in a 'not-knowing' position, making the OFR the expert of his story. A respectful, non-blaming attitude is of utmost importance when entering into the therapeutic alliance. The therapists' behaviour and knowledge of their clients' situation should be tactfully clarified in the beginning of the process. Unconditional acceptance and empathic understanding may contribute to building a trusting alliance.

In order to secure a sound relationship from the start, the therapist is motivated to employ a view vital tactics. According to Duff and Bedi (2010:102), non-verbal communication is vital, and includes eye contact, greeting with a smile, honesty, facing the client and referring to details of previous sessions. When interviewing OFRs the researcher experienced that a calm attitude, quiet and slow movements, and not reacting in haste or shock by their traumatic stories, are important factors to remember during the sessions. In addition, Duff and Bedi (2010:99) found that validation contributed to a positive outcome in terms of the therapeutic process. They suggest that by asking questions, making encouraging comments, identifying the clients' feelings, reflecting on these feelings, and validating their experiences, the therapeutic alliance is strengthened. The researcher agrees with them and adds that by acknowledging OFR's emotions, respecting their vulnerability, being sensitive to their needs, validating their brave storytelling, and responding with acceptance and without judgement, allowed the co-researchers to feel more at ease. If their feelings of vulnerability are not addressed, OFRs have the potential of becoming emotionally sick because they become victims of their environment. Examples of such experiences are when they remain helpless to violence, or because of a lack of support. A support system is one of the basic existential needs (Louw 2012:83), although it remains a challenge because of their experiences with counsellors, therapists and caregivers who made them weary of such interventions.

10.6.2 Trust

Trust is one of the most important elements within the OFR work environment. OFRs need to trust each other and rely on one another. Their work environment is dangerous and rescue missions need them to work together as a team. OFRs have to trust each other's decision-making, expertise and comradery in order to successfully extricate patients and save lives. Therefore, trust is a vital and treasured component in their profession and is ultimately based on honour among colleagues. Therefore, a trusting relationship with anyone who enters the

OFR's environment, is of utmost importance. This includes the trauma therapist or clergy who has been appointed to deal with OFR's trauma. The stigma surrounding mental health and therapeutic interventions in the OFR profession is of great concern to the researcher. Past studies had lengthy discussions on the symptoms of mental health disorders and a proven need for therapy. However, viewing therapy from the OFR's vantage point, tells a completely different story. OFRs fear being considered unfit for duty if they confess to needing a therapist. Shift work and the hours they work limit their time to seek treatment. Medical aid is not sufficient to pay for personal therapy sessions. The stigma of 'cowboys don't cry' follows them wherever they go. In addition to these concerns, trust has been identified as a reason for avoiding therapy. First, they are not easily convinced to expose their feelings and emotions or show vulnerability towards therapists who do not understand their experiences. The co-researchers have identified that they do not trust therapists or clergy to understand their experiences, or to have the necessary knowledge or expertise to address these experiences and the consequences thereof. Second, trust includes sincere empathy and compassion from the therapist. Yet, the co-researchers felt that the therapists use academic book knowledge to address the problems, and therefore do not seem sincere. They mostly regarded clergy as uninformed and incompetent to council them.

10.6.3   Understanding and support

During therapy, the first source of information comes from the client himself, and therefore the therapist needs to discard any presupposed notions of who the client is, and what the problem might be, as well as the therapeutic strategy that will best suit the specific situation. The interviews with the co-researchers indicated a need for support on many levels. They need therapeutic support for their families, especially for the wives. They need their families to understand what they go through, the why, and their coping mechanisms. They indicated a personal need for support and understanding by therapists in order to trust them with their woundedness. According to Doehring (2006:18), the first step the therapist takes in the pastoral approach to healing is to listen to the client's story. The therapist needs to listen with empathy by "imaginatively stepping into the shoes of another person and seeing the world from his or her perspective" (Doehring 2006:18). The researcher finds this step to be of utmost importance in forming a therapeutic alliance with the OFR. By implementing the first step in caregiving, the therapist and the OFR connects on a level where the OFR feels that the therapist is able to experience what he or she goes through, and therefore understands their woundedness. The therapist in turn, comes to understand what it is like to be an OFR, and most importantly, develops an understanding of the OFR as an individual with a unique history, social environment, beliefs, relationships, and hopes.

Within the social constructionist arena, the client is motivated towards the development of a preferred reality, or alternate reality that makes sense to him or her. During this moment, true pastoral concern is encountered (Müller 2011:3). In turn, a postfoundational notion of reality enables the therapist and client to communicate across boundaries and to move transversally between contexts of tradition and personal judgements (Van Huyssteen 2006:148).

In terms of support, the researcher agrees with Doering when she suggests that after trust and understanding have been established, the OFR's support system should be assessed. The community of support includes the OFR's family, spouse, religious community, friendships, colleagues and employers (Van Huyssteen 2006:97).

10.6.4 Meaning-making

Narrative therapy emphasises what one thinks, how one makes sense of the world, and how these stories are interpreted and narrated (Wong 2010:619). Meaning-centred, narrative therapy relies on the concept that humans live 'storied' lives. Therapists rely on the stories told in order to assist in the reconstruction and reauthoring of these stories to bring about positive change and provide new meaning. Official First Responders' stories are constructed and communicated through their lived experiences. This process helps them to find meaning in core values, spiritual beliefs and ethical principles (Wong 2010:633). Telling and retelling stories helps the narrators to make meaning of their lived experiences (Barkhuizen 2011:393).

10.6.5 Relationships

10.6.5.1 Relationship with self

Narrative identity refers to a person's internalised and evolving life story (McAdams 2013:234). Narrative therapy asks the OFR to detach himself from the problem. By distancing oneself from a problem and externalising the problem, clarity and perspective is gained. This process relieves the person from the stress that defines him as an individual (Wong 2010:620). According to Wong (2010:619), having a healthy sense of self-identity and purpose is essential to health and well-being. During narrative therapy, narrative identity adapts and reconstructs past stories and imagines a future that makes sense and has new purpose (McAdams 2013:233).

OFRs cannot be cured with 'quick fixes'. The co-researchers mainly voiced that of being 'silent strong heroes' while in need of validation and understanding. In order to heal, the OFR first needs to acknowledge the problems (Allender 2014:19). When OFRs are confronted with years of experience in the service, they are confronted with 'ghosts' of the past and this may disrupt their personal narratives. The transition from being strong to admitting they are

vulnerable, may introduce new concepts in their narrative identity and self, which in turn may affect their future self-narratives. Revealing the past has the potential to disrupt the present (Allender 2014:44). The destructive coping mechanisms the co-researchers have employed are not easy to face and involves dying to the past and re-storying the future (Allender 2014:45). God's way of healing often seems 'absurd' and violates a natural understanding (Allender 2014:73) such as illustrated in the story of Saul's transformation to Paul where he was "blinded in order for him to see".

"To heal life is to change ideas and to introduce new and different, more appropriate paradigms for the interpretation of life" (Louw 2012:14). If the idea behind being a 'hero' does not change, the OFR cannot be healed, therefore the reason for the introduction of OFRs as soldiers to describe the dynamics of strong warriors within a vulnerable state.

10.6.5.2 Interpersonal relationships

From the thematic analysis in this study, OFRs' concern for their families and their relationships with them have been identified as a need for therapeutic intervention. They feel that their spouses and families need to gain understanding of their experiences and how they cope. The co-researchers indicated an awareness of the problems they need to deal with. For example, the co-researchers mentioned that they mostly prefer to talk to their spouses about their daily traumatic experiences, yet their spouses seem unwilling to listen, or are too vulnerable and are secondarily traumatised by what they hear. In addition, their spouses need them to share in the family responsibilities, while the main concern of the OFR at the end of a work shift is peace and quiet in order to process his thoughts. This internalisation method causes them to disconnect from their loved ones. It seems that the family may become confused by these actions. They may be unsure of when OFRs need to share or need to internalise their emotions. This in itself can cause conflict and uncertainty. Regehr et al. (2005:425) refer to this as ambiguous loss. Ambiguous loss occurs when "there is an incongruence between a person's physical and psychological status within the family". The family becomes uncertain of the person's presence or absence in the family system.

Narrative therapy has been identified as an effective approach to family therapy (Dowling and Vetere 2017:3). An effective way of dealing with these issues is by externalising the problems. White and Epston (1990:38) explain the process as "an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive. In this process the problem becomes a separate entity and thus external to the person or relationship that was ascribed as the problem". Therefore, the person is no longer the problem; the problem itself has become the focus point.

10.6.5.3 Connectedness to God

One of the central themes of Christian thinking where human nature is concerned, is that the true nature and destiny of humanity is understood and fulfilled through a relationship with God. A relationship with God, in turn, leads to fulfilment and true identity (McGrath 2013:28). Because the Christian belief exists that humans are created with a capacity to relate to God and are meant to develop a relationship with Him (McGrath 2013:42), narrative therapy seeks to find ways in which to re-establish and nurture the OFR's relationship with God. Attachment to God seems to be an important construct in the co-researcher's meaning-making process. Meaning to the OFR may be defined as a sense of purpose and coherence.

The difficulty to understand God's ways have been narrated by the co-researchers where most believe that they will not understand why God does what He is doing now, but He promised that they will understand one day. In Christian terms, an encounter with God is transformative. Transformation involves getting to know God and to be changed by Him. True knowledge has the potential to lead to joy and worship, as the person has a renewed encounter with God (McGrath 2013:28).

Not every loss challenges meaning, some losses may reaffirm meaning (Doka 2013:50). Beliefs that God is omnipresent and attentive aligned with religious behaviour such as prayer and meditation may be understood as aspects of an active attachment process. The goal is to achieve and maintain a sense of God's availability (Kelly and Chan 2012:201). During a crisis, Alexo seeks God's availability and prayer becomes an important factor. Religious resources offer support beyond worldly limits, whether God is the source of suffering or the source of solace.

10.6.6 Resilience and hope

Grafton et al. (2010:698) define resilience as "an innate energy or motivating life force present to varying degrees in every individual, exemplified by the presence of particular traits or characteristics that, through application of dynamic processes, enable an individual to cope with, recover from, and grow as a result of stress and adversity". Without adversity, there would be no growth. In their study, Grafton et al. (2010:69) confirm that stress and the individual's response to stress, affect not only the physical and psychological aspects of well-being but the spiritual dimensions as well. Resilience is therefore the ability to recover from stress, and from this, seeds of hope for the future is planted.

The OFR occupation attracts individuals with high levels of resilience, as confirmed by Gayton and Lovell (cited in Grafton et al. 2010:58). Their study advocate a need for the increase of

resilience interventions to protect the OFR's well-being, as resilience was correlated to general health and well-being.

In his book 'Wholeness in Hope Care', Daniel Louw (2015:1) asserts that mental health, human well-being, and spiritual healing are all directed at finding meaning in life. Stressful and traumatic experiences fuel the quest for meaning. The need for purpose and hope becomes stronger than ever. Without hope, life seems meaningless, and human beings run the danger of becoming captives, ghosts of the past. Pali talked about being captive in a dungeon, and trapped with ghosts from the past, a clear indication of his feelings of hopelessness. Hope is pursued by living the gospel, and the need for life to make sense and have purpose (Allender 2014:71).

10.6.7 The development of an alternative narrative or interpretation

A narrative approach to therapy suggests the development of an alternative narrative or alternative way of interpreting past events and experiences. Narrative approaches to therapy, situated in postmodernism and based on social constructionist perspectives, are constantly interpreted by individual and community-based subjectivity. Stories change as life progresses and a person accumulates experience. Combs and Friedman (2004:138) state that the therapist and client should journey towards creating "new identities, new possibilities for relationships, and new futures".

Official First Responders are exposed to multiple and ongoing trauma. The narrative therapist is motivated to create a non-retraumatising context by double-listening conversations. These conversations are aimed at the development of a multi-stories account of their experiences. Official First Responders tell the story of their traumatic experiences and how it affected them. In addition, they are motivated to narrate their response to hardship and the historical foundations thereof. multi-storied accounts expand the preferred territory of their lives and promote personal agency (Gentoso 2012:45). Michael White (2000:41) explains double-listening as:

> [T]he space provided in the context of double- or multi-storied conversations that people often find new opportunity to speak of the effects of whatever it is that they have found troublesome – whether this be disqualification, trauma, subjugation, marginalisation and so on – and to express the distress that is associated with these experiences. It is also in the space that is provided by double- or multi-storied conversations that people have an opportunity to step into alternative identity conclusions that challenge those negative accounts of identity that have been constructed in the context of disqualification, trauma, subjugation and marginalisation, and to explore some of the knowledge and skills of living that are associated with these alternative identity conclusions.

A space is provided where OFRs have the opportunity to talk about any issues troubling them, while exploring and understanding (White 2000:41). Double-listening allows the therapist to discover what is not said (Genesto 2012:45). In other words, the story reveals what is absent yet implicit in the foundation of their response, such as their morals, values and beliefs. During the interviews, the co-researchers were allowed the freedom of deciding what to narrate, while the researcher utilised double-listening to discover their hidden stories. These stories were thematically organised and discussed in the previous chapters. The co-researchers indicated levels of belief and spiritual awareness. Pali and Alexo specifically revealed their moral views of poverty and violence. Although they were not explicitly questioned regarding meaning-making, their relationships, their purpose, hope, and their stories revealed elements where spiritual woundedness could be identified.

10.7 Conclusion

A holistic approach to therapy integrates the different fields of expertise as well as the vast array of therapeutic methods and ideas. Although OFRs experience many different health care problems, Chapter 10 touched on the basic elements, which might contribute towards the healing of the spiritually wounded OFR. Chapter 11 aims to conclude this study by providing an overview of the 10 chapters in which the reader journeyed with the researcher.

Chapter 11

The Art of War – Final Synopsis

11.1 Introduction

To journey on a path of war takes courage and skill. It is not a chosen path, for war is to be avoided at all cost. Yet, as Sun Tzu's 'Art of War' indicates, the unavoidable fact is that enemies do exist, and move on different grounds and appear in different forms. The art is to be able to identify and know the enemy, the reason for the attack and the strategy towards victory. In terms of the OFR's journey in his work environment and experiences, the enemy appears in the form of biopsychosocial and spiritual wounds inflicted upon him. The OFR and the therapist should understand the territory, and have the knowledge of how to cope, and what strategies to implement. This study focused on the spiritual woundedness of OFRs and aimed to examine the nature of their spiritual woundedness, how it influence the OFR's meaning-making, relationships and hope, and to explore a possible narrative pastoral approach to therapy in the healing process. This study identified that a minority of international studies focus on the OFR's day-to-day traumatic experiences, and even less on their spiritual needs; the focus is mostly on the reactions of EMS to large-scale disasters, or on their patients' needs. Previous studies focused on the relationship between traumatic events and PTSD, as well as psychological effects of trauma (Minnie et al. 2015:13).

This study was positioned within the postmodern, postfoundational worldview. A narrative approach to research and therapy within pastoral theology was considered. The study aimed at gaining an understanding of the spiritual woundedness of OFRs. From the interviews with the co-researchers, certain main themes were identified that played a crucial role in their lives.

11.2 Reflections on the chapters

Chapter 1, Waging War, outlined the research context and interest, and provided a broad outline for the study. The study mainly addressed the need for pastoral therapy of the spiritually wounded OFR. Pastoral therapy includes a narrative approach and considers a holistic view of a person. From the vast array of studies defining spirituality, the main elements were combined to define spirituality in this study.

Only a few studies focus on the spiritual wounds of OFRs. This study hoped to create an awareness of OFRs' spiritual dimensions in the work environment, the consequences thereof, and therapeutic suggestions to help them towards spiritual wellness. The researcher hoped to

find ways in which a narrative pastoral therapy approach may contribute in the healing process.

In Chapter 2, Attack by Stratagem, the researcher theologically positioned herself in a postfoundational notion of practical theology, by employing the seven movements according to Müller (2004) and Van Huyssteen (1997). An exploration of practical theology was conducted and motivated as an acceptable starting point for the study. The paradigm of postmodernity as an operational framework was discussed. Pastoral therapy as an approach was discussed within the contextuality of religion and spirituality. A narrative approach to research and therapy was grounded in social constructionism. It was established that narrative metaphors might contribute to the study. Just as the seven movements of postfoundational practical theology move beyond the boundaries, so too does the narrative metaphor. It moves beyond the surface of what a person reveals, towards a deeper understanding of experience. The 'Art of War' was used as a metaphor throughout the study to remind the reader of the battles that OFRs are daily confronted with.

Chapter 3, Terrain, implemented the first movement within the postfoundational notion of practical theology, namely that of being locally contextual, exploring and describing the context and interpreting experiences discovered in the context. A literature study was conducted regarding the traumatic experiences and spiritual woundedness of the OFR. The chapter introduced the OFR work environment, their culture and coping mechanisms as discovered in the literature. Spirituality and spiritual woundedness were defined in context of the OFR. The outcome of Chapter 3 revealed a general neglect of therapeutic interventions and an overall support system. Spiritual woundedness was identified in terms of meaning-making, relationships, purpose and hope. These spiritual elements became clear in signs of anxiety, hopelessness, meaninglessness, detachment from God, alcohol abuse, suicidal tendencies, and a struggle with inter- and intrapersonal relationships. Therefore, the necessity for spiritual guidance should be considered, and not be excluded in therapeutic approaches.

In Chapter 4, Movement 2 of the postfoundational notion of practical theology was employed where in-context existential experiences were listened to and described. Empirical research was conducted and based on the narrative approach in pastoral therapy. The researcher listened to the co-researcher's stories in order to gain an understanding of their in-context experiences. Of the Eleven interviews conducted by using purposive sampling, only the interviews with Kato, Geniko, Pali and Alexo were discussed in this chapter on the basis of describing their experiences in the most detail. The interviews were conducted with the help of deconstructive listening. The co-researchers revealed a preference to self-care due to

emotional solitude and a general distrust in therapists and clergy. However, they revealed a hunger to tell their story, yet felt that there was no one that would care or understand.

Chapter 5, the Army on the March, mainly focussed on the exploration of trauma, stress, and emotionally disturbing events in terms of the OFR work environment. In Movement 3, an interpretation of the storied experiences of the co-researchers were made, described and developed. Different dimensions of woundedness were discussed. Literature has already proven that OFRs suffer from stress and trauma. However, the study identified a lack of support from their centres as well as their families. It was recommended that they receive the appropriate support in order to avoid the possible consequences from a lack of such support systems. As indicated, considering stress and trauma-related symptoms associated with the co-researchers and the OFR profession as a whole, a dire need for whole-person therapeutic intervention was found. It was shown that the literature is focussed on the physical and mental consequences of healing, yet the researcher indicated a need for the inclusion of spiritual healing.

Chapter 6, Weaknesses and Strengths, utilised Movements 3 and 4. Interpretations of experiences were made, described and developed in collaboration with the co-researchers, and these experiences were informed by traditions of interpretation. As facilitator, the researcher was tasked to interpret, listen, acknowledge and formulate the co-researchers' interpretations of spiritual experiences in their workplace. Movement 4 incorporated specific discourses or traditions in the OFR culture (community). The researcher aimed at gaining an understanding of how the behaviour of OFRs was influenced by their history, beliefs, and perceptions. Chapters 4 and 5 revealed a concern that the co-researchers' past was never considered during therapy. A thematic narrative analysis approach was followed, and revealed the following main themes identified as weaknesses and strengths which influenced the co-researchers' spirituality: occupational identity; identity formation; intrapersonal identity; violence, crime and personal values; distorted God concepts; masculinity, the hero mentality and vulnerability; lack of support systems; and their attitude toward therapeutic interventions.

In Chapter 7, Tactical Disposition and Energy, employing Movement 5, an investigation was conducted and reflected upon, concerning the spiritual and religious aspects imbedded in the co-researchers' experiences and narratives of understanding of God's presence in their lives. A definition of spirituality was identified and discussed in order to remain focussed on the topic at hand and to remain true to the field of practical theology, namely:

> Spirituality is the quest for ultimate meaning, concerned with a sense of connectedness to, and relationship with God, self, others, and the world, towards a feeling of living a fulfilled, hopeful life.

The three main components identified in the definition were discussed. From the discussion, the researcher identified the necessity for each community or culture to define their spirituality according to their systems of belief. From a Christian spiritual viewpoint, it was indicated that practical theology has the responsibility to tend to spirituality and the development of appropriate methodologies through theological reflection.

In Chapter 8, Manoeuvring and Variations, Movement 6 of the postfoundationalist practical theology described experience, conducted and thickened by an interdisciplinary investigation. The notion of transversality was used by bringing views of different disciplines into play. Different voices in psychological approaches, phenomenological paradigms, biblical counselling models, and pastoral counselling approaches were briefly consulted. A brief discussion concerning the integration of these models and approaches followed. Ultimately, the topic and aim of healing pain bound these varying fields together. The researcher identified the necessity to learn from each other towards the betterment of OFR's woundedness, and people in general.

Chapter 9, the Use of Spies, continued with Movement 6 by employing experts from different fields of expertise to analyse the interviews. Five scholars from different disciplines were selected to participate in the study. The different voices identified commonalities, as well as distinct views, and influenced the intervention strategies.

In Chapter 10, Attack by Stratagem, Movement 7 sought alternative interpretations of experiences made by moving beyond the local community. Within the narrative approach to therapy, the construction of alternative interpretations were developed through a holistic view of what the co-researchers experienced, the significance and influence of the experiences on their lives, and the discourses identified when considering their understanding of these interpretations. The construction of alternative interpretations was a continual process starting with Movement 1 and resulting in a holistic alternative narrative. Movement 1 to 6 led to the construction and development of alternative interpretations, towards a holistic understanding of the OFRs lives and their understanding of experiences (Muller 2005:86). This was done by incorporating the different elements and insights from literature, the co-researches stories and the spies. From these findings, new assumptions can be made towards the healing of spiritual woundedness of OFRs (Goldberg and Goldberg 2008:365). The biopsychosocial model and biopsychosocial-spiritual model were briefly identified as suggested approaches keen to employ whole-person intervention. Official First Responder's spiritual self-care and pastoral narrative therapy were identified as a main strategy towards healing. As proposed in the first three chapters, an integrated alliance between therapeutic interventions, knowledge and OFRs themselves, may contribute to holistic healing.

Chapter 11 concludes the study with a summary of the outcomes, recommendations and limitations.

11.3 Outcomes

The research questions asked in this study were:

- What is the nature of the spiritual woundedness experienced by official first responders as a result of their stressful and traumatic work environment?

- How does their spiritual woundedness influence their meaning-making, God concept and relationships?

- How can a narrative pastoral approach to therapy assist these official first responders in the healing of the spiritual woundedness that they have accumulated?

In order to find possible answers to the questions, the researcher examined the nature of the spiritual woundedness of OFRs because of their work environment and explored the possibility of a narrative pastoral approach to therapy towards healing.

11.3.1 The nature of spiritual woundedness experienced by the co-researchers

The co-researchers' narratives offered the opportunity to employ the help of interdisciplinary perspectives, and by deconstructive listening, the hidden meanings in their stories provided insight into their experiences and how these influenced them. The main themes identified in this study and barriers discovered in the stories of the co-researchers, are briefly reflected on as follows:

11.3.1.1 Violence and crime

Thus far, studies concerning OFRs have mainly focussed on PTSD, secondary trauma and burnout as result of work-related stressors (Fjeldheim et al. 2014:1). The main reasons for these symptoms were endorsed by OFRs witnessing the trauma of a transport accident, sudden death of loved ones, witnessing the suffering of terminal illness, and being the victim of physical assault. In addition to these symptoms, this study found that one of the major contributions to trauma and spiritual woundedness was witnessing the suffering of victims of violence. Research confirmed the exceptionally high criminal activity in South Africa (Etheridge 2016:1; Lancaster 2017: Online; Potgieter 2015:1). OFRs respond to violent crimes and rarely make sense of the cruelty. In turn, this leads to a loss of meaning and trying to understand where a loving God was during these acts. Although various studies have investigated violence towards paramedics in their workplace (for example Bigham et al.

2014:489), no studies could be found that have investigated the consequences of paramedics' indirect and secondary exposure of violence towards their patients.

11.3.1.2 Therapeutic intervention

Many studies have suggested intervention ideas and schemes. However, when listening to the co-researchers, none of these suggestions have been implemented. Identifying the problems and finding ways to intervene does not automatically imply action. These studies are nullified if they do not make a difference in the lives of the OFR. Making differences in research means nothing if it is not implemented. Due to a lack of therapeutic intervention, the co-researchers distanced themselves from the painful experiences, and 'filed' these experiences with the hope that they will forget about it. This has been identified as a destructive coping mechanism.

In addition, the male-dominated macho culture does not allow weakness. Relying on therapeutic interventions has been identified as a sign of weakness. The stigma of mental health causes a resistance towards any form of therapeutic intervention. Confessing a need for help is regarded a sign of weakness. However, the co-researchers said that such a need exists and that other OFRs might benefit although they themselves did not need support in this form. They said that they recognised the signs of possible PTSD and stress and have adopted their own coping mechanisms.

The co-researchers expressed the need for therapists to consider each person's unique circumstances, individuality and history. This is confirmed by Fjeldheim et al. (2014:5) who found that childhood exposure to trauma influenced career choices among OFRs. The co-researchers indicated the need to include their own personal history in therapy, and not only conduct a debriefing session. They felt this was done only to sooth their department's image in the media after a major incident, as is currently being done. The researcher found that certain experiences influenced the co-researchers' choice of career. Research acknowledges that changes need to be made in paramedic education to include more emphasis on personal health and mental well-being (Gilroy 2018:193). Maguire, O'Meara and Brightwell (2018:1) conducted a literature review regarding EMS exposure to violence and suggested that EMS leaders and personnel should work together with researchers to design, implement, evaluate and publish intervention studies designed to mitigate risks of violence to EMS personnel. Over the years, many studies have investigated OFR trauma and intervention strategies, yet it remains a major unresolved concern.

11.3.1.3 Trust

The co-researchers have relied on trauma interventions, and from this, they have developed a distrust in the capability of therapists and clergy to assist them. They felt that the therapists or clergy lack knowledge and true compassion, which infused a sense of distrust. They do rely on their spouses from time to time, yet do not share the intimate detail with them. Therefore, they mainly choose to rely on themselves for care. According to them, self-care eliminates many obstacles such as placing their trust in others to help them cope. Therefore, they internalise their pain.

11.3.1.4 Occupational identity

The masculine environment, in which OFRs find themselves, reinforces feelings of machoism as well as a sense of superiority towards female OFRs. In addition, OFR's occupational identity has created an environment where 'cowboys don't cry'. They cannot afford to show vulnerability, or to acknowledge this to themselves. A hero mentality has to be maintained in the eyes of their peers, families and the public at all times.

Because OFRs are so used to taking responsibility for others, and because of a lack of on-scene support, they have taken it upon themselves to include the need to counsel the families of their patients or the deceased. They have not been trained to do so, and it should not be expected of them to have to deal with such issues. They are expected to deal with their own trauma and find coping mechanisms to survive their experiences. Yet, they are burdened with guilt and exhaustion, culminating to compassion fatigue and ultimately burnout.

Official First Responders recognised their limitations in terms of self-care when they indicated that they were not able to conquer their traumatic experiences, therefore they file it away and try to disconnect.

11.3.1.5 Female gender

The purposive sampling process revealed a concern towards a gender-based OFR culture. Research should include female OFRs; however, no female participants could be found who were willing to participate in this study. Although the overall view of women in the occupation was that of weakness and being unable to do the job. Although Isos agreed to talk to the researcher, she was reluctant to participate, and agreed to an informal interview, while her husband waited for her in their vehicle outside the office. She seemed to be agitated, and did not freely volunteer information. Therefore, the researcher felt compelled not to re-traumatise her with questions. Insufficient time to form a trusting relationship might have contributed to her unwillingness to share her deepest feelings and thoughts.

11.3.1.6 Coping mechanisms

During the research, the researcher tried to understand the co-researchers' coping mechanisms and identified two main coping themes: intraspective and introspective modes of coping. Intraspective coping mechanisms relate to spirituality and spiritual woundedness, include religious coping strategies such as prayer and meditation, the need for restored intrapersonal relationships, the need for understanding and validation from support structures such as peers, management, family, faith community, social community and therapists. Introspective coping mechanisms relate to spirituality and spiritual woundedness

The co-researchers seemed to be resilient in short-term coping methods such as by employing black humour and isolating themselves from others after critical incidents. However, these coping methods have a negative effect on long-term outcomes and hinder well-being in terms of healing.

11.3.2 The influence of spiritual woundedness on the co-researchers

The definition for spirituality in this study included meaning-making, connectedness, and hope:

> Spirituality is the quest for ultimate meaning, concerned with a sense of connectedness to, and relationship with God, self, others, and the world, towards a feeling of living a fulfilled, hopeful life.

11.3.2.1 Meaning-making

Violent acts, social inequality, and damaged relationships may lead a loss of meaning, where life does not seem to make sense any longer. A loss of meaning contributes to spiritual woundedness. In order to cope with not being able to make sense of the trauma, the co-researchers convinced themselves that not everything in life needs to make sense, but that everything is part of a plan. For example, violence had the potential to cause the OFR to question God's presence and goodness. Chapter three revealed that OFR who are spiritually wounded suffer from anxiety, hopeless, meaninglessness, detachment from God, substance misuse, have suicidal tendencies, and struggle with inter- and intrapersonal relationships.

11.3.2.2 Connectedness in the form of relationships

Relationships are damaged on different levels. Although the co-researchers talked about their reliance on God in times of need, they struggled to understand where He was during times of violence, disasters, and other crises. Because of self-reliant coping mechanisms, they attributed it to God's omnipotence and that they do not now have to understand what His plan is. Therefore, they could not make sense of these incidents yet remain hopeful that they would

one day understand. Some co-researchers seemed to have a fatalistic understanding of God's omnipotence where life and death is concerned.

Official First Responders indicated a lack of understanding God, and therefore it is recommended that their God concepts should be addressed during therapy. As indicated in chapter seven, spiritual transformation includes an awareness and acceptance of one's dependence on God (McMinn 2012:216). The co-researchers and OFRs preferred to rely self-care, whereby indicating a distrust God and others for their ability to help and understanding their plight, self-reliance and self-diagnose. Although the co-researcher confessed a belief in God, and that He was in control of their distant future, they seemed to not rely on Him much for the present. Alexo said that he did rely on God for good outcomes, yet when things did not go according to what he asked for, he doubted God, and felt abandoned by Him.

11.3.2.3 Purpose and hope

Loss of purpose and hope because of their damaged relationship with God let to feelings of hopelessness. The co-researchers indicated that they suffered spiritual distress which was expressed in their understanding of God. Spiritual distress might lead to hopelessness for a purposeful future. Chapter seven showed that meaninglessness has the ability to render one hopeless. Hope is regarded as one of the important strengths in positive psychology (Krause and Hayward 2014:275). In addition, spirituality has been found to be a major resource towards hope, meaning, comfort and forgiveness for trauma survivors. Therefore, a spiritual lens is needed for the OFR and therapist to try to add meaning to narratives.

11.3.3 Contribution of a pastoral narrative approach

A pastoral narrative approach offers the OFR the opportunity to tell his or her story and, in conjunction with the therapist, to understand how to make meaning. Many stories in this study included spiritual and religious dimensions, which had an impact on their meaning-making, purpose and hope of the co-researchers. The study realised that spirituality plays a central role in the co-researchers' lives. Their spirituality influenced all the other aspects of their being.

A pastoral narrative approach contributes in the following ways:

- Provides support from a therapist with knowledge of their plight.
- A trusting therapeutic relationship is entered into and outlined by ethical guidelines.
- Provides a space where the OFR has the opportunity to talk about troubling issues.
- Provides an opportunity for exploration and understanding.
- Provides the therapist an opportunity to discover OFR's personal history.
- Through double listening, the therapist discovers what is not said.

- OFRs have the opportunity to create multi-storied accounts of their experiences and create alternative narratives.
- Narrative Therapy as approach to healing OFR Spiritual woundedness:
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- Although it has become evident that the OFR's in this study prefer self-care, narrative therapy was suggested as a possible approach to healing. Self-care methods employed by the OFR include gallows humor, denial, self-help material, and alcohol use, talking to colleagues or partners/spouse, quiet time, sleeplessness leads to internalized thoughts of incidents and trying to process these thoughts, prayer. However, self-care is not a priority. Chapter 10. Having conversations and a need to tell their story, motivated the researcher to include a narrative approach to counselling.
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- The practice of narrative pastoral therapy, positioned within a postmodern worldview, includes concepts such as discourse, externalizing the internalized discourse,
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- A narrative pastoral approach to therapy does not consider the existence of "true" stories or "fixed" truths.

Discourses powerfully shape a persons' choices and ideas about what life events can be storied and how they should be storied. This is true for therapists as it is for the clients who consult them. Discourse has been identified as a useful notion for understanding why certain events are storied and why others are left untold (Freedman & Combs 1996:42). Discourse may be defined as "a system of statements, practices and institutional structures that share common values" (Hare-Mustin 1994:19). How therapists understand and listen to stories have been shaped and formed by prevalent discourses. Their education, the structure and educations institutions and professional socialization processed, have thought therapists to listen diagnostically and having the "right" answers ready, rather than listening to treat each individual as an unique person and understanding them. The co-researchers expressed the need to be viewed and treated as unique individuals and not as part of a set standard of problems. Therefor the narrative therapist aims at understanding the OFR's story for "him/her" by sifting through the surface story to discover the "root" story, and looking at those stories from their own perspective, in their own storied language (p44). Understanding them has been identified as one of the reasons they do not seek help. They have experienced that therapists do not understand their pain and do not attempt to understand their past or unique background and situations. By taking a "not knowing" position, a therapist is able to move toward "what is not yet known" (Anderson and Goolishian 1990:159). A not knowing position

may be achieved by concentrating on what is said and when the therapist is guided by listing. A constant curiosity should prevail by listing and asking questions. In this, the unknown becomes known. This is already a therapeutic (p45). After the interviews with the co-researchers, they confessed to feeling relieved and cared for. Although listening may be interpreted as taking a passive position, the therapist is constantly navigating through the story and interpreting and making meaning from their own expert background. This is an inevitable process and therefore the therapist should be careful not to form their own stories for the OFR's in the process reinforcing their powerlessness. Through deconstructive listening, as discussed in Chapter 2, 2.3.7.1, considers the meaning that the co-researchers attached to their stories. The stories told in this study, was mostly done by using metaphors such as describing an overwhelming intrusion of painful memories and thoughts to that of the ocean and engulfing waves. Examples of these metaphors were found in memories of painful events and feelings of powerlessness was compared to that of a torture chamber and being chained. The co-researchers talked about their spouses and woman in their environment as physically and emotionally weak. Therefore, the hero-mentality and masculinity was identified as a root problem they struggled with. By deconstructive listening, new meaning can be awarded to their stories, and in collaboration with the narrative therapist, solutions may be found to their struggles. By exploring the co-researchers' landscape of identity through meaningful questions and deconstructive listening, reflections of their beliefs and values are externalized. Externalizing internalized discourse, as described by Weingarten (1998:), forms part of the narrative process. By externalizing, the person is separated from the problem, it is possible to view the problem in a different light. It allows the OFR to who is struggling with feelings of guilt towards a capacity to "act in relation to the effects of the problem and also in relation to the interpersonal contexts that support the problem" (Wiengarten 1998:5).

11.4 Recommendations

11.4.1 Lack of support

Pastors and clergy are not trained in psychological health aspects and if they are, they tend to forget to incorporate it. Psychologists are not aware of or have a lack of knowledge in religious matters. This hinders whole-person counselling. The researcher recommends that short courses should be compiled and presented to clergy, pastoral therapists, as well as introducing the course information to interdisciplinary programmes that deal with trauma therapy. These professionals should be prepared to support each other, refer clients with different needs, and be listed as OFR trauma therapists, apart from their other fields of expertise.

Fjeldheim et al. (2014:2) found that OFRs have low levels of social support. When considering a lack of support and detachment from others, P5 indicated that worshipping God was essentially an attempt to reintegrate with society by finding the necessary moral support and solidarity as preconditions for their emotional health and social stability.

Therapists and clergy may need to work together to understand the different interdisciplinary fields of psychology and theology, and to be prepared to refer their clients to each other. This might contribute to whole-person wellness. They need to receive sufficient information concerning the OFR in order to be trusted as experts.

In addition, the importance of soul care and understanding of the consequences of their job should be included in their training. Each OFR should be able to identify weaknesses and strengths in their own lives concerning the availability of support, self-care, attitudes towards therapy and their own emotional well-being and coping mechanisms.

11.4.2 Educating the therapist

Newell and MacNeil (2010:58) stipulates that Vicarious Trauma, Secondary Trauma, and Compassion Fatigue is attributed to the stressful and traumatic work environment I which the OFR function. In addition, to these possible outcomes, they are vulnerable to spiritual woundedness. Spirituality has been identified as an important part of the therapeutic process. It is important that practitioners and educators understand the risk factors and symptoms associated with these phenomena in order to identify, prevent, and/or minimise their effects. Therefore, therapists should be educated in holistic healing, which includes spiritual dimensions of healing. The therapist should be educated and made aware of the circumstances in which the OFR work, and the needs that need to be attended to. Among the needs identified is the need for understanding and trust.

11.4.3 Employing full-time shift work therapists

Research has established that OFR's experiences and consequences lead to them leaving the occupation and finding alternative modes of work. Blau and Chapman (2016:105) found that OFRs were emotionally and psychologically tired, their family lives were at risk due to the pressures at work, they received a meagre income with insufficient benefits. Therefore, OFRs tend to seek better employment. From the eleven interviews conducted in this study, nine co-researchers pursued higher education and better employment. This is a loss to the company, as training and labour is a valuable investment and asset. Many of the causes for them to leave could be eliminated if a therapist was available to intervene. Therefore, the company might save costs when experienced OFRs remain employed, and the cost to company of

employing a therapist should be considered. Effective ways of educating OFRs in spiritual woundedness should be investigated.

11.4.4 On-scene therapist

The researcher recommends that trained counsellors are employed to tend to the families of patients, on-scene. In addition to this, OFRs should receive basic training in dealing with families in order to relieve the guilt that they might say or do something to worsen the family's pain. Therefore, counsellors or therapists who have their own practices, could be considered for shift work. The OFR should be provided with the relevant contact details of on-duty therapists so that they can refer the families for immediate attention.

11.4.5 Compulsory debriefing and therapeutic interventions

Due to long hours and shift work, debriefing is only done after major incidents. It is recommended that, after each shift, the therapist is notified by the call centre regarding the incidents each OFR responded to. The therapist can then identify any concerns and the OFR can be called for debriefing. Debriefing is therefore compulsory and the OFR will not be labelled as weak. It should further be made compulsory for the OFR to consult the therapist on a monthly basis. Each OFR should have a file, thereby eliminating prejudice or labelling.

11.4.6 Church counsellor

The researchers confessed to seeking help from their church communities, yet not finding sufficient understanding and support. In addition, they indicated that they do not receive counselling within their own departments. The researcher suggests that a church counsellor, who is already employed by the church and receives a salary, or compensation each month, should be trained to assist OFRs. This counselling service should be free and anonymous. This might ensure that OFRs do not feel threatened of being labelled as weak by their peers, and the consultations would not be documented for departmental purposes. A theological presupposition maintains that pastoral therapy is a vehicle towards spiritual healing. It considers God's relationship with humans and his connectedness to their suffering. Scripture provides guidance and hope is found in Jesus Christ, the ultimate future outcome.

11.4.7 Self-care

Little or no preparation or training is provided for OFRs to prepare them for the effects of their work environment and spiritual trauma. The OFR's training should include self-care, and specifically include spirituality. Although they adapt well by developing coping mechanisms for

themselves, this is only helpful for short-term relief. This is confirmed by Minnie et al. (2015:17).

As mentioned in Chapter 8, the Green Cross Academy of Traumatology has provided self-care guidelines. In addition to these guidelines, the researcher proposes a self-care crisis kit specifically created for OFRs. Further research is required to compile a relevant and sufficient kit that suits their needs. The kit may be compared to that of a medical aid kit containing the necessary items that are usually required for different biological wounds sustained during injury. The self-care crisis kit should include items necessary for the healing of psychosocial-spiritual wounds. The kit should be carried with them at all times, and may be used directly after a crisis, disaster or when they realise that they need assistance, yet are not prepared to consult anyone. To following are suggestions of items to be included in the kit:

- A list of emergency numbers of support staff and therapists, church counsellor or clergy. These professionals should be people who are prepared to walk the extra mile with OFRs, who are aware of their plight, and have received additional training to assist the OFR.

- In addition, the crisis kit should contain items such as a diary with motivational quotes where they can journal their thoughts and find perspective, named "Band Aids for the Soul".

- A small Bible or Koran, or appropriate religious material suited to their denomination.

- Personal debriefing steps they can implement on their own.

- Exercise and diet guidelines.

- A booklet educating them regarding emotional intelligence, understanding self, God, and others in a time of crises, and which answers complicated questions such as "Where was God?", "Why did He allow this to happen?", "Am I losing control?".

11.4.8 Official first responder culture

The researcher suggests that the stigma of seeming to be 'weak' when one acknowledges weakness, should be lifted by providing compulsory therapeutic sessions to all OFRs. The researcher suggests that OFRs re-story their attitudes as a culture, through education and awareness of the needs and vulnerabilities of self, peers, management, families, and communities. Breaking down the walls of prejudice, creating an understanding of pain, and finding the voice in suffering by externalising, might create an environment where 'cowboys can cry'.

11.4.9 Supporting the families of official first responders

The co-researchers expressed a concern for their loved ones who were in need of emotional support. It is therefore recommended that programmes should be presented in group format where, for example, the spouses of OFRs in a certain community have the opportunity to gather and talk about their own experiences as an OFR spouse. When they realise that they are not suffering alone, and that others are experiencing the same challenges and coping methods, it may contribute to finding fitting solutions.

11.5 Value of the research

The research found that a narrative approach to therapy would contribute to OFR's coping and spiritual healing. A policy application of OFR therapy approaches was found to be neglected. The study has identified a dire need for the re-evaluation of the availability, lack of knowledge and implementation of therapy for OFRs. The research highlighted the need for a holistic approach to therapy, by shifting interdisciplinary boundaries to include spirituality in the therapeutic interventions of OFRs. Rosmarin et al. (2010:344) confirmed that literature demonstrated the contribution of spirituality as a salient predictor of psychological functioning, and therefore utilised to decrease symptoms of distress. They found that it remained unclear why spirituality and religion had such a powerful impact on humanity, it remained a significant factor not to be ignored. In the definition of spirituality used in this study, and by listening to the stories of the co-researchers, the researcher found answers to motivate the importance of spirituality in therapeutic approaches, as well as why spirituality no longer remains salient, but voices important factors which influence humanity in major areas. The research identified the need for training in the form of short courses where therapists involved in the healing of OFRs, might benefit.

11.6 Limitations

Purposive sampling was necessary because of trust issues. The researcher has personally known five of the interviewees for 12 years, of which the remaining seven agreed to the interviews because of the recommendations and interventions on her behalf, done by the five known interviewees. Trust was confirmed as a major factor towards therapeutic intervention.

Female OFRs should be included in the studies, yet only one participant was introduced to the researcher and she chose not to participate. No reason was given. The researcher was denied permission to interview female firefighters. The reason given was that they responded to a critical incident and were too vulnerable to be pressured with interviews. The researcher, however, were allowed to interview the male OFR who responded to the same critical incident.

The researcher chose to respect this decision due to the fact that she might not be granted permission to interview the available OFRs if she did not abide to the decision.

11.7 Suggestions for further studies

The OFR work environment has been identified as being dominated by masculinity. The literature shows a lack of understanding towards women in the OFR occupation. Where the men are in fear of being labelled as weak, they tend to label women as weak. Future studies will have to include women OFRs.

The researcher suggests that further studies be conducted to investigate how the different ethnic cultures within the OFR communities cope with trauma and how they view religion and spirituality.

Further studies should include the therapists' understanding of the OFR work environment and their preferred approaches to healing.

11.8 Personal experience of the researcher

The study provided the researcher with the opportunity to step inside the OFR's world. The researcher was humbled by their willingness to trust her with their innermost feelings and emotions. Although it took years to build their trust, it remained an honour to be allowed to interview them. It is with sadness that the researcher has to acknowledge that these men (and woman) have been neglected while they silently continue to save lives. Because of personal loss of her husband at the age of 34, the researcher has asked many questions that could be compared to that of the OFR in terms of her relationship with God and understanding His ways. Her relationship with God has been a journey, and she now understands that He had her own spiritual woundedness in mind after all. The researcher has pledged the last 12 years of her life in support of OFRs and aims to continue to do so.

11.9 Conclusion

Research has established that OFRs experience stress and trauma due to their work environment. Many researchers have identified PTSD as a possible outcome to their experiences. In order to prevent PTSD, spiritual healing should be included in the therapeutic approaches. This study was conducted in lieu of the existing plight of OFRs who are exposed to war-like conditions within their work environment. Just as many post-war soldiers in history, they too have been neglected due to a lack of sufficient support, understanding and appropriate care interventions. The inclusion of spirituality in therapeutic approaches such as

narrative therapy has valuable elements to assist OFRs. Spiritual healing of OFRs should not remain neglected. These men and women contribute to society with their selfless acts of bravery. They deserve to be acknowledged by society, their peers, and caregivers alike.

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Appendix A

Ethical Clearance

Faculty of Theology

07-Jun-2016

Dear Mrs Annelene Van Straten

Ethics Clearance: **The role of pastoral counselling in healing spiritual woundedness**

Principal Investigator: **Mrs Annelene Van Straten**

Department: **DiMTEC (Bloemfontein Campus)**

APPLICATION APPROVED

With reference to you application for ethical clearance with the Faculty of Theology. I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence is: **UFS-HSD2015/0469**

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension.

We request that any changes that may take place during the course of your research project be submitted to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours faithfully

Prof Pieter Verster
Chairperson: Ethics Committee

Basic Self-Care Guidelines Towards Wellness

Green Cross Academy of Traumatology

Green Cross Academy of Traumatology

Standards of Self Care Guidelines

I. Purpose of the Guidelines

As with the standards of practice in any field, the practitioner is required to abide by standards of self-care. These Guidelines are utilized by all members of the Green Cross. The purpose of the Guidelines is twofold:

First, do no harm to yourself in the line of duty when helping/treating others.

Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services who look to you for support as a human being.

II. Ethical Principles of Self Care in Practice:

These principles declare that it is unethical not to attend to your self-care as a practitioner because sufficient self-care prevents harming those we serve.

1. Respect for the dignity and worth of self: A violation lowers your integrity and trust.

2. Responsibility of self-care: Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.

3. Self-care and duty to perform: There must be a recognition that the duty to perform as a helper cannot be fulfilled if there is not, at the same time, a duty to self-care.

III. Standards of Humane Practice of Self Care

1. Universal right to wellness: Every helper, regardless of her or his role or employer, has a right to wellness associated with self-care.

2. Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.

3. Emotional Rest and nourishment: Every helper deserves emotional and spiritual renewal both in and outside the work context.

4. Sustenance Modulation Every helper must utilize self-restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

IV. Standards for Expecting Appreciation and Compensation

1. Seek, find, and remember appreciation from supervisors and clients: These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.

2. Make it known that you wish to be recognized for your service: Recognition also increases worker satisfactions that sustain them.

3. Select one or more advocates: They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self-care.

V. Standards for Establishing and Maintaining Wellness

Section A. Commitment to self-care

1. Make a formal, tangible commitment: Written, public, specific, and measurable promises of self-care.

2. Set deadlines and goals: the self-care plan should set deadlines and goals connected to specific activities of self-care.

3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

Section B: Strategies for letting go of work

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiriting, and generate joy of life.

2. Set deadlines and goals: The letting go of work plan should set deadlines and goals connected to specific activities of self care.

3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

Section C. Strategies for gaining a sense of self care achievement

1. Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.

2. Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will probably be different strategies.

VI. Inventory of Self Care Practice -- Personal

Section A: Physical

1. Body work: Effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate such tensions.

2. Effective sleep induction and maintenance: An array of healthy methods that induce sleep and a return to sleep under a wide variety of circumstances including stimulation of noise, smells, and light.

3. Effective methods for assuring proper nutrition: Effectively monitoring all food and drink intake and lack of intake with the awareness of their implications for health and functioning.

Section B: Psychological

1. Effective behaviors and practices to sustain balance between work and play

2. Effective relaxation time and methods

3. Frequent contact with nature or other calming stimuli

4. Effective methods of creative expression

5. Effective skills for ongoing self-care

- Assertiveness
- Stress reduction
- Interpersonal communication
- Cognitive restructuring
- Time management

6. Effective skill and competence in meditation or spiritual practice that is calming

7. Effective methods of self-assessment and self-awareness

Section C: Social/interpersonal

1. Social supports: At least five people, including at least two at work, who will be highly supportive when called upon

2. Getting help: Knowing when and how to secure help – both informal and professional – and the help will be delivered quickly and effectively

3. Social activism: Being involved in addressing or preventing social injustice that result in a better world and a sense of satisfaction for trying to make it so

VII. Inventory of Self Care Practice – Professional

1. Balance between work and home: Devoting sufficient time and attention to both without compromising either.

2. Boundaries/limit setting: Making a commitment and sticking to regarding:

- Time boundaries/overworking
- Therapeutic/professional boundaries
- Personal boundaries
- Dealing with multiple roles (both social and professional)
- Realism in differentiating between things one can change and accepting the others

3. Getting support/help at Work through:

- Peer support
- Supervision/consultation/therapy
- Role models/mentors

4. Generating Work Satisfaction: By noticing and remembering the joys and achievements of the work achievements of the work

VIII. Prevention Plan Development

1. Review current self-care and prevention functioning

2. Select one goal from each category

3. Analyze the resources for and resistances to achieving goal

4. Discuss goal and implementation plan with support person

5. Activate plan

6. Evaluate plan weekly, monthly, yearly with support person

7. Notice and appreciate the changes

Appendix C

Overview of Study for Interviews

OVERVIEW OF THE RESEARCH STUDY: "The spiritual woundedness of Official First Responders"

Thank you for participating in this research study. To follow, please find an introduction to the study:

With an increased awareness of Official First Responders' (OFR) stressful working environment, the focus on multidisciplinary care have increased. Among these, spirituality has often been a salient issue for these individuals and has significant implications in respect to their coping mechanisms and well-being. This research study has its focus on the spiritual dimensions within the biopsychosocial-spiritual model of health. The overall theme of the study is that of the spiritual woundedness of the Official First Responder and the importance of tending to their spiritual needs in order to fulfill the ethical responsibilities as pastoral therapists. Seeking ways to integrate these concepts into the psychological healing remains an essential endeavor.

The study makes use of "The Art of War" written by Sun Tzu as a metaphor, where the OFR's working environment is compared to that of a battlefield. Through history, stories of courage and heroism have intrigued and inspired humanity for as long as time exists. Unfortunately, no one has ever become a hero without some kind of battle to fight. War and the battle for power rule most of history. In its wake, it holds destruction or peace, conquerors and defeat. This research study tells the story of a different kind of war and its heroes. This is a war fought at ground zero, where crises and trauma may affect a few individuals or where natural or man-made disasters have the ability to impact thousands of lives. A unique kind of hero is born from the ashes of these events. They are forged by earth, wind, water, and fire, or simply by some form of human ineptitude. These brave men and woman risk their lives rescuing others during events such as landslides, hurricanes, tsunamis, terrorism, or daily accidents such as vehicle collisions or even crime. Bravery comes at a cost, and it has been found that these heroes tend to pay the price in silence by hiding their wounds from the world. Their woundedness appear in many different forms. It may be physical, psychological, social, or spiritual. This story has its focus on the spiritual wounds of these heroes, who will further be formally referred to as Official First Responders (OFR).

The interviews conducted will focus on the OFR's "life story", how they interpret their experiences, and how their spiritual identities have been shaped and re-invented as a result of these experiences.

Possible contributions to research:

A contribution towards the therapeutic approach of OFR coping.

A contribution towards the policy application of OFR therapy approaches.

A contribution towards the holistic health and wellness of OFR.