A PUBLIC PASTORAL CARE HOME-BASED PROGRAMME SUPPORTING ORPHANS INFECTED AND/OR AFFECTED BY HIV/AIDS IN THE SANDF: A PRACTICAL THEOLOGICAL ENGAGEMENT

by

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Submitted in fulfilment of the requirements for the degree of

PHILOSOPHIAE DOCTOR

in

PRACTICAL THEOLOGY

in the

FACULTY OF THEOLOGY

at the

UNIVERSITY OF THE FREE STATE

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JULY 2013

DECLARATION

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I declare that *A public pastoral home base care programme supporting orphans infected and/or affected by HIV/AIDS in the SANDF: A practical theological engagement* is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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ACKNOWLEDGEMENTS

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RESEARCH DESIGN

1.1   BACKGROUND TO THE STUDY

This chapter contains the blueprint of the study in the form of an exposition of the research design. It consists of an introduction to the research context from which this unique study of pastoral care and pastoral therapy originated and shows from whence the study received the right support to come to fruition. It also explores the research aims and focus, and the trajectory of the research, by introducing the researcher and co-researchers, the methodology and theoretical underpinnings chosen for the study, before providing an outline of the study as a whole and its individual chapters.

This study had its roots in the researcher's engagement with children who are infected and/or affected by HIV/AIDS who find themselves in an instant crisis after the loss of both parents due to the pandemic. In such a crisis, the normal support systems for young children do not exist any longer. They lose their parents and their home in one traumatic event or a series of such events, and have to face the loss of spiritual, psychological, physical, economic and social support systems in a very short space of time. In such a situation, there may seem to be no future left for such orphans.

The following story is a real-life example of such an orphan, Thandi, who became one of the three participants in this study:

> *Thandi is 16 years of age and went for therapy eight months after her father passed away, in July 2007. She had previously had a very good and happy family life. Her father had a career and had to work full-time. He helped a lot with taking care of her mother, who passed away in 2005. There were three children, but the oldest brother passed away nearly five years ago in a car accident. Thandi's older sister is divorced and now lives with her two little daughters with Thandi in her father's house. Thandi gets very sad when she talks about her father's illness and death. He had TB and had a long suffering. She felt helpless because she could not do anything for him and she had to stand by and see how he deteriorated. After her father's struggle with TB and his passing away, she initially wanted nothing to do with religion. She and*

her sister's religion was their anchor, but now they were uncertain. Her father, in spite of his illness, held onto his religion. He was a Christian and ready to face death. She is certain that God took good care of him after his death. He told her that the Lord will take care of her as well. The thought of this gave her hope and comfort.

Thandi wants to restore her relationship with the Lord so that she can have hope for the future by knowing that the Lord will take care of her. She experienced sadness again when she had to give away some of her father's belongings. It felt to her as if she had to part from him all over again. This made her wonder if life still had meaning.

Recent statistics on HIV/AIDS orphans make clear the magnitude of the problem faced in the southern African region. In 2010, the figure of AIDS orphans in Sub-Saharan Africa was predicted to rise to 15.7 million within three years (Play Our Part 2010:electronic source). In Kenya alone, it was estimated that there were 1 100 000 orphans, with a similar number in South Africa, Tanzania, Malawi and Zimbabwe (Play Our Part 2010:electronic source). At a conference on orphans and vulnerable children (OVCs) in Africa conducted at the Gallagher Convention Centre in Midrand in October 2012, it was mentioned that there are 16.6 million AIDS orphans worldwide, of which 3 million are in South Africa (OVC Conference 2012:electronic source). Another reliable source notes that it is estimated that 5.38 million people in South Africa are living with HIV/AIDS – 16.6% of the adult population aged 15 to 49 years are HIV positive, and it was argued that an estimated 63 000 new infections will occur among children aged 0 to 14 years by the end of 2012 (Statistics South Africa 2012:electronic source).

Typically, half of all people with HIV become infected before they are aged 25, develop AIDS and die by the time they are 35, and leave behind a generation of children to be raised by their grandparents or other adult relatives, or the children are left on their own in child-headed households (UNAIDS 2009:3). The loss of one or both parents has serious consequences for a child's access to basic necessities such as shelter, food, clothing, health and education (Play Our Part 2010:electronic source). UNAIDS (2009:1-3) reports that many orphans find they need to contribute financially to households, in some cases driving them to the streets to work, beg or seek food. HIV/AIDS orphans often leave school to attend to ill family members, to work or to look

after young siblings (UNAIDS 2009:1-3). Often orphans are the first to be denied education, as extended families cannot afford to educate all the children of the household. The physical needs of orphans, such as nutrition, education and health care, often appear to be the most urgent. But the emotional and spiritual needs of traumatised children who have lost a parent should not be forgotten. Many children already function as heads of households and as caregivers themselves and need to be supported as part of the solution (UNAIDS 2009:4).

Based on the above background it is evident that there is an urgent need for pastoral care in general, and for HIV/AIDS orphans in particular. The researcher has had some experience as a chaplain in the South African National Defence Force (SANDF) from 1993 to the present, and was thus in a position to note that there is not yet a programme in place for SANDF chaplains to support these orphans when members of the armed forces pass away, leaving behind orphans, and that a home-based programme in the SANDF was urgently needed. Hence, the focus of this study, as reflected in the title of this study, is *A public pastoral care home-based programme supporting orphans infected and/or affected by HIV/AIDS in the SANDF: a practical theological engagement*. Some of the key terms and assumptions used in the study are clarified briefly below, as presented in the title of the dissertation, namely, orphans infected and/or affected by HIV/AIDS, the SANDF, practical (and public) theology and a pastoral care home-based programme.

There is an important difference between HIV and AIDS and it is therefore necessary to clarify why the researcher refers to HIV and/or AIDS. HIV (the human immunodeficiency virus) is the virus that causes AIDS (auto-immune deficiency syndrome). This virus is passed from one person to another through blood-to-blood and sexual contact. People with HIV have what is called an HIV infection. Most of these people will develop AIDS as a result of their infection (AIDS About 2011:electronic source).

'Orphans' should here be understood as HIV/AIDS orphans, a child aged not older than 18 years, who has been affected by HIV/AIDS resulting in maternal loss (loss of the mother), paternal loss (loss of the father) or double loss (loss of both parents). According to Jackson (2002:262), 'infected' should be understood as children being sexually abused, or infected during birth in the uterus or during breastfeeding, and also through contact with infected blood, for instance, through cutting with an infected blade

during traditional rituals, or an unscreened blood transfusion. 'Affected' can be understood as children who experience their parents' or guardians' becoming ill and dying of AIDS, or having to take on care roles in the family, also becoming orphaned and growing up increasingly at risk of HIV infection themselves (Jackson 2002:262). Three such orphans, Thandi, Tshepo and Andile, participated as co-researchers in this study (see Section 1.4.2.1).

The study was researched within the *context of the South African National Defence Force* (SANDF). Through the study, a general model was created in response to the search for functional plans that can support the pastoral problems and needs of orphans.

Throughout this study the researcher uses the important theory of practical theology (see Section 1.3.5), which is related to the theory of *public theology.* Under 'public' theology, the researcher understands a theology that is relevant to the world and its needs. Public theology interprets what could be true about God and God's relationship towards humanity, society and the world (Breitenberg 2003:58; Koopman 2003:3-19). Public theology also tries to make a transformative and redemptive impact on society. It relates to the relationship between theology and, for example, the institutions, organizations, associations and movements of civil society which, independently from the state and economy, strive to enhance the quality of life, satisfy the needs and foster the interests of people, change the nature of society and build a common good that enables quality of life for all (Koopman 2003:3-19; Laubscher 2007:243). Therefore public theology can complement the work of government and co-operate at all levels of society (Koopman 2003:3-19). From a public theology perspective then, the SANDF can play a very important role by developing a model that could help to combat the effects of the HIV/AIDS virus by establishing a home-based care programme for orphans through the chaplaincy.

In order to explain the concept pastoral therapy, it is necessary to understand the meaning of the term. Louw (1999a:510) believes that therapy has to do with an action of granting help that positively and constructively affects human existence and its meaningful functioning. Lynch (1997:4) describes therapy as a process in which the therapist and a client discuss the person's experience, with the hope of effecting a positive change in the person's life. Botha (2007:7) expresses a similar view when he

argues that therapy deals with life itself, and with the issues of life through mutual communication between therapist and client. Deeper issues in a person's life are exposed and discussed with the purpose of facilitating a healing experience. It is done for the specific purpose of changing a person's self-understanding. The research participants therefore arguably experienced personal growth when an *alternative story* came into being in the therapeutic process.

Therapy can be seen, among other things, as *meaningful reformulation,* which, as Müller (1996:129) puts it, does not necessarily have to be positive; rather, the intention is that the *outcome* should be positive. Positive change must be brought about in a person's life story. This does not imply behaviour change, but that problem behaviour is given new meaning. The imagined future story can also play a role in the formulation of the alternative future story (Botha 2007:508). The research participants discover and build their identity (Müller 2000:10). The meaningful functioning of a person is affected. This is what the researcher experienced in working directly with Thandi, Tshepo and Andile – they discovered their identity through this research process.

Pastoral therapy involves *hope therapy* to a person who seeks purpose in life, and can, in connection with the hope of the Christian faith, be defined as pastoral care therapy. Louw (1999a:14) says that it can be seen as a form of hope therapy to the person in his/her search for life's purpose. Before hope can be unlocked, a person first has to experience suffering (Du Toit 1990:9). Hope thus springs from the experience of suffering. The transforming effect of the promises of care in Christ, which through the Holy Spirit unlock the future and raise hope, is reflected in pastoral therapy (Louw 1999a:28). Pastoral therapy can also, within the context of care therapy, provide a unique identity.

Pastoral therapy, in this research, is also a *reframing* of the orphans' understanding of grief, in order to facilitate hope and care. In narrative therapy, this is called deconstruction or reframing. It means that a new frame is placed around a story. It works as follows: a person's story of adversity is not erased, but when reframing takes place, previously unemphasized and more profound matters in the person's life surface. The change in focus in many instances has to do with new self-respect, the identification of one's own strong points and unique characteristics which can lead to endurance in the future.

Moltman (1967:18) suggests that Christian hope lies in the care that God has for his church and that is displayed in the Cross and resurrection of Christ. Moreover, Capps (1995:18) argues that when people who are experiencing problems and difficulties seek assistance from a pastor, they are, in this very act, seeking hope. Hope, as created in pastoral care, can open up options for orphans to redefine or revise their relationships with the problems of their lives, and by doing so to break their lives out of the rigid frames imposed by highly negative identity conclusions. Pastoral therapy does not only want human beings to focus on meaning-giving values, but on a meaning-receiving source of life that can practically help a person, daily, to live gratefully (Louw 1999a:14).

For the purposes of the study, the term 'pastoral home-based care programme' includes all the important components that needed to be attended to in this study. In this study the researcher differentiates between the terms 'pastoral care', 'pastoral therapy' and 'narrative therapy'. According to De Jongh van Arkel (2000:32) in pastoral care, a pastor helps people caringly as members of society, and this care does not exclude their personal spiritual needs. Regarding pastoral therapy, De Jongh van Arkel argues that there are three sets of distinguishing characteristics that denial ate pastoral therapy namely communal, functional and intentional. These characteristics are a cluster of connected but separate processes. The aspects of pastoral care and pastoral therapy may be included in the work of a narrative therapist. The one distinguishing characteristic of narrative therapy is that it focuses on life-giving stories in therapy. A pastoral home-based care programme's purpose then is to meet the spiritual and pastoral needs of orphans. Spiritual care could involve strengthening the existing faith of the orphan and helping the orphan with spiritual growth to boost the spiritual aspect of his or her life. This plays a great part in encouraging the orphan to have a positive view of life. The other pastoral needs could be very practical and involve many other role players that could be identified by the chaplain (such as other churches, social workers, medical personnel and even municipal workers). With the help of a chaplain, an orphan will therefore

- be able to allow religious groups to offer support;
- have freedom of worship according to the orphans' faith, which should be respected by the chaplain and the other care providers;
- be able to call on a religious leader of choice for sacraments and the fulfilment of other needs; and

- have access to other pastoral role players who could be of practical help to the orphan (such as medical, social or educational help).

Families do not stop being members of the community when someone in the family is infected with HIV/AIDS. Then, more than ever, orphans need extended families' support, because the extended family can offer spiritual and pastoral support and help with the activities of daily living when the need arises, and can offer spiritual comfort, including taking the initiative to involve the family in spiritual growth through worshipping and praying together.

Pastoral support is also an effective way of helping orphans to cope with their feelings. Concerns about impending death may give rise to an interest in spiritual matters and a search for religious support. Pastoral care may take various forms. These may include praying together, reading from the Scriptures, administering the sacraments and other healing rituals.

While providing pastoral care, spiritual leaders should avoid introducing their own values and faith as opposed to the client's beliefs, but should instead enhance the client's spiritual growth. This plays a great part in encouraging the client to have a positive view of life. The objectives of counselling and pastoral care in home-based care should rather be to

- control the spread of HIV/AIDS by disseminating information, promoting safer sex, advocating behaviour change and encouraging better health seeking behaviour;
- help the orphan to come to terms with the infection and to adopt a positive living attitude;
- help the orphan to make well-informed decisions about sex and sexuality;
- offer pastoral support to orphans and their families;
- help orphans to assess and talk about what their life has meant to them through their belief systems, whatever they may be; and
- help orphans accept the need to talk to family members about their condition and future plans.

In line with the title and focus, a literature review was used to develop a qualitative research methodology, including participative action research (see Section 1.4). The word 'qualitative' implies processes and meanings that are not easily measured in

quantitative terms (such as numbers, intensity or frequency). Qualitative research can rather be seen as ideographic in nature, including interpretations from a philosophy of life or religious perspective.

Within the qualitative research approach, a narrative and participative action research process was followed in this study. This implies research that can, metaphorically speaking, be depicted 'from below' and 'from above'. From below, a narrative process strongly respects people and the stories they tell (even at grassroots level). The stories of the respondents were therefore analysed through what is called a 'discourse analysis' process to assist in the eventual findings of the study. From above, a narrative approach includes a discussion of different theoretical approaches (such as public theology, practical theology, pastoral care and therapy and the ABDCE model used in this study – see Section 1.4.2.2). In a narrative approach, the theories and the stories are integrated into one methodology and employed towards one end result.

There is an intimate connection between pastoral care and pastoral therapy, in the sense that pastoral care offers a framework which serves as a context in which pastoral therapy can take place. Pastoral therapy was examined in this study as a mechanism that offers possibilities of finding hope and care. It can be linked to the notion of public theology, which was applied in this study, along with a narrative approach to pastoral therapy. The rationale and motivation for the identification of public theology with the religious nature of public theology are highlighted in the study. In connection with the narrative approach, the focus was particularly on the background and purpose of public theology. The applicability thereof in this research, as well as with the orphans' grieving process, is portrayed in Chapter 4.

This study was undertaken from a postmodern, social construction discourse perspective, using a postmodernist approach. The framework of postmodernity was deemed suitable, because it presupposes, amongst other things, subjective reality, restrictiveness of language, and the mystery of understanding and context (Müller *et el.* 2001:electronic source; Van den Berg 2006:166). The primary purpose of the research, the methodology used, as well as the research expectations that arise from it and the limitations of this study are discussed below after contextualising the study within the experience of the researcher.

1.2   A CHAPLAIN'S STORY

In view of the choice of a theoretical framework based on a postmodern narrative approach, it is important to reflect on personal experiences that had a great influence on this study. This study was inspired in many different ways by the personal experiences of the researcher, particularly when, as a chaplain in the military, he was confronted by the human dilemmas of HIV/AIDS orphans.

To the researcher, the research process had a very personal background. His own personal experiences with HIV orphans had such a deep impact on him that they compelled him to learn more and to obtain a greater understanding of what these orphans had to go through and how they coped with their problem-saturated lives. His personal story (or autobiographical account) became an integral part of this research process.

An autobiographic account in this research made it possible for the researcher to comprehend the quality of the lives of the orphans and to understand their stories, as suggested by Müller (2011:3). Then, out of their experiences and their stories, new stories developed. Through the process of languaging, stories form, but in the process these stories also form people as individuals (Müller 2011:4). Stories provide an intermediate or transitional area of experience in which the self continually negotiates its position in the world, inscribes itself in relation to the available cultural scripts, and integrates past, present and future through acts of remembering and telling (Sclater 2003:327).

It is also important to indicate that the practice and theory of the study were strongly influenced by aspects of autobiographic account research, with a strong emphasis on the construction of the 'real life' in which the researcher is also personally involved (Roberts 2002:77). Josellson (1999:10) rightly points out that what is at issue in this type of research is a person's inner, subjective reality and, in particular, how a person makes meaning of some aspect of his or her experience. Precisely for this reason, it is important that an autobiographic account focus be enriched and enlarged by the biographical narrations of the co-researchers or participants. The autobiographical account's emphasis on the researcher as an 'engaged participant' is thereby also indicated and enhanced (Dreyer 1998:18).

The background story of this research provides an important context to the study. In a conversation on 25 February 2008 between the researcher and Lt. Col. Heinrich Potgieter of the Military Psychological Institute (MPI), Lt Col stated that the percentage of South Africans globally infected by HIV could be estimated as being more or less reflected by a similar percentage of people in the SANDF infected by the virus. Lt. Col. Potgieter indicated that a Knowledge, Attitude and Perceptions (KAP) study had been done in 2005 regarding orphans affected by HIV. The survey revealed that in the Defence Force then, 9.4% of uniformed members were caring for orphans who had lost one or both parents due to HIV/AIDS (MPI 2005:19).

The statistic of 9.4% of the SANDF members caring for orphans of parents who died from HIV/AIDS can be regarded as statistically significant and should be taken very seriously. In this study, the significance of this statistic is examined further (see Section 1.3). Col. Johan Dill, who was Specialist Staff Officer Ministry Support Chaplain General Division at that stage, indicated that due to the high percentage of members in the SANDF caring for orphans, a pastoral home-based care model was needed to help with spiritual support. This would most probably be the first programme of its kind in the world in the military environment.

From a narrative perspective, it is also important to mention an event that brought a deep personal awareness to the researcher about the plight and devastating circumstances of children and parents living with HIV.

During a hospital visit by the researcher to 3 Military Hospital, the parents of a young child received the news of their child's being infected by HIV. To the HIV affected parents, the news of their child's being infected by the deadly disease was like a death sentence. Being a witness of this tragic occurrence was not only very disturbing to me, but challenged me to think in what way I could be pastorally involved with the family.

Although one has to agree with Van Dyk (2004:238) that HIV/AIDS has serious implications for the client, the challenges for pastoral care to the infected and/or affected are also vast. This event had such an impact on the researcher that it became a large contributing factor that inspired this research.

One purpose of this study was therefore to develop such a pastoral care system within the SANDF. It became clear to the researcher that there was a definite need for such a system, which does not yet exist, in the military environment.

Another important event that motivated this study was also when the researcher attended an HIV/AIDS planning session of the Chaplain General of the SANDF held in Pretoria from 4 to 6 July 2007. A strategic plan on how to combat the HIV/AIDS virus for the year 2008 was compiled. At the conference, various role players within the Department of Defence emphasised the importance of a home-based care programme for HIV/AIDS orphans in the SANDF because such a programme does not yet exist. It became clear that much has been done to help people who are infected by the HIV/AIDS virus by rendering military medical support and also to train people in the prevention of HIV/AIDS. However, the greatest challenge facing the Department of Defence then was that there was no programme to care for children infected and/or affected by the HIV virus. At this conference, the chairperson, Col. Johan Dill, indicated to the guest speakers that the researcher was currently busy with compiling data for a model for the chaplaincy with regard to home-based care for orphans who are infected and/or affected by HIV/AIDS. This news was highly appreciated (Dill 2008:1).

To address this strong need in the SANDF Chaplaincy, the researcher decided to formulate a research strategy to meet the public pastoral needs of the orphans. A research path was then developed as outlined below.

Based on a significant amount of data gathered, this literature review deals with how pastoral therapy can be used to give hope and care to orphans after the loss of a parent. Capps (1995:12) is of the opinion that a therapist is a provider of hope. Intermediation of hope of a better future makes therapy meaningful and pastoral (Müller 1996:177).

For the researcher, the study had great value, because it shows the significance of the anthropological context of unitary human beings – beings that combine body, soul and spirit. Humans are, in other words, complex beings that function as body, soul and spirit. The trichotomy should work together in harmony. The following view of the three perspectives on a human being, which are in interaction, was kept in mind throughout the study:

- The synthetic view of a human being involves the physiological/biological processes, since humans can only exist in this world through and in the body.

- A holistic view of humans involves the cognitive, affective and conative processes. It refers to the actual life of feeling and experience.

- The perspectivist view of humans deals with that part that makes a relationship between God and humans possible. It can be seen as the core of being human, as this level exercises an influence on a person's physical, emotional, intellectual and social state.

The researcher realised that all his personal experiences with HIV/AIDS orphans and the expressed need of the SANDF to assist the growing numbers of helpless children, could be made available for future use by a specific pastoral care home-based programme for orphans. Chaplains are in an ideal position to create important links between the SANDF and the community where orphans have to live and/or make a living. The role of the chaplain is important here because he or she can help orphans to break loose from negativity in order to enable them to live a life of thanksgiving and to have a positive outlook on life. When the researcher critically reflected on the comments made by the pastoral scholars cited in the last two paragraphs, he realised that they all point out the importance of the relationship between a pastor as pastoral caregiver and those in need, such as orphans with their needs. A pastor is in a special position to facilitate hope, love and care immediately to those in need. He or she is also able to be the intermediary between Christ and an orphan who feels rejected. The functions of pastoral care and pastoral therapy are explored further in Chapter 3 to clarify the connection with hope and care, because there are many questions with regard to these concepts, which are central to this study.

In the research process, the researcher had to understand clearly what orphans go through. Therefore he had to ask the crucial question: *What are the needs of orphans?* Many orphans feel despondent and experience personal uncertainty and feelings of sorrow and pain after the death of a parent. Orphans can experience feelings of dejection. Through the different processes of pastoral narrative therapy, the attentive listening and responding to the unique stories of orphans (through what are called externalizing and unique outcome processes), a therapist can assist orphans to digest these experiences and come to terms spiritually with what has happened to them.

The researcher realises how important the role of public theology is to fully understand the plight of HIV/AIDS orphans. According to Koopman (2003:3-19), public theology is unique in the South African context in the manner in which it was practised. It was used to reconstruct and transform society after apartheid, for example, in the form of welfare programmes, education, the quest for economic justice and moral regeneration, and public policy formulation. The stories of South Africans who experienced traumatic changes were sometimes like suffering people caught in a strong current of stormy waters, abruptly swept away and deposited somewhere where they did not want to be.

In such a situation, suddenly, there are many questions without answers. These include questions about why a person has died, where the deceased one is, as well as about where to now (Marais [1992] 1999:3; Steyn 2000:31). According to Conradie (2006:42), the hope of life immediately offers consolation when someone close to one dies. God changes sadness into hope with the assurance and the guarantee that God will look after us (Bothma 2006:12). Christians are people who are able to mourn with hope in their hearts (Smit 2000:11). In both these sources, it is observed that Christians can be hopeful in spite of their sadness. The strategy of this study was mentioned earlier as attempting 'to meet the public pastoral need of the orphans'. Therefore the focus of this study is a search for mechanisms that will facilitate hope and care after the death of a parent with the orphan left behind. Hope becomes part of a person's outlook and functioning in life. In this study it was therefore attempted, by means of pastoral therapy, to facilitate insight with orphans who experienced loss and bereavement.

1.3   RESEARCH CHALLENGES

The researcher experienced a number of challenges that affected him personally. His experiences in the military hospitals brought him face to face with what HIV infected parents and children have to deal with daily and the difficult life choices they were confronted with on account of that.

1.3.1 Personal challenges for the researcher

During a hospital visit by the researcher to 3 Military Hospital, the parents of two young children received the news that they were HIV-positive. This experience made the researcher aware of the fear that may grow in the hearts of children who could lose their

parents. To the infected parents, the news of their children being affected by the deadly disease was like a double death sentence. For the researcher, this personal experience was a further impetus to pursue the research topic. The implications of their illness for themselves and their children struck me as a heartbreaking reality that had implications for the future.

Not long after the husband and wife received the news that they were HIV-positive, they passed away at 3 Military Hospital. The researcher had to convey the news to the children. Who ever truly expects death? Many questions arose, but without answers. What is going to happen to the children? Who will take care of them? Who will counsel them? Who will bring hope to them? Where does one find solutions to their problems? What now?

To the researcher this became part of how he reflected more deeply on his 'Chaplain's Story' as discussed in Section 1.2. He realised that all of those that were affected and infected by the HIV/AIDS scourge needed better answers of meaning and hope. This made him more committed than ever to find the answers through the collaborative research process.

The questions asked above correspond to the questions that the co-researchers asked as a result of their experiences. It links to their search for answers that can possibly give them hope again. In line with De Kock's (2007:55) argument that God never forsakes anyone who comes to him for help, as a Christian, the researcher held onto God's promises of hope and care in Christ for these orphans. According to Gous (2005:174), the ray of hope which people look forward to with longing is related to the idea of seeing people reaching out to them. This longing reflects a pastoral care perspective. It made the researcher think about pastoral care and pastoral therapy and about the hope and care that chaplains can offer to orphans who have lost a parent.

1.3.2 Challenges for practical theology: forks in the road

Being a witness of tragic occurrences such as the incident at the hospital was not only very disturbing to the researcher, but challenged him to think deeply about a way in which he could be pastorally involved with such parents, and especially the children in the future.

Theoretically speaking, the researcher was inspired by the practical theology of Ganzevoort, who calls his theology a 'Hermeneutics of Lived Religion' (Ganzevoort & Visser 2007:1). In a thought-provoking article "Waarheen met de praktische theologie?", Ganzevoort and Visser (2007:3) describe practical theology as follows:

> Het draait voor mij in de praktische theologie dus om het onderzoeken van het spreken over God zoals dat in de praxis gevonden wordt, anders gezegd om de hermeneutiek van de geleefde religie. De geleefde relegie vinden we zowel binnen de kerk als daarbuiten in christelike en niet-christelijke gestalten.

In an address offered at the International Academy of Practical Theology in Chicago 2009, with the title "Forks in the road when tracing the sacred practical theology as hermeneutics of lived religion", Ganzevoort differentiates between the social sciences of religion on the one hand and other theological disciplines on the other. He explains his definition of practical theology by analysing each term in his definition separately, drawing on definitions in the earlier joint article with Visser (Ganzevoort 2011:22).

The first term that anchors the discipline is religion. Ganzevoort and Visser (2007:3) define religion as the transcending patterns of action and meaning embedded in and contributing to the relation with the sacred. To them, the sacred is a centre around which one's life gravitates and a presence that evokes awe and passion (Ganzevoort & Visser 2007:3). To the researcher, this definition of religion makes sense in this study and was useful in working with orphans.

The next term that was analysed is 'lived' – the study of religion consists of three aspects: texts about God, ideas about God and then 'praxis' or lived religion. Ganzevoort and Visser (2007:4) understand the latter as the actions and meanings operant in the ways in which humans live, interact and relate to the divine.

Another term that was analysed is the term 'hermeneutics'. In terms of lived religion the term indicates that we want to understand religion from its own characteristics and in the light of its own understandings and intrinsic normativity. We do not study religion as merely a psychological, sociological or cultural phenomenon (Ganzevoort & Visser 2007:5). To these authors, the relationship with the divine itself is of extreme importance when it comes to hermeneutics. Ultimately, practical theology, to Ganzevoort and

Visser, is about tracing the sacred in spiritual, empirical-reconstructive and critical-constructive modes (Ganzevoort & Visser 2007:6).

1.3.3 Theoretical challenges for practical (and public) theology

Another theologian that inspired the researcher is Richard Osmer, who describes the four tasks of practical theology as investigating the praxis empirically, interpreting it to better understand and explain its patterns, constructing a theological framework with which practical theology can be assessed critically, and providing models of practice and rules of art for future conduct and reform (Osmer 2006:298).

In a later publication *Practical Theology: An Introduction*, Osmer (2008:7) gives a richer meaning to these truths of practical theology:

- the descriptive-empirical task is regarded as priestly listening;
- the interpretive task is regarded as sagely wisdom;
- the normative task is regarded as prophetic discernment; and
- the pragmatic task is regarded as servant leadership.

The four tasks of practical theology can be depicted graphically, as in Figure 1, overleaf.

Figure 1: The four tasks of practical theology
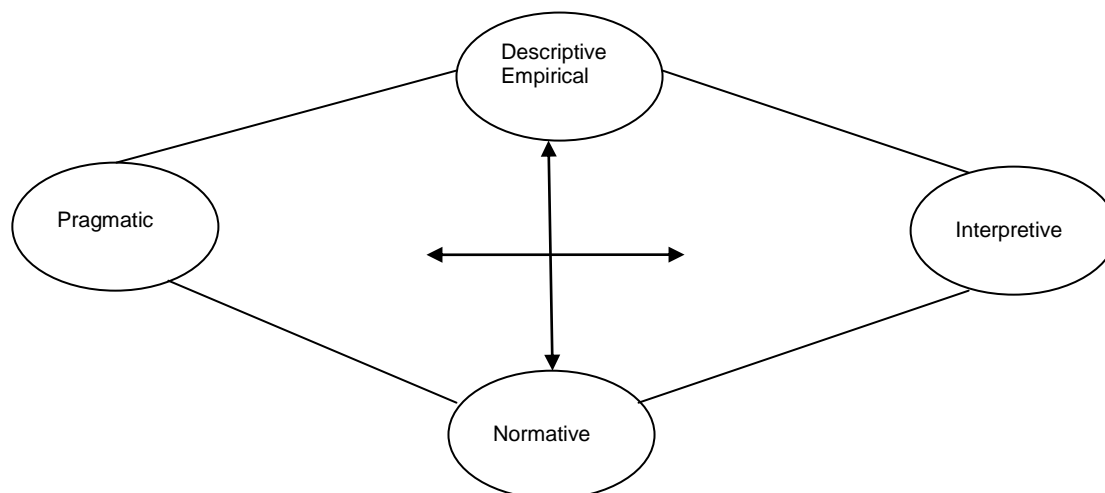
Source: Adapted from Osmer (2008:7)

Although there are many differences between Ganzevoort's and Osmer's views on practical theology, the researcher regards the words 'Geleefde religie' as a concept that connects them. In this section, the researcher comes back to the guidelines for practical

theology that can be found in the concepts of Ganzevoort and Osmer, and provides more detail of how he can implement their constructs in the study. The researcher wants to support these notions of practical theology by Ganzevoort and Osmer because they help him to link practical theology with public theology. They help to explain how 'lived religion' (whether inside or outside the church) can be found and studied in every aspect of life, which is the perspective adopted in this study.

Some general trends behind the push for a public theology are the constitutional separation of church and state in the United States. It has had a considerable effect on the interplay between religion and the wider public society (Miller-McLemore 2003:97). Evangelical and fundamentalist Christianity has heightened this anxiety (Heitink 1999:139, 142). Several specific economic, political, and cultural developments have renewed interest in public theology (Miller-McLemore 2003:96). Major organizations, such as the Lilly Endowment, the Pew Charitable Trusts, and the Henry R. Luce Foundation, have made Christianity's public role a funding initiative (Miller-McLemore 2003:97).

1.3.4 Challenges to public theologians today

The question arises where the term public theology comes from. Theologians throughout history, such as Augustine and Martin Luther, have called Christianity a political force. What special meaning has the term acquired today in the postmodern context of the United States, and thence in the global arena, which includes South Africa? Although the term appears earlier, it entered common usage in the mid-1980. In particular, debates between the University of Chicago's David Tracy and Yale's George Lindbeck codified the term and, in the process, pushed pastoral theology toward more cognitive modes of public theology (Miller-McLemore 2003:98).

Tillich (1951:39), who proposed what he called a 'theology of culture', made a different contribution. Simply put, a theology of culture attempts to 'analyze the theology behind all cultural expressions' (Tillich 1959:42). When Tillich outlined theology's organization, he bequeathed an ambiguous legacy to pastoral theology's development as public theology (Tillich 1951:33-34). In short, on the one hand, he sees practical theology as concerned with the public visibility of Christian norms. On the other hand, he empties

practical theology of substance, seeing it merely as the application of theory to clerical practice, a means to an end, without its own tangible contributions (Tillich 1951:32).

In Latin America and beyond, liberation theology gave a whole new meaning to the personal and its relationship to the public. Theology is not just public. Thus Segundo (1976:74) declares: "Every theology is political, even one that does not speak or think in political terms."

In Chopp's (1987:121) words, "while liberal-revisionist theologians respond to the theoretical challenge of the nonbelievers among the small minority of the world's population who control the wealth and resources in history, liberation theologians respond to the practical challenge of the large majority of global residents who control neither their victimization nor their survival". Concrete change is required, not just in the more obvious economic and political realms, but also in realms heretofore considered private, such as the congregation, family life, and the arts (Chopp 1987:129). Liberation theology sees critical reflection as the 'second step', after the more primary step of commitment to public service and political action. Public theology then does not just mean making cognitive sense of Christian claims. Rather, it demands radical social reformation of the 'practical crisis of the victims of history'.

What does all this mean for pastoral theology as public theology today? Broadly speaking, two primary factors distinguish the most recent move toward public theology: concern about the silence of mainstream Christianity on key social issues and awareness of the serious limitations of a pastoral focus on the individual alone (Miller-McLemore 2003:102).

Despite liberation theology's influence, pastoral theologians in the United States have focused primarily on influencing public discourse and the need to move toward a more service- or action-oriented approach that considers congregations and non-profit organizations as central sites for study and participation. From another perspective, however, one might also argue that pastoral theologians in the United States are well positioned to reap the benefits of both approaches, because neither social ministry nor ideological examination can be sustained for long without the energy of the other. If the Christian conceptual understanding of belief and practice languishes, so too will the many social programmes it initially gave rise to. Inversely, a merely intellectual

exploration of Christianity becomes a sham if it lacks a social purpose and practice (Miller-McLemore 2003:103).

Public theology draws upon the resources of philosophy, science, politics, legal and socio-economic theory. Therefore public theology interprets what could be true about God and God's relationship towards humanity, society and the world. The task of public theology is to be relevant to the world's needs and to help people to be faithful to their faith convictions.

Public theology enables the church to be the church once again and therefore fulfil its public role as a servant towards the community. Public theology is a way of speaking about the reality of God and God's will for the world that is intellectually valid in the marketplace of ideas, and morally effective in the marketplace of goods and services (Koopman 2003:3-19).

Clegg (2006:125) gives a clear answer on the aspect of public theology by saying that public theology engages critically with Christian belief and practice in relation to public affairs. The researcher regards this statement by Clegg as extremely important for an attempt to address the dilemma of supporting orphans infected and/or affected by HIV/AIDS in the SANDF, because public theology plays the role of critically monitoring what effect(s) Christian beliefs and practice have on society.

1.3.5 Challenges of bringing a sense of meaning to those in despair

It is important to note what the Word of God declares what Christians should do to bring hope to people in despair, which includes HIV/AIDS orphans. A respect for humanity and human suffering should be present at all times. According to Louw (1993:79) the object of practical theology is not primarily communicative acts of faith, but the sense and meaning to encounter possibilities of hope. The purpose and structure of God's interacting with human beings then becomes the primary object of practical theology. Looking at what Louw's (1993:79) argument, it is important to recognize that the only way to solve the problem of HIV/AIDS within a military environment relating to orphans infected and/or affected by HIV/AIDS is to communicate acts of hope and care to them so that God can become relevant to them in their world of despair and confusion.

1.3.6 Challenges in the communal context of pastoral care

Pastoral care builds a community in which members of spiritual groups accompany one another through the many complexities of life, creates a welcoming and inclusive place where the faithful and seekers alike convene to find God and each other, mobilizes the community to give sanctuary in which the wounded can rest when buffeted by life's storms, and takes up the task of celebration and remembrance, retelling the stories of the community, thus remembering it (Gunderson 1997:8).

Pastoral care has increasingly become engaged, in theory and in practice, with issues in the public arena. Especially since the 1980s, with the increased publication of works by persons of colour and by women, pastoral care perspectives and practices have begun to widen their horizons to include an analysis of public policies and sociocultural structures, investigating the ways in which these have contributed to persons' oppression and therefore to their suffering. This marks pastoral care as a public theology, or the recognition that the personal has public implications and vice versa (Miller-McLemore 2004:49).

This shift is closely related to the model of communal-contextual pastoral care. Indeed, whereas mid-twentieth century perspectives on the tasks of the care provider were influenced by a focus on the living human document, the end of the century and the beginning of the twenty-first century have seen the rise of a more contextually conscious approach (Boisen 1971:2; Gerkin 1984:5).

With these developments, the image of caregiver as shepherd has been challenged for its sense of dependency, wherein the caregiver has more power and knowledge than the dependent 'sheep'. As a consequence, some contemporary care providers reject this image in favour of a model in which both caregivers and care-receivers journey together on an agenda set by the recipient of care. Latino scholar De la Torre (2009:69) writes that the experience of most faith communities is that the greatest wisdom appears to emanate from the underside of the church. Such an understanding and the practices it suggests point to the importance of participation as both a means to and a sign of healing (McClure 2010:231). In other words, in today's world, practices of care and healing at their best hold promises for transformation and for liberation, both personal and social.

1.3.7 Challenges on the narrative pastoral journey

A narrative pastoral journey of discovery was undertaken in this study, together with orphans who had lost both parents. The researcher's experience, the cultural context, spiritual background, as well as personal discourse, played a dominant role in the formulation of the problem. In order to see hope even when suffering, it is important to explore a different perspective of suffering. The list of possible approaches to suffering shows the different angle adopted by each perspective:

- A theological perspective looks at the handling of suffering by the church and theology (Du Toit 1990:1-9).

- A medical perspective sees the human being as a bio-psycho-social being with a spiritual component, and argues that suffering varies from physical to psychological discomfort at various levels. Forms of suffering include pain, uncertainty, worry/anxiety, the receipt of bad news, retardation, psychiatric illnesses and mood disorders (Bodemer 1990:11-12).

- A psychological perspective regards pain as suffering which is a human totality experience. "It concerns (has bearing on) a *person* who can be in need, one who experiences pain, and as a result, undergoes suffering" (Jordaan 1990:14).

- A social perspective implies reciprocal relationships in which sympathy, and especially, compassion and granting of help are applicable (Hugo 1990:22-29). The Biblical parable of the Good Samaritan is a good example.

Steyn and Van den Berg (2005:2) believe that human beings are drawn closer by pain and suffering, which invokes comfort and results in a new creativity in which people can reflect together on the handling of pain and suffering. Although grief is not merely a "series of events, stages, or timelines" (Kübler-Ross & Kessler 2005:203), the pain due to the death of the parent and the search for answers are experienced very intensely during such a time of bereavement. During this period, orphans still experience different stages of grieving before acceptance is reached. De Klerk (1972:126) claims that the fullness of the grieving experience is born in the phase directly after the death of the parent. Smit (2000:20) sees the first year after the death of a parent as the most difficult. Van Niekerk (2002:24) points out that fluctuating and conflicting emotions are experienced as part of the grieving process. Endres (2009a:209) argues that the way in which the death took place plays a role – the traumatised are overwhelmed by intense and painful feelings during the early stages of the trauma.

Variables that can play a role in the duration and intensity of the grieving process can possibly depend on the quality of hope of the particular relationship. Other variables that can influence the intensity of the grieving process include, according to Smit (2000:6-7), a person's specific temperament, the duration and intensity of the relationship with the loved one, the circumstances in which the loss is experienced, the relationship with the person and the stage of the grieving process. Du Toit (2003:30-33) discusses variables such as who the deceased person was, the nature of the attachment, the circumstances of the death, the historical background of the one left behind, the personality of the bereaved, social and cultural customs and simultaneous crises or stressors. Bereavement has many facets, and working through grief is a process that differs from one person to another – as Kübler-Ross and Kessler (2005:29) put it, "your loss stands alone in its meaning to you, in its painful uniqueness".

1.4   METHODOLOGY

This study involved four main phases. It started with a literature review which aimed to clarify the central concepts, and the theoretical and paradigmatic underpinnings of the study (see Chapter 1). The second phase focused on interviews with the three co-researchers individually and the interpretation of the knowledges gleaned from their stories (see Chapters 2 to 4). This was followed by group interviews with multi-professional focus group members (see Chapter 5). The last phase involved a reflection on the study (see Chapter 6). Below, these four phases are discussed briefly (the methodology is discussed in detail in Chapters 1 and 5).

This particular study is an integral one, because the researcher used different research designs or methodologies, but these are similar and they support one another. These methodologies are ethnographic research (case studies), participant action research, and a life history methodology (Mouton 2001:149-152).

Participatory action research is a collaborative approach to inquiry that provides people with a means to take systematic action to resolve specific problems (Reason 1994:329; Stringer 1999:17). Its intention is not only to 'get the job done', but also to ensure the well-being of everyone involved. Therefore, by describing this research as 'participatory', the researcher acknowledges the democratic involvement and value of everybody's collectively investigating and contributing to a meaning-making process

and new ways of understanding. This includes the ABDCE process, Appreciative inquiry and focus groups. By referring to the research as 'action', the researcher focuses on the active involvement of everybody as mentioned and also the active claiming of ownership and decision-making processes that generate new possibilities and knowledge and translate that knowledge into further action of re-claiming and re-authoring life (McTaggart 1997:1-43; Reason 1994:329).

As a participatory theologian, the researcher's theological reflection is integrated with the theory and practice of participatory action research. A participatory theologian is one who sees 'theology as a commitment to participation' (Herholdt 1998:224), a commitment which goes beyond the doing of theology. The researcher is challenged to make sense of the world by participating in the creation of a new world in terms of which the self can be redefined (Herholdt 1998:225). Accordingly, theology is practised/done by all people grappling with an understanding of the presence of the spiritual, holy, other or God in human circumstances (Myburg, Alice & Kotzé 2002:64). This implies that the epistemic construction of God is local, and not universal.

Participatory action research has been successful where projects require team work (Ramsey 2000:3). The methods used in participatory action research facilitate groups working together, without any one person dominating and restricting others from pursuing their own goals within the project. Linked to this participatory action research approach is a process that resists the early reduction of alternatives. Different possibilities can be explored and tested, and teams can pursue multiple ways forward instead of just one best way.

The participatory action research approach that was part of the empirical research of this study enabled the researcher to link interdisciplinary perspectives from different research designs, for example, the ABDCE process, appreciative inquiry and the focus group principle, to achieve acquired results. Participatory action research as part of the narrative research model has been successfully used to acquire optimal team participation and team work among members of the focus group using the appreciative inquiry principles with great effect. The methods used in participatory action research to facilitate a group working together without any one dominating and restricting others from pursuing their own goals within a project was evident in this study with the multi-professional team. When the five movements of Müller (2000:72-103) were used

together with the ABDCE process during the pastoral therapy sessions, participatory action research was used as a collaborative approach to inquiry into the lives of the orphans to enable systematic action to resolve specific problems in their lives.

1.4.1 Literature review

A *literature review* was undertaken, in which particular matters regarding the subject of this research were examined. The theological perspective of this research was informed mainly by postmodern theology. Postmodern theology is premised on the importance of personal assumptions. Brueggemann (1993:19) made the important observation that in postmodern theology, there is no truth is 'out there' for the taking of all generations, but that every generation has its own metaphors, a language and postmodern imagination which must work its way in the presence of other, rival and competing acts of imagination, none of which can claim a formal advantage or privilege. Such a way of 'doing theology' to the researcher calls for participation, because postmodern theology is necessary for both the discovery and the creation of truth that is open for further interpretation.

Within the postmodern research approach adopted in the study, the researcher employed a qualitative research methodology. This methodology was chosen in line with the theoretical assumptions that guided the researcher towards his intended goal. Qualitative research is a naturalistic and interpretive approach that draws from many disciplines and fields. At the heart of qualitative research is the belief that the perceived reality is created, negotiated and interpreted by the people in their social, historical and individual contexts (Kuper, Reeves & Levinson 2008:405).

In this study there was a focus on the Scriptures and parts of the text which are applicable to this study, seeing that the study involves a pastoral investigation. The term Scripture interpretation is applied in the pastoral use of Scripture (Louw 1999a:430). It should not be seen as a proclamation of the Word with a kerugmatic emphasis.

In creating a specific methodology, the researcher was consistent in working from an empirical qualitative hermeneutic perspective of practical theology with the emphasis on creating meaning through a narrative methodology. In this process, he relied strongly on qualitative research methods, using narratives and metaphors. Different disciplines

were brought together, in line with Van Huyssteen's (2006:51) call to bring together disciplines or reasoning strategies that may have widely different points of reference, different epistemological foci, and different experiential resources.

Because the researcher chose to use *qualitative research methodology,* the following aspects for *qualitative research* can be regarded as important: qualitative researchers believe that since humans are conscious of their own behaviour, the thoughts, feelings and perceptions of their informants are vital. How people attach meaning and what meanings they attach are the basis of their behaviour. Only qualitative methods, such as participant observation and unstructured interviewing, permit access to individual meaning in the context of ongoing daily life, concerned with the truth as an informant perceives it (Burns 1990:388).

According to McMillan and Schumacher (2001:16), qualitative research develops context-bound generalizations. With regard to narrative research, context-bound descriptions of events are developed. Every academic discipline accumulates knowledge qualitatively, according to relevant information, with regard to the problems in human development. Schurink (1998:240) describes qualitative research as a multi-perspective approach to social interaction. It refers to research methods that enable a researcher to explore and describe a human phenomenon in depth (Denzin & Lincoln 2003:3). In this study, it entailed exploring the experience of hope and care. It can thus hold different meanings to different people, and it should be remembered that human actions are influenced by the context in which they appear.

Qualitative research is discussed paradigmatically and interpretatively, with an ontological view of humans as unique beings and interpreters/communicators of their worlds (Botha 2001:14). According to Freedman and Combs (1996:22), this world, or reality, is socially construed, is composed by language, is organized and maintained by narratives, and entails no actual truth. In a narrative-social constructionist view, reality cannot be known objectively, "…all we can do is interpret experience" (Freedman & Combs 1996:33).

The value of qualitative research lies in the diversity of alternative discourses that can be used for research. Denzin and Lincoln (1994:3) comment that, in the accumulation of knowledge, qualitative researchers

…use semiotics, narrative, content, discourse, archival and phonemic analysis, even statistics… They also draw upon and utilize the approaches, methods, and techniques of ethno methodology, phenomenology, hermeneutics, feminism, rhizomatics, decon-structionism, ethnographies, interviews, psychoanalysis, cultural studies, survey research, and participant observations.

A researcher's competence determines whether the desired information is obtained. Qualitative research entails more than just technique. According to Sears (1992:148), it requires a willingness to become involved and be involved. It entails the manifold meanings of life, construed by people, within the context of their language and culture. It is described as follows:

Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry. (Denzin & Lincoln 2003:13)

The epistemological paradigm used by the researcher was consistent *with postmodern research methodology*. Postmodernity, which presupposes, amongst others, subjective integrity, restrictiveness of language and the mystery of understanding (Van den Berg (2006:168-171), was used as framework for this research. According to Geyser (2003:30), postmodernity is a term used to refer to the new cultural situation, which follows on modernity. According to De Beer and Van den Berg (2008:48), postmodernity admits the influence of context(s) as embodied in the meaning of events and circumstances for the individual.

The creative method used in this study used accents within the narrative-informed methodology. The aspect of participatory action research is discussed in more detail in Chapter 5, but for the convenience of the reader, the term is briefly defined here. In participatory action research, the emphasis is on the participation of all the different role players in a specific research project (De Vos *et al.* 2002:419). The advantage of this type of research is that a researcher can use all the participant voices to bring out the important meaning in a way that is respectful of all the voices in a specific narrative.

This helps to promote the conversational character of the research and emphasises the important perspectives in a particular narrative.

Appreciative inquiry can be seen as an extension of participatory action research but here the researcher takes more initiative by asking appreciative inquiry questions in order that participants are invited to think more positively. Participatory action research can be described as follows: "Share examples of what it feels like and looks like to be treated with dignity and respect" (Hammond 1996:11). Although appreciative inquiry was used in the current study, the most important concept was participatory action research. In this study, Appreciative inquiry was therefore used by the researcher specifically to facilitate hope for the orphans.

As mentioned above, a core aspect of the methodology used in this study was participatory action research. Tshepo, Andile and Thandi were regarded as co-researchers whose inputs are integral to the outcome of this study. In this regard, Kotzé (2002:18) gives a theoretical validation for using this method:

> How can we bring about ethics that will include plurality and be participatory rather than prescriptive? By participatory ethics I do not refer merely to ethics in which the plight and voice of the disempowered 'should also be taken into account'. What I mean is ethics located in discourse and praxis with the disempowered and marginalised – those who seldom benefit from the ethics of discourses created and entertained by the powerful or knowledgeable. *Participation of all is a primary commitment if in any way we aspire to being ethical.* (Kotzé's emphasis)

The practice-theory-practice approach (Browning 1991:7) was emphasised throughout. The perceptions of the research participants were taken into consideration and conveyed. Only fragments of the conversations are used in the study, so they are not cited in chronological order. Instead, quotations from conversations are positioned to indicate the connection of these comments with the research.

God's place in the orphans' narratives was explored and discussed to describe the orphans' religious experiences and to show how it gives meaning to the events in their

lives. People "exist and act in situations and engage in interpretations of situations" (Farley 1987:11). During the hermeneutic process in this research, the meaning that the co-researchers gave to the experience in respect of the death of a parent was sought. Subjectivity implies a personal involvement with the orphans and was the centre point of the hermeneutic dialogue. One single 'correct' interpretation is therefore not possible, as the focus is the interaction of interpretations. According to Louw (1999a:23), a hermeneutic approach does not aim to explain as much as it wants to discover connections/relationships with the purpose of giving meaning. Metaphors play an important role in the hermeneutic paradigm.

The *language* used in the methodological design of this study can be characterised as narrative and metaphorical. Müller *et al*. (2001:electronic source) indicate clearly that the way research questions are formulated must be directly linked to the paradigmatic points of departure of the study concerned. This requirement plays an integral role in the choice of epistemological elements chosen for the research, such as the social constructionist approach adopted in this study.

Choosing a social constructionist perspective for this study meant that the character of the study became one where the hermeneutical mode of inquiry was one where the telling of stories was strongly encouraged, as described by Josselson (1999:12-15). In order to make use of the mentioned theoretical perspectives, with the emphasis on the social construction of knowledge (Gergen 1991:62-63), a research design must feature components where the relevant questions are asked, and those questions are a reflection of the relevant methodological accents.

This study was also undertaken from a postmodern, *social construction discourse* perspective, because the researcher believes that a person's reality is not objectively recognizable. Together, the researcher and the co-researchers sought hidden meanings. According to Müller (1996:33), meaning is a shared construct within an interpretative community. Kotzé and Kotzé (1997:27) also see knowledge as a social construction and not as an objective description of external realities. The orphans who told their stories and the researcher engage together in the social construction of a discourse. According to Freedman and Combs (1996:6), the starting point of social construction discourse is, amongst other things, the convictions, values, institutions, habits, etiquette, laws and distribution of labour that form our social reality. A discourse

is constructed by members of a culture as they find themselves in interaction from day to day and generation to generation.

Communities socially construct the lenses through which their members interpret the world. The realities that people take for granted are the realities with which communities surround a person from birth. These social constructions provide the convictions, practices, words and experiences in which a person lives. Hence, Gergen (1991:28) claims that we find our existence not separately from our relationships, but within them.

1.4.2 Interviews

Participants are seen as unique people within their personal context. The research participants have the right to voluntary participation, confidentiality and the right to withdraw from the research at any time. The researcher obtains their permission to use information, and their privacy and anonymity are protected through the use of pseudonyms. A group session is only arranged with their permission. Research participants' right to keep information confidential is thereby respected in the study. It is the responsibility of the researcher to protect the participants against deception and potential damage. Feedback on the research outcomes and possible use thereof are disclosed to the participants after the study. All these principles were honoured in the course of the current study.

1.4.2.1   Introducing the co-researchers

Thandi is a 16-year old girl from a Zulu cultural background. She grew up in Kwa-Zulu Natal. She was the youngest daughter of her mother and father, who both died of HIV/AIDS-related illnesses. After the death of her parents, she was integrated with family members in a household with her sister and the sister's two children.

The next co-researcher is Andile, aged 17 years. She comes from a Zulu cultural background. She also grew up in Kwa-Zulu Natal. Both her father and mother died due to HIV/AIDS-related illness. After the death of her parents, she was integrated in a household with her aunt and two other children.

The last co-researcher is Tshepo, a boy aged 15 years from a Zulu cultural background who grew up in Kwa-Zulu Natal. His mother passed away due to HIV/AIDS-related illness. Tshepo was born out of wedlock. He currently lives with his aunt and uncle and three other children.

The research involved three participants, Thandi, Andile and Tshepo, as co-researchers in the research framework. The researcher participated with three orphans as co-researchers, not just because they were willing to answer questions but because they provided input on how they as orphans experience HIV/AIDS. In the words of Roux and Kotzé (2002:152), the use of co-researchers can be regarded as "an ethics of participation". All who were involved in the study were thus included as participants and contributors to enable a more realistic outcome regarding the research problem. The participation of people *about* and *for whom* the research is done is, according to Kotzé (2002:27), a prerequisite ethical research. Every orphan's identity is protected by the use of a pseudonym. Their stories are used in the research with their permission and that of their caregivers. The three orphans are anonymously introduced to the reader later on in the section. The use of pseudonyms was discussed with the orphans, who could decide for themselves what names they preferred. The names Andile, Thandi and Tshepo were suggested and met with their approval.

In this research project, the researcher chose to include the experiences of three orphans infected and affected by HIV as co-participants and co-researchers. The possibilities of pastoral care and pastoral therapy were explored in order to facilitate hope and care with them after the death of their parents. The researcher's personal experience also found a ready response with the addition of his voice. First, the researcher engaged with the co-researchers individually. Later in the study, a group session was arranged with the co-researchers to reflect on their experience of the therapeutic participation, and to enable the researcher to determine whether they benefited from this research.

In this study, the stories of orphans who construe and describe their life circumstances in words played an important role in bringing authenticity to the study. According to Müller (2002:6), the "user of the words is referring to a relationship, which is developing in accordance with a particular worldview". By telling the stories of their traumatic experiences, the orphans described a relationship with those experiences.

The co-researchers' stories are only briefly depicted in a circular practice-theory-practice pattern, to give the reader a glimpse of their lives, as recommended by Browning (1991:7). Browning refers to the practice-theory-practice model as simply following nature's way of thought. He argues that theory is always embedded in practice. Browning opposes an approach in which theory seems to stand alone, because researchers have abstracted it from its practical context. He warns that many researchers have become mentally blind to the practical activities that both precede and follow theory (Browning 1991:9). He therefore advocates thinking of human beings as 'living human documents' that can be studied scientifically, but always give realistic feedback from life itself. Similarly, the narrative theologian Gerkin developed the concept of people as 'living human documents' from the earlier writings of Anton Boisen (Gerkin 1984:45-47).

The researcher decided to involve the co-researchers, namely the HIV/AIDS orphans Andile, Tshepo and Thandi, specifically because of their close links with the SANDF. In all three cases, both parents passed away due to the deadly effect of the HIV/AIDS virus. The parents of the orphans in all three cases (either one parent or both of them) were in the military. After their parents' untimely deaths, the orphans were placed in the care of family members who are also currently employed in the SANDF. This measure could be a wise short-term arrangement, but the researcher was interested in whether it would also be a good long-term arrangement from which the orphans would benefit most.

Andile

Andile is a seventeen-year-old orphan. Her father passed away in 2004, and her mother passed away in October 2005. Andile came into contact with the researcher five months after her father passed away. After her mother developed the illness, they were forced to leave their village. Her mother got work as a domestic worker, but she was unhappy in her work and did not get along with the people she worked for. Her health deteriorated due to the illness and she passed away a year later. Andile was not at the hospital when her mother passed away and was shocked when she received the news. Andile has one sister who is dependent on her and is living with her. The two sisters now live with their aunt.

Andile suffered emotionally after the loss of her mother and father. It was very difficult for her to accept her mother's death and the situation created a lot of uncertainty. She was not even sure about going to church any more. She tries not to cry in front of her sister because Andile does not want to upset her sister. Andile struggled with feelings of guilt and blamed herself, believing that she could have done more for her mother. Many questions are in her mind for which she seeks some answers.

Andile's questions show how desperate her life became to her. She had so many unanswered questions in her heart – Who is going to care for her and give her hope for the future? Many practical implications made it difficult for her to see how she could handle practical situations. To her, the future only seemed dark, and she did not see how she could continue with her life. Emotionally, she experienced outbursts of anger, depression and tears. This is when her aunt recommended that she should see a chaplain.

The researcher attempted to understand and interpret between her story and God's story. According to Louw (2004:05), pastoral hermeneutics must be seen as a theological reflection on how to live and practice faith within the context of the congregation and the contemporary social and culture situation. As the researcher interprets Louw's (1993:80) argument, practical theology is a hermeneutic science, a space where God and humans meet each other concretely, and where new meaning and communicative acts of salvation are created and revealed.

This research is thus placed within a *narrative-hermeneutic research approach* and the researcher preferred to make use of qualitative research, as embodied in the methodology of participatory action research. In his groundbreaking work *Widening the horizons: Pastoral responses to a fragmented society*, Gerkin (1986:61) makes a plea for such a narrative practical theology:

Practical theology, seen from a narrative hermeneutical perspective, involves a process of the interpretive fusion of horizons of meaning embodied in the Christian narrative with other horizons that inform and shape perceptions in the various arenas of activity in which Christians participate.

With regard to the notion of a 'fusion of horizons', it should be noted that Gerkin acknowledges his use of the hermeneutical philosophy of Gadamer, who understood such a fusion as follows:

De interpreteerder moet verlede en hede bemiddeld saamenbrengen om zijn eigen begrijpen mogelijk te maken. Hierin ligt immers de konkretisering van de zin self. Om een tekst waarlik te begrijpen moeten we hem met onze eigen hermeneutische situatie konfronteren. (Gadamer 1973:152)

In the researcher's opinion, this implies that a narrative practical theology would always involve the future and the past, and would bring new meaning to participants by fusing the past and the future together. For this study it implies that the pastor could mediate new hope to Andile in spite of the painful past history of her life story. Andile could stand up from the ashes of a devastated life and look forward to build a new life in Christ.

The following observation emphasises the view of the practice-theory-practice (Browning 1991:7) in this study. When the researcher introduces Tshepo as a co-participant of the research, it becomes clear how Tshepo experienced pain, as he felt hopeless and has not been able to make peace with the idea that his parents' place is empty. Tshepo as a co-researcher makes visible the close links between practice and theory. When his experience of pain (physical and emotional) is explored, awareness is created of the devastated world he was forced to live in after the death of his parents. Tshepo is now looked after by relatives in the SANDF, and this connection could help to restore some of the good past experiences of his parents, who were also members in the SANDF. The pastor can use this connection with the SANDF to help create more support structures for Tshepo to be able to survive and develop in the future. Müller (2000:44) warns that hopelessness is the worst form of suffering that pastoral therapists have to counteract. To the researcher, the co-researcher Tshepo clearly illustrates how

deep existential pain goes, with a life-consuming impact that leaves him without energy or passion for life.

Tshepo

Tshepo is fifteen years of age. He was ten when his parents passed away in January 2006 of AIDS-related illnesses. He has two brothers and a sister. He came for therapy three months after his parents passed away. The loss of his parents was very difficult for him to deal with because he has already also lost two brothers to AIDS. The one brother was twenty-two years and the other twenty-eight when they passed away. Just before the death of the younger brother, the older brother was admitted to hospital with AIDS-related symptoms and died a year later. The younger brother woke Tshepo one night and complained of terrible pain. He died before the doctor came. Tshepo had a very good relationship with the younger brother and always supported him, especially during the loss of the older brother. He felt lost and uncertain about continuing with his life. Everything got the better of him. Nothing could fill the feeling of emptiness he had. He was a Christian but could not understand why the Lord allowed this to happen. The longing and loneliness were too much for him. He felt that it would be better if he also died because there was no one who could take care of him and give him hope. In the process he began to isolate himself and communicated less with other people. Initially he did not want to talk about his situation, but a friend's mother advised him to talk to a chaplain.

Tshepo's emotions were very variable during the conversation. At times he cried a lot and at other times he was calm again. It was clear that he experienced the loss very intensely. He had been exposed to repeated losses and had lost hope for living. It was therefore important to work on an encouraging story that offered hope for the future (Müller 2000:12). The adjustments that have to be facilitated in such engagements may be seen as a unique outcome which "leads to hope" (Moore 2004:308). The movement between practice-theory-practice is again of interest.

The researcher found the comments of Browning (1991:7) extremely valuable. By using theoretical concepts to understand Tshepo's plight better, for example, the theory of understanding people as living human documents, Tshepo's life story got new meaning. By not giving Tshepo advice on how to live his life according to theories, but by listening to his story and assisting him to tell his unique story, life changing interventions could take place.

According to Müller (2000:9), people give meaning to their life by the stories they construe about their lives. Their lives are, however, much richer than the stories they tell about these lives. The orphans construe their narratives according to their experiences, while the stories in turn shape the lives of the orphans. It can thus be argued that life and stories always stand in relationship to one another. The dominant discourses in stories play the leading part. It must be kept in mind that discourse, "both in what it says and what it does, is linked to the character and structure of experience" (Chamberlain 1990:52).

Where discourses are raised, language is under the spotlight. The effect of language in stories can either describe the meaning of the story more richly, or it can detract from the meaning. For the postmodernists, the only world known to humankind is the world shared through language as an interactive process (Freedman & Combs 1996:28). From a postmodern perspective, it can be stated that the language people use comprises their world and convictions. Meaning and understanding exist through the use of language. According to Brink (1987:35), language orders the world and makes it manageable to people. Through language, people construe their view of reality (Müller 2000:13). The stories of the orphans are understood in terms of language. According to Kotzé and Kotzé (1997:35), language does not only represent people's lives, but constitutes and shapes it.

1.4.2.2   The value of the focus group method from a MASH group perspective

The researcher decided to make use of a society-based concept in the form of MASH groups (focus groups) that has now already been in use in America for a long time. The acronym MASH is used by De Jongh Van Arkel. It stands for Mobile Assistance and Shelter for the Homeless (De Jongh Van Arkel 1988:5-6). For the researcher, the MASH group (focus group) members invited to participate in this study are all recorded as co-

researchers, but are referred to as members of the multi-professional focus group for the sake of clarity.

This concept can be used with great effect in the South African context. The overarching purpose of this research is the development of a pastoral care home-based programme by facilitating hope and care with orphans after the death of a parent, by means of pastoral therapy. The means for such a programme is called MASH groups (focus groups). The researcher wants to develop this process creatively, not exactly as it is used in America, but in such a way that it is applicable to HIV/AIDS orphans in South Africa. Other explanations for the acronym MASH help us to see a richer meaning for the concept.

It could stand for 'mutual aid self-help' and is described as groups of people that come together to help one another overcome or to cope better with a common problem, situation, illness, handicap, addiction or other stressful situation (De Jongh van Arkel 1988:5-6).

As indicated above, it could also stand for Mobile Assistance and Shelter for the Homeless and is a community-based one-stop crisis intervention centre for individuals and families who are homeless or 'at risk' of becoming homeless. The MASH programme is designed to provide much more than a quick fix. With its network of social services, a MASH Crisis Intervention Centre is an important link of care for the homeless. Because MASH effectively networks with public, private and non-profit agencies located in the community, clients receive immediate and comprehensive assistance that addresses their specific needs through referral to any agencies (Review Journal 2010:electronic source).

In the rest of this study, the researcher refers to the focus group method in terms of the MASH group perspective. A focus group is the simultaneous involvement of a small number of research participants (usually eight to ten) who interact under the direction of a moderator in order to generate data on a particular issue or topic. It is widely used in exploratory studies. A group session usually lasts 90 minutes to two hours and can be conducted in person or via phone or videoconference (Cooper & Schindler 2008:704).

That is exactly what public theology is concerned with, namely how the Christian faith addresses matters in the society at large. It is concerned with the public relevance of Christian beliefs. Public theology seeks to provide resources for people to make connections between their faith and the practical issues facing society (Charles Sturt University 2011:electronic source).

1.4.2.3 The ABDCE process

The central methodology adopted in this study was the *ABDCE process*. This implies that the case studies were followed up by theoretical reflections regarding the practice-theory-practice model. The *ABDCE-process* provides guidelines for research using a narrative approach (Müller *et al*. 2001:electronic source). It entails tracing the origin and course of a story in the research process by systematically looking at the A (action), B (background), D (development), C (climax) and E (end) of a story. The ABDCE model thus suggests the way a researcher can analyse stories. However, in this study, the researcher did not undertake this process on his own, but invited the participants to co-research the stories with him and assist him in interpreting the stories. Throughout the process, the approach adopted involved an appreciative inquiry, which means that all analysis was done by focusing on the positive aspects of every story, thus building on hope and the creation of new meaning.

1.5 EVALUATING THE STUDY'S RELIABILITY

The reliability of the research was evaluated throughout by means of control measures, such as ascertaining the study's credibility (whether the study is believable or trustworthy), thoroughness (whether the study was carried out completely and carefully) and affirmability (whether the study supports or upholds validity) (The free dictionary 2010:electronic source). The narrative stories of the research participants contributed to the construction of a colourful tale. Discourses were considered and possible contradictory discourses were questioned. In the interpretation, the focus was on different stories that describe the same theme. The aim was to facilitate change through a re-interpretation and restructuring of these stories so that orphans could experience hope and care. It was hoped that the process would contribute towards their finding meaning and purpose in their lives again.

1.6   RESEARCH EXPECTATIONS

The exposition below of the research expectations focuses on what can possibly be attained in the study, why the study is important and the contribution the research can make to the study field.

The researcher's intention can be summarized as follows:

- to describe the orphans' interpretation of hope and care within the grieving context;
- to describe the orphans' grieving process and understanding the dimensions of that process;
- to describe the assumption that pastoral therapy plays a role in the creation of hope and care after the death of a parent;
- to describe hope and care from God and the implications for the daily existence of orphans in their bereavement;
- to describe how orphans, based on their spiritual background, find hope and care in the knowledge that there is a home-based care programme that can show care and compassion;
- to describe how orphans' perceptions and construction of their conception of the life after the death of a parent are conveyed by their voices in the form of language – the connection with hope and care is pointed out through this perception; and
- to describe how a narrative-pastoral approach for involvement in the facilitation of hope and care with orphans, after the loss of a parent, can be developed and effectively applied in the formulation of a pastoral home-based care programme.

The methodology of this research provides structure to the research, and the discussion of the methodology shows how the different perspectives work together in order for the research questions to be explored. Methodology deals with the nature of the research and points to the way in which data is collected and processed. Seeing that a particular procedure is required to accumulate information for this research, the methodology was discussed.

With the questions of the research expectations in mind, the researcher gave structure to his methodology in this study. The co-researchers' stories of hope and care are studied through a speculative exploration that originates from a narrative approach. This

methodology integrates sound theoretical concepts and practical experience to make it a practice-theory-practice method throughout, as recommended by Louw (1999a:70).

1.7 LIMITATIONS OF THE STUDY

The study has a number of possible research limitations. Some variables that could play a role in the outcomes of the study include the use of a homogenous group of orphans whose home language is an African language, and who share a similar culture and spirituality. The researcher did not make a conscious choice to engage with such a group, but a homogenous group of orphans formed by chance.

Another limitation is the small number of respondents – the researcher decided to engage with only three orphan respondents in conducting his research. Only three co-researchers were thus used in this important study because the researcher realised that enough important scientific knowledge could be gained by using the specific research methods of the ABDCE narrative method (see Section 1.4 as well as the appreciative inquiry and participatory action research model). The researcher used the focus group method according to the MASH group perspective (see Section 1.4.2.2). Qualitative researchers generally attempt to obtain insight into the way in which people experience events, and their research results do not apply to the whole population – this also applies here.

1.8 OUTLINE OF THE STUDY

The outline of what each chapter contains below provides a schematic presentation of the phases of the research and how these phases fit together.

1.8.1 Chapter 1: Research design

This chapter forms a blueprint of the study, as it contains an exposition of the research design. It clarifies the research context, including information on where the study originated. The researcher's personal experiences of orphans' loss of their parents gave rise to his involvement with orphans. Pastoral care and pastoral therapy are only briefly discussed in this opening chapter, because these concepts are discussed in detail in Chapter 3. The connection between pastoral care and pastoral therapy lies in the fact

that pastoral care offers a framework and context in which pastoral therapy operates, as a mechanism that offers possibilities for finding hope and care. Public theology is presented as a way to bind the information on practical theology together. The chapter provides a rationale and motivation for the identification of this study with the religious nature of public theology, as well as the religious background of public theology. This introductory chapter also sets out the methodology, and an outline of the remaining chapters.

1.8.2 Chapter 2: The positioning of public theology within practical theology and the anthropological holistic view

The chapter proposes the theoretical ground plan from which the study unfolds and deals with the theological arrangement of the research. The pastoral-theological connection is illustrated. A pastoral-theological positioning is discussed as a suitable starting point for this research, and the reason for using such an approach is explained. Moreover, the paradigmatic arrangement of the research is clarified by developing and explaining the key concepts of postmodernism and the pastorate. Anthropology is posited as an epistemological starting point within theology, focusing on theological perspectives for a pastoral anthropology, which is based especially on the perspective of Daniël Louw. The reason for this choice is explained in this chapter. A discussion of various perspectives on humankind attempts to unveil *who* and *what* a human being is. The founding and standardization of a theological anthropology (epistemology) point out how humans and being human are approached in the research. Concepts of importance are discussed, and the unitary conception of humans is presented by means of a diagram. Since this study deals with the death of a parent, it is important to explore the concepts of death, life and life purpose.

1.8.3 Chapter 3: The value of a pastoral care/therapy approach to empower orphans with a spiritual wholeness perspective

The concept of pastoral care is discussed in Chapter 3, arguing the necessity, meaning and function of pastoral care, as well as pastoral care perspectives. The connection between pastoral care and this study is pointed out and discussed. Since there is a possible link between human beings, as spiritual beings, and pastoral care, therefore can be described by means of the synthetic, stereometric and perspectivist approaches.

A bipolar hermeneutic approach to the study is supplemented by a pastoral care perspective. Hermeneutics, pastoral therapy and the value of a pastoral care perspective for the design of an approach for involvement with the bereaved, to facilitate hope and care, is placed in the spotlight. Pastoral therapy is highlighted, based on the following five conversational movements: the story of need, the story of the past, the obscure future story, the retold past story, and the imagined future story (Müller 2000:72-103). Meaningless functioning is discussed with reference to insight, growth and healing. The concept of pastoral therapy is explained with reference to information from Scripture, the relevant prior literature, the internet and the views of the research participants. Pastoral therapy is discussed as an agent of change by means of therapy, with the purpose of spiritual maturity and the concept of hope, which is also explained in more detail. The link between hope and care is discussed by presenting various factors that can play a part in this research.

1.8.4 Chapter 4: Reauthoring the grieving process of HIV/AIDS orphans through public pastoral processes

In this chapter, the grieving process is discussed, as it is central to this study. In the discussion, attention is paid to the loss that is experienced, and people's individual experiences are illustrated by extracts from the participating orphans' stories. The purposes of mourning are briefly explored. To clarify the relevance of the theme of grieving for pastoral therapy, the meaning of grief, phases of grieving and delayed grief are discussed. This is followed by an exposition of a narrative approach to pastoral counselling. To the researcher narrative pastoral counselling meant that social construction discourse, externalisation, deconstruction, reconstruction and co-construction practices were used to thickly describe and understand the grieving process and create opportunities for hope and care. Social construction discourse, deconstruction, reconstruction and co-construction, as well as externalising, are highlighted as important aspects of a narrative approach, and pastoral therapy is pointed out. The orphans' voices are heard in their questions about their needs. The discourses employed by the children about their conception of care, as well as perspectives from the literature, are presented.

1.8.5 Chapter 5: Perspectives for facilitation and implementation of a public pastoral home-based care programme for orphans living with HIV/AIDS in the SANDF

In this chapter, all the research findings are analysed and relevant deductions and conclusions are discussed, culminating in a proposal for a relevant public pastoral care home-based programme for orphans infected and/or affected by HIV/AIDS in the SANDF. The guidelines outlined below are used to develop such a programme.

What does a public, pastoral, home-based care programme for orphans entail? The chapter suggests a theological foundation that includes a public, pastoral and post-modern view. Some distinctive features of such a programme are mutual care and interconnection with community – in short, bottom-up support programmes. Elements of the support provided must address the emotional, cognitive, practical and spiritual needs of orphans infected and/or affected by HIV/AIDS. This includes creating relationship connections by exploring specific infrastructure for orphans, such as the community, family links, schools, churches and other community institutions. It is critical to provide trust and sustainable living by developing policies and procedures to protect orphans infected and/or affected by HIV/AIDS. The importance of support groups for orphans must be emphasised, and the possibility of support groups (for example, a focus group system) is explored in this chapter.

How can one start a home-based care programme for orphans? One way to do so is to facilitate the focus group principle by involving chaplains, churches and community volunteers. A second way would be to ensure a structured support organization in the form of a tailor-made home-based care programme for chaplains in the SANDF. Another way would be to address the functions of support groups assisting orphans infected and/or affected by HIV/AIDS.

The chapter concludes with a critical assessment on whether and how the study has reached its intended scientific goal, makes a contribution to the field of study (practical theology and pastoral therapy) and how the research findings are substantiated academically.

1.8.6 Chapter 6: A reflection on the research

As the culminating chapter of the study, Chapter 6 contains a reflection on the research procedure, which entails thinking about the course of the research, as well as the experiences of the researcher. The research procedure in a study of this nature does not focus only on accumulating information, but is aimed at eventually fulfilling the vision of formulating suggestions for such a model to facilitate hope and care with orphans. The research participants' experience of the process, as well as the meaning of their experiences to them, are explored and portrayed. The researcher's personal experience of the research process is also re-examined. The authenticity and value of this research are considered. The expected impact of the research and the possible effects that the application of this new knowledge could have on chaplaincy are formulated in this chapter, which reflects on how the study contributes to existing discourses in the subject field, on how it questions or confirms conventional views, and on what new insights it contributes to the field.

1.9   SUMMARY

In this chapter, an overview of the study is given, a rationale for undertaking it is provided, and the study is contextualized. First the background is sketched and the problem is formulated, and then the objective of the study and its paradigmatic perspectives are discussed. The research design and research method, as well as the measures to ensure reliability, are discussed briefly. The chapter concludes with an outline of the study showing what the individual chapters contain and a brief conclusion. Thus the chapter gives a complete overview of the research story.

In contrast to institutional care the study wants argue for a greater community-oriented approach to assist these orphans to build their lives with hope and faith by assisting them to be integrated into normal society with maximum support systems available to them (home-based care).

Methodologically speaking, qualitative research methods were used in the study because qualitative researchers emphasize the value-laden nature of inquiry. They seek answers to questions that stress how social experience is created and given meaning. In this study, the following proven research methods were used: participation action

research methods assisted by scientifically designed case studies, questionnaires and focus groups.

The aim of this study is that a unique public pastoral home-based programme supporting orphans who are infected or affected by HIV/AIDS will be created within the context of the SANDF.

CHAPTER 2

THE POSITIONING OF PUBLIC THEOLOGY WITHIN PRACTICAL THEOLOGY AND THE ANTHROPOLOGICAL HOLISTIC VIEW

2.1   AT THE BEGINNING

In the first chapter, the events and preliminary research that led to the study and rationale for this study were presented. The chapter covered, among other things, the research problem related to the context in which this research originated. Furthermore, attention was paid to the research objectives, expectations, methodology, limitations and an outline of the chapters in the study.

This chapter provides the anthropological basis on which the study is developed. It deals with the public theological context of the research. The theological paradigm chosen for the study was a practical theological approach, as explained in this chapter. The aim of the chapter is also to reflect on an appropriate anthropology for this research and discuss the implications of this choice for practical theology. A discussion of the chosen anthropological paradigms is necessary, because they affect the rationale for the research epistemology selected for this study. Such starting points provide direction to the research. The pastoral implications of a specific anthropology are also focused on. The construct of an anthropological exploration and the reasons for choosing this route are discussed.

In this chapter, the researcher's understanding of the positioning of public theology within practical theology is discussed. This positioning is closely linked to an anthropological holistic view of human beings (a view which acknowledges the integration and complementarity of body, soul and spirit) adopted in respect of both the public theological and practical approaches in order to address the wellbeing of all human beings.

To explain why the researcher situates public theology within practical theology, it is important to look at the pragmatic positioning of practical theology in relation to public theology. Practical theology has widened its parameters, broadening its sphere of activity from the actions of a pastor within religious institutions, to the church (or

religious institutions) and society, and to religion within society. There is widespread consensus among practical theologians about this enlargement of the scope of practical theology (Schweitzer & Van der Ven 1999:31). One of the consequences of this development is that practical theology has inherently become a form of public theology that is involved with a theological legitimation not only *ad intra*, but also *ad extra*.

Anderson (1993:6) suggests that "pragmatism can offer a ground for theology to enter to the public arena". However it is only possible for the public debate on moral issues with regard to our society if it is truthful to the religious community and the tradition to which it is affiliated.

Pierce distinguishes four different methods of belief or fixing opinion: the method of tenacity, the method of authority, the *a priori* method, and the method of scientific inquiry (Pierce 1992:115). The first method of fixing belief, the *method of tenacity,* consists of taking any answer to a question which we like, and constantly reiterating that answer to ourselves, dwelling on all which may be conducive to that belief, and learning to turn with contempt and hatred from anything which might disturb that view. This method of settling an opinion systematically keeps out of view anything that might change this opinion. The second method of fixing belief is the *method of authority.* The aim in this method is to hold up particular 'correct' doctrines to people, to reiterate these doctrines constantly, and to teach them to the young (Pierce 1992:117). The third method of fixing belief is the *a priori method.* This method of fixing opinions does not only produce an impulse to believe, but also decides which proposition is to be believed (Pierce 1992:118). The fourth method of fixing belief is the *method of scientific inquiry.* This method also rests on a community, namely a community of inquiry. This community of inquiry is open to everyone. It is not a community of doctrine in the sense that is committed to any particular set of beliefs. The method of inquiry is superior to the methods mentioned before, in the sense that it is self-corrective (Pierce 1992:121).

Another matter that was therefore important to the researcher and which can also add value to the discussion in this study is the issue of religious practices as an object of scientific inquiry. The key question is then what constitutes religious practices. Hermans (2003:225) offers the following definition:

> Religious practices consist of collective internationalities which are grounded on the authority of a tradition granted a religious status-function to certain matters (objects, persons, situations, time and spaces) from the perspective of transcendence and immanence as influenced by religious regimes.

In principle, there are no limits to religious practices. All human practices could become religious if religious meaning is attributed to these actions. But if this is so, on what grounds do we call a human action a religious practice? Again, Hermans (2003:227) provides some useful guidelines:

a. A religious practice is a form of rule-governed or intentional action, with the rules creating an institutional fact.

b. The rule-governed behaviour is shared by a group of people (a collective). A practice is always a social fact. Individuals participating in the same practice must share their rule-governed behaviour with other people.

c. Tradition plays a major role in religious practices, specifically with regard to the recognition or non-recognition of a status function. A collection of texts is given the status of a sacred book on the authority of tradition. The authority of the tradition does not have to be recognized before the practice can be performed.

d. The collective intentionality with which an activity is performed makes a religious practice meaningful. Without that meaning, there is no practice.

e. Religious practices differ from other cultural practices in that the status function ascribed to them is associated with transcendence. A particular action (prayer, Bible reading, meditation, singing, fasting) puts the person in contact with God.

f. Religion as practice is defined at the micro level of social practices. The micro level is not separate from the macro level of society at large; religious institutions form part of the public order. This public order is evident in practices that are performed in society to promote religion.

2.2 ROLE AND MEANING OF THEOLOGY IN GENERAL AND PUBLIC THEOLOGY IN PARTICULAR

Pastoral anthropology focuses on understanding human beings in respect of recovery (therapy), as well as guidance in respect of a search for a life purpose (Louw

1999a:156). This is in turn related to how Scripture understands human beings, and therefore it is important for theology. Hence, the theological aspect is discussed in this chapter.

The question about the *meaning of theology* is connected to pastoral anthropology. Theology can be seen as a systematic reflection on *faith* under strong scientific circumstances (Heyns & Pieterse 1990:3). According to Immink (2003:11), faith is a social and communicative event. However, theology can only study human explanations about God and human faith in God. "Anthropologically spoken, faith is a means by which the pastorate functions" (Louw 1999a:194). People's discourses about faith, in God, are the object of the study of pastoral anthropology. In the Christian faith, praxis thus involves faith in God. Faith is then embodied and life-giving. Immink (2003:11) argues that faith and life are (and should be) narrowly involved and mutually interwoven. On the one hand, faith has an effect on everyday life. Life, on the other hand, has an effect on faith. From this it can be deduced that a person's faith is connected to the context in which that person finds him- or herself.

However, theology should not be confused with faith or spirituality. "Spirituality refers to the impact of faith as directed towards and by God" (Louw 2008:49) and the religious awareness of people, as well as their religious praxis which drives them and intention of action and faith practices. Maris (1994:33) maintains that faith should be referred to as the core of spirituality. According to Myburg (1995:6), spirituality involves the way in which each person personally relates to God and the world, within the framework of the prescribed and available faith practices available to the person. It thus involves a life of faith, and what drives and motivates, maintains and develops it (Von Benecke 2005:14). Van der Merwe (1995:1) sees spirituality as the way in which people understand and live their relationship with the Lord. Similarly, according to Louw (1999a:136), spirituality involves the way in which a Christian life is lived. For the researcher, the concept of spirituality is thus of great importance when working with orphans.

According to McCarthy (2000:197), it is impossible to understand the spirituality of a person or group apart from the overall context. Spirituality involves our lived experience of God in various life contexts. Wolfteich (2009:127) asks a very important question with regard to this aspect of spirituality: "How will we provide spiritual nurture and develop spiritual leadership if we are not clear about what constitutes (and what does not

constitute) faithful spiritual practice?" In this regard, the Dutch practical theologian Heitink (1999:193) points out that practical theologians who seek to address such questions have to confront fundamental hermeneutic and pneumatological questions:

> 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.

The question "How should we act?" cannot be separated from the questions "How is the Spirit acting in this context?", "How is the Spirit acting in us?" and "How can we discern or come to perceive how God's Spirit is guiding us to act?" Thus, questions of how we understand the Spirit and spirituality are not relevant to practical theologians only when they study spirituality. Instead, it may be argued that such questions are highly relevant to any research project concerned with religious practice – what pneumatology undergirds our practice and our work in practical theology? (Wolfteich 2009:127).

Questions such as Wolfteich's have a direct bearing on how we understand and embody the relationship between faith and public life, going to the heart of issues about body and spirit, social and environmental justice and holiness, private piety and public policy (Wolfteich 2009:121). Wolfteich asks practical theologians and scholars of spirituality what the challenges are in this sphere. Are we called on to abandon the term pneumatology and the field of study, or to re-evaluate radically the meanings and distortions of spirituality? In his view, it is important to take critique of Christian spirituality quite seriously, while also recovering or sustaining the deep impulses toward transcendence, prayer, and contemplation embedded in the tradition of Christian spirituality. The challenge is to nurture an embodied way of life grounded in prayer that flows into and out of engagement with social and political life, without reducing spirituality either to a political ideology or to an individualistic programme of piety (Wolfteich 2009:128).

Like Wolfteich, Schneiders argues that practical theology and studies in spirituality are both multidisciplinary and interdisciplinary, drawing upon and conversing with history,

Biblical studies, and theology as well as ethics, psychology, biology, anthropology, literary criticism, aesthetics, and sociology. Schneiders (2005:341), a leading figure in the development of the academic discipline of spirituality and a New Testament scholar by training, puts it as follows:

> Spirituality as an academic discipline is intrinsically and irreducibly interdisciplinary because the object it studies, transformative Christian experience as such, is multi-faceted. Every topic of study in this field requires that several disciplines be used together in a reciprocally interactive and not merely juxtaposed way throughout the process of investigation.

An anthropological approach emphasises the universality of spiritual experience, seeing it as a dimension of human nature that cuts across cultures and traditions. This approach often draws upon the tools of the social sciences to aid in understanding that common experience. Seeking to put this common experience into language, various scholars have proposed general definitions of spirituality that could cut across multiple religious traditions and even encompass the views of those who would claim a secular spirituality (Wolfteich 2009:131). For example, Van Ness (1985:22) note that different spiritualities which includes Christian, Jewish, Buddhist, Islamic, Hindu, Confucian, African, Native, and secular spirituality did not seek a precise definition of spirituality that would be accepted by such diverse traditions. Still, he proposes a general description of the subject matter, to be amplified and clarified. He focuses on that inner dimension of the person called by certain traditions 'the spirit' (Van Ness 1985:22). He explains that this spiritual core is the deepest centre of a person. It is here that a person is open to the transcendent dimension, and experiences ultimate reality. He explores the discovery of this core, the dynamics of its development, and its journey to the ultimate goal (Van Ness 1985:22).

A benefit of such inclusive definitions of spirituality is their potential to bring people together for interfaith conversation, and to facilitate scholarship about the wide range of contemporary spiritualities. Indeed, some scholars would underscore the transformational nature of this attention to common human experience. For example, Grenham (2004:74), an Irish-born missionary priest who experienced a deep spiritual

encounter with the people of Jamaica and Kenya in his work in Jamaica and Kenya, argues for the development of an 'intercultural spirituality' which

> …recognizes the integrity of religious and nonreligious traditions to transmit meaning and life, authenticity and relevance, not only for themselves, but also across religious and cultural boundaries. Such a diverse, integral spirituality has a capacity to go beyond its historical particularities to give way to a universal or shared vision. This is an evolving process which [he] name[s] 'spiritual interculturation'.

Some spirituality scholars understand themselves primarily as historians, for example. They may not identify transformation as a goal of their scholarship; indeed, they may carefully separate their work from concerns with contemporary appropriation or effect. Hence, Wolfteich (2009:137) would not want to subsume all spirituality scholars under the heading of practical theology, nor would he insist that all practical theologians focus exclusively on spirituality. Wolfteich does argue, however, that practical theologians cannot neglect spirituality due to its integral relationship to theology, that the study of spirituality should constitute an important set of research and teaching foci within practical theology, and that further dialogue between the two academic disciplines would be enriching to both (Wolfteich 2009:137). Wolfteich thus proposes a practical theological approach to the study of spirituality. This approach draws upon anthropological, historical-contextual, and theological approaches, integrating them with an eye toward critical reflection on and guidance for spiritual practice and communities today (Wolfteich 2009:137).

Browning's (1991:68) four movements of a fundamental practical theology provide a useful point of reference in this context. His first three movements, namely descriptive theology, historical theology and systematic theology, bear a (loose) resemblance to the anthropological, historical-contextual and theological approaches within the discipline of spirituality. These three approaches should be seen not as complementary alternatives, but rather as necessary individual steps toward a full exploration of spiritual phenomena, practices, beliefs, and contexts – an exploration that culminates in strategic practical reflection towards formation and transformation (Browning 1991:68). Practical theologians should take responsibility for the full spectrum of this strategic practical reflection (Wolfteich 2009:138).

A spiritual experience of God enables people to discover the transcendent meaning of everyday life, including work, relationships and life in the church and the world (Louw 2008:49-50). Sometimes life experiences challenge faith, but, at other times, faith helps people to persevere in life. It has been said that there is a dynamic relationship between faith and life; for example, Louw (2008:46) suggests that a person is healthy when he or she has a source of faith that facilitates meaningful living. He believes that such faith maturity reflects a particular understanding of God that makes a meaningful life possible – under faith maturity he understands congruence between what a person believes in and how that person behaves in the awareness of God's presence.

According to Stocks (1985:77), Christian spiritual growth can generally be defined as the completion or carrying forward of felt meanings having to do with God. Given that God is involved in all areas of a person's life, spiritual growth is potentially part of every event. This takes place through interaction with the self, other believers and with God, in prayer and worship. Fellowship and open-heartedness can then be regarded as necessary for spiritual growth. To the researcher, this aspect was important to remember when he conducted focus groups. Such groups can assist orphans to experience an awareness of God in those who support them. The group experience of a living faith can encourage orphans to live faithful lives too.

For theology it is important to understand what the *Bible says about human beings*. According to Louw (1999a:192-193), a Biblical anthropology implies an image of humankind that is manifest in sin, grace, repentance, rebirth and the power of reconciliation. The Biblical image of a human being presupposes that humans are dependent on God, and should be understood from the perspective of a relationship with God. This again raises the question of how Scripture understands being human.

Bezuidenhout (2005:70) sees a human being, based on a Biblical-pastoral definition, as a created, physical, religious and psychological being, and claims that a human being always acts in his or her totality. He points out that the concept of a human being as an *imago Dei* ('image of God') is the central, all-encompassing approach in the Biblical-pastoral view of human beings.

In a pastoral anthropology, the focus is on human beings from the basis of a *relationship with God* (Louw 1999a:156). It is about an understanding of being human in

terms of recovery, as well as about guidance in human beings' search for a life purpose. Rice (1991:21) believes that many people have become more serious in their search for a living and vital relationship with God because they feel empty. In this confusing world, people seek assurance of God's closeness and trustworthiness. The pastoral meaning in this study involves transforming hopelessness into hope with orphans who have lost their parents. Care can be facilitated when a person knows that there is hope after the death of a parent, and through the facilitation, hopelessness can be transformed into hope. This is also true of other models, but Louw's model is a particularly useful compilation of other theological models. In an attempt to highlight the main points of his text, relevant perspectives are quoted or integrated in the current study where applicable.

Louw's model is theologically shaped by the pastoral care perspective and pastorally, by faith maturity or spirituality (Louw 1999a:87). It is important to develop and establish faith maturity. Seeing that hope forms an integral part of this research, theology (the determination and the hope dimension of faith), spiritual directedness and continuous development of faith from the victory dimension of hope, are critical. Louw's formulation of pastoral therapy provides a distinctive approach to pastoral therapy that is closely connected to this study, as discussed in this chapter.

It must always be remembered that a human being is a being that responds to impressions from the external and internal circumstances within his or her life. This implies that a person operates from a particular paradigm, but reacts in a unique way to certain experiences or encounters. Furthermore, it implies that the person's frame of reference is reflected in the person's conversations with others. Pastoral care therefore aims at a transformation that results in recovery, as well as healing (Louw 1999a:157).

The *context that public theology creates* is to bring theology closer to the lives of people and their communities. Smit (2007:1) emphasises that the construction of a public theology can be approached from a reformed perspective in a variety of ways, developing a clear understanding of what is meant by concepts such as public theology, publics, and the public church.

Smit (2007:1) explains that notions such as public and public theology are used in a variety of ways (see also De Gruchy 1991:45-62). He explains that these constructs

may be ambiguous and even contradictory. He identifies three ways in which the concept 'public' is used in contemporary societies. These three different understandings of public can be associated with three corresponding understandings of public theology.

First, the concept of the public is used, in particular, to refer to that "sphere of spaces and practices where an informed public opinion about the normative vision for society is formed and sustained" (Smit 2007:1-2). This public sphere is characterised by critical discussion between equal partners and is free of constraint, threat, and self-interest. It is also open to difference and otherness. In the sphere of public discourse, public opinion formation is able to resist and/or have an impact on the powers of politics and the market. Smit indicates that this notion of the public, which developed in modern democracies, is used in diverse and even contradictory ways. Some use the term public in opposition to the notion of the private. Sometimes it is used in contrast to the state and even the market – therefore, in the sense of public debate, public initiatives, public meetings, public polls, public organizations outside the state and market, and for the sake of the so-called public interest. Sometimes the term public is also used to refer to the state (and the economy) that has the task to maintain the public sector – this may include public services, public health, public transport, public roads, public social care, public education, and public schools. Smit also correctly points out that the media – which are by their very nature supposed to be public and to act in the service of normative public discussion and opinion formation – can no longer be viewed as public media. The term public media is now reserved for the independent media that do not serve – whether overtly or covertly, consciously or unconsciously – the ideological propaganda of the state or the market.

Smit (2007:5) explains that some approaches to public theology are based on this understanding of the public as the sphere where a normative vision that underlies contemporary democratic life in democratic societies is developed (see also De Gruchy 1991:45-62). This public theology takes on the form of a public religion as a civil religion, advocacy, and a struggle for specific goals, round-table forums that facilitate public dialogue and address tensions and conflicts in service of the common good, and also participation in policy-making and implementation.

A second understanding of public is perhaps the most common one in theological and church circles. According to this interpretation of the word, the public is concerned with

life-in-general, life-in-the-world, the whole of creation, history, culture, social life, reality, and humanity (De Gruchy 1991:45). A public theology that functions in the context of this broader, vague understanding of the term public focuses, according to Smit (2007:4), on three questions regarding the place, the social form, and the role of the church in this broad public sphere. Such a theology acknowledges that the church exists in this public; the church is part of the public, and the church influences this public knowingly and unknowingly, and vice versa. This form of public theology is interested in historic, systematic, and legal issues involved in the specific social forms and specific structures of specific churches in specific societies. Such an approach to public theology, which is perhaps the most famous one, *also deals with questions regarding the role of the church in society*; in issues of state, power, and politics; in issues of law, justice, and civic life; in issues of economic life; in issues of war and peace; and in issues that have to do with the diverse arrangements of life in society and community in civil society (Smit 2007:3-5; De Gruchy 1991:45-62).

The third understanding of the concept of the public, according to Smit (2007:4-5) is even more vague (see also De Gruchy 1991:45-62). It functions with the presupposition that all theological discourse is public, in the sense that it addresses specific audiences or publics (Smit 2007:4-5). Smit refers to Tracy's (1981:20) typology of the three publics of theology, namely, society, the academy and the church. Theologians engage in their theology with specific publics in mind. In the process, they internalise the claims, questions, themes, challenges, needs, rhetoric, nature of argumentation, understanding of truth, views on meaning and relevance, norms of communication, plausibility structures, criteria of adequacy, and models of rationality from the particular publics. In the context of this use of the term public, public theology is a value-free description of the audience that theologians have in mind in their theological labour.

Smit (1996:190) supplies a helpful analysis of the various public spheres of societies in democracies. This analysis is illuminating and helpful for different approaches to and emphases in public theology. He identifies the political and economic spheres, as well as the spheres of civil society and public opinion formation (see also De Gruchy 1991:45-62).

The area of public opinion formation focuses, as explained above, on themes such as the nature of society, the common foundational values that society holds, common

challenges, and common priorities for society. The ensuing public opinion paves the way for jointly striving towards the common good.

An excellent example of the public church is the explanation given by Smit (1996:119), who identifies *six forms of the public church* (see also De Gruchy 1991:45-62). The first four forms constitute the church as an institution. They are worship services, local congregations with their various practices, denominations, and ecumenical bodies. The other two forms constitute the church as an organism, namely, individual Christians in their normal daily roles in their family, work and neighbourhood, and individual Christians in voluntary organizations.

In this section it became clear that theology (how people react towards and by God through faith and spirituality) and public theology have an important influence on an anthropological view of humankind. The presence of God in people's lives is closely linked to the way people's theology/public theology is formed.

2.3   THEOLOGICAL PERSPECTIVES FOR A PASTORAL ANTHROPOLOGY

This study was strongly informed by Louw's views on pastoral anthropology, because his model implies direct consequences for a human image (anthropology) (Louw 1999a:150). It leaves room to reflect on an embodied-soul-spirit pastoral anthropology, in the light of the topic of the study, which is focused on in order to provide hope and care to those left behind when a child is orphaned.

In a pastoral-anthropological perspective, the focus is on human beings' relationship with God, the theological meaning of meeting God, and communication events between God and human beings, as well as the effect of this process on the understanding of humankind (Louw 1999a:5). Grobbelaar (2009:electronic source) sees a theological anthropology as that part of Christian theology that inquires into the origin, nature and composition of human, specifically in comparison with God. According to Louw (1999a:20), humans are *ethical beings* empowered by the Spirit of God with the fruit of the Spirit. Louw sees the new person that emerges after salvation in Jesus Christ as a pneumatic person whose life is qualitatively determined by the working of the Holy Spirit (Louw 1999a:30).

To the researcher, embodied spirituality is an extremely important concept, because it is distinct from abstract spirituality. Body, soul and spirit are all part of such a spirituality, and not soul alone (Van Huyssteen 2004:145). Zodhiates (1994:25) also mentions another distinction within the spiritual element of the human. With reference to the Apostle Paul (1 Thessalonians 5:23, Hebrews 4:12), he comes to the conclusion that human beings consist of three elements: body, soul and spirit. Burger (2006:14) also argues that a human in his or her earthly form consists of three components, namely body, soul and spirit. These parts are inseparable. Conradie (2006:55) also points out that there is some criticism against the traditional Western philosophical notions of a supposed dichotomy between the body on the one hand and the soul and spirit on the other, and posits that human beings should be viewed and described from three perspectives, namely body, soul and spirit.

In this research, the spotlight falls specifically on orphans who have lost their parents. The researcher engaged with three orphans with the object of therapeutic involvement (see Section 2.3.1). Because the influence of the loss by the death of their parents had such a large impact, the impact of death is discussed first, focusing on the impact of death on the body, soul and spirit. Since it is important to continue building onto the structure of the researcher's argument, it is necessary to discuss death, life and life purpose. Thereafter, the role and meaning of theology are discussed.

2.3.1 Death

Louw (2005b:3) sees death as the landscape in which the profile of life is sketched. By death he means the destruction of relationships, the exposure of human fragility and despair, in the face of loneliness, isolation, rejection and loss. Although these aspects can be experienced just as negatively as physical death, the focus of this study is on giving hope and care to orphans after the physical death of a parent. According to Heyns (1981:416), death has a positive aspect: human beings are mortal by nature, but our 'ending' in death implies not only our judgment, but also our destination. He further writes that it has been promised to humankind – and that is the hope – that humans who now live will never be anything, but that they will participate in eternal life in Christ Jesus before God. In a physical sense, death forms part of God's good creation. Death is thus a natural phenomenon.

According to Ferreira (2008:electronic source), education about death is an emerging field of study at universities, churches and elsewhere. Death is regarded with horror – many people would rather not think or speak about it. Bothma (2006:67) believes that death deprives humankind of life space and the time to explore life on earth and actualize themselves.

Death is experienced as a disaster/evil. The knowledge that death awaits every human causes fear, blame, distress, grief, loneliness, resistance and denial, which are only a few of a wide range of reactions. In this research, it was therefore very important that when the aspect of hope and care was facilitated with these orphans, they would have a balanced understanding of death from a Christian perspective.

From a social construction perspective, the concept of death can be deconstructed. Burger (2006:14-25) discusses three stages of human existence: the earthly stage, the in-between stage and a third stage, when earthly existence ends as death enters.

Heyns (1981:394) argues that a "person who reflects on death must first have clarity about life", seeing that death and life are very closely related in Scripture. Life involves existence, but death implies continued existence. At the point of death, a boundary is crossed – it is a moment of transference from one dimension to another. Deist (2007:55) suggests that death is not the end of life, but another form of life. While the body stays behind, the spiritual component of the person (spirit and soul) is transferred to eternal life. A person's view of death and the hereafter is relevant, as death causes division. A person's approach to death can, to some extent, offer help to those left behind. It is essential to consider what is important after death. One research participant commented on this topic as follows:

> Thandi: I never stopped thinking about my dad. The fact that he is dead
>   means that there is no more hope for me.
> Researcher: What do you mean that there is no more hope for you?
> Thandi: The fact that he is no more here means that there is nobody to
>   take care of me and therefore no more hope for the future.
> Researcher: Do you really think that all hope is lost and that there is no
>   more hope for the future?

> *Thandi: I know that he is with the Lord and that gives me hope that I will see him again in the life hereafter. But for myself there can only be hope for the future if there are people who take care [of me] and support me in my hour of need.*

According to Heyns (1981:394), Scripture states that there is a continuity of individual living existence. Death is the beginning of eternal life. At death we are immediately in a glorious state of complete rest and peace. While the lifeless body remains behind, the true 'loved one' (the actual person who lived in the body) is already in another place, together with Jesus and those of our loved ones who went ahead of us. All the imperfections of this world immediately become something of the past. The person is already with Him, in rest and peace (Revelation 7:13-17).

This background about death does not change it into something that is easily acceptable. With the death of a loved one, we are still confronted with an irreversible, unavoidable situation that we are unable to change. Another research participant commented as follows:

> *Andile: My younger sister always talks about my mother. She would cry, saying that she wants her back. I always comfort her, but I too cry at times.*
> *Researcher: Why do you also cry when your sister is crying at times?*
> *Andile: I cry because she is taken away by death and is now with the Lord. The main reason why I am crying is because she is no more there to take care of us and support us when we need it so desperately.*

However, as Christians, we find hope in the certainty, that there is life hereafter and the influence of Jesus upon it. We know what is going to happen. We do not have to grieve as people who have no hope do, because death, which seems so final, has become nothing more than a night's rest to the believer (Dreyer 2009:electronic source). Paul calls believers who die 'those who are asleep' (1 Thessalonians 4:13).

Death affects the body in a physical manner, but the promise that the spiritual element (soul and spirit) continues to live, and can offer hope and care to the orphans left behind. From the third research participant we hear the following:

> *Tshepo: I really miss him … even now when people talk about him. I saw him when he died … I … I saw that he was not breathing and I went out to call the doctor while I was in hospital next to his bed but it was too late.*
>
> *Researcher: Do you want to talk about what happened?*
>
> *Tshepo: Talk will not help because it will not bring the person back as we know death is final and now it feels that life is also over for me.*
>
> *Researcher: What do you mean it is final?*
>
> *Tshepo: I know his soul will rest in heaven and that he is not coming back. This is the hope I have that one day I will be united with him again. The only challenge now for me is that I need someone to bring hope back into my life and to care for me in my day to day living.*

Paul speaks of death as 'the last enemy' (1 Corinthians 15:26). This enemy has been conquered by Jesus' resurrection. Death empties our life, but God wants to change us by saving us completely. He wants to save our soul and spirit by the transformation. Our spirit is saved when we become born again. At the second coming, we receive a new body and we are recreated in Christ to do good works.

Through the pastoral therapy process followed in the study, information was obtained that enabled the researcher to offer hope and care to the ones left behind. Communication with the intention of creating hope with the conversational partner was emphasised.

2.3.2 Life

According to Burger (2006:14), "life starts at the moment of conception. God is involved from that moment". The actual life is thus a commitment to Jesus Christ (Heyns 1981:394-395). Burger (2006:14) adds that the duration of life is uncertain and that,

during the life phase, a person consists of three components, namely body, soul and spirit.

In the light of Louw's idea about the concept of life (Louw 2008:20-21), he makes basic decisions regarding a pastoral anthropology. Firstly he deals with basic anthropological paradigms. These paradigms are applicable, and suitable, for pastoral care and counselling in different cultural settings. Further he also contributes to the illumination of the position of pastoral therapy, within a disciplinary approach. Louw (2008:20-21) mentions a number of different, basic, human functions:

- *Knowing* functions – here the emphasis is on the cognitive dimension. This implies that an analytical approach (such as psychoanalysis) is used as the starting point towards building a theory.
- *Doing* functions – the emphasis is on action. This function involves, for example, actions of deliverance, programmes and projects, as well as skills for life lessons. This is a very reliable perspective in pastoral care and therapy, particularly with regard to community development and human questions such as discrimination and domination.
- *Listening* functions – listening and communication skills in therapy are undoubtedly part of the alphabet of pastoral care.
- *Being* functions – human beings exist within the dynamics of relationship systems and cultural environments, which influence their position and *habitus* (attitude and tendency).

The four functions mentioned above are, according to Louw (2008:21), the most suitable starting point for a theological approach to humankind, and therefore, also to life. He also states that the choice for a particular attitude and tendency *(habitus)* can be supported in the field of pastoral care and practical theology. It can be seen as a point of departure to reflect on what is meant by anthropology in pastoral care and therapy, as well as on the argument for understanding the soul within a systematic approach. According to Louw (2005b:25-26), systematic thinking focuses on

- relationships and mutual interaction;
- concrete experiences, as manifested in emotional states;
- the quality of behaviour and of being functions (*habitus*);
- how people express (position) themselves within a network of relationships, and how they experience and evaluate;

- reaction patterns, attitude and demeanour;

- growing to integrity, maturity and the creativity of meaning-giving where problems are seen as opportunities to gain self-insight, make new choices, change and grow;

- evaluation, which looks at the connection between the parts;

- descriptions and the role of interpretation, which gives preference to narratives, metaphors and symbols;

- the context and culture that play a role in the interaction process;

- the present, with a view to the future; and

- space and the inter-factors in relationship networks that describe processes.

2.3.2.1 *Life's meaning*

Louw (2005b:3) believes that a person needs life courage in order to live meaningfully. The question arises what is actually meaningful in life. A survivor of Nazi concentration camps and psychologist, Frankl (1975:7), maintains that life is meaningful when we do not expect anything from life, but know that life expects something of us. According to Louw (1999a:156), the question of meaning is of great importance for a pastoral anthropology. The art of living is composed to the rhythm of meaning-giving and human dignity (Louw 2012:1). Louw also asks how souls can live well and meaningfully. This implies that a pastoral anthropology focuses on an understanding of a person. Louw (1999a:156) also argues that it is not only about the question of meaning, but also about the core of humanness and human possibilities, in order to discover our humanity and change of lives.

2.3.2.2 *About humankind*

Various anthropological perspectives attempt to clarify the mystery surrounding the question of *who* or *what* a human being is. The word *anthropology* comes from the Greek word *anthrōpos* (ἄνθρωπος) meaning *man* (Kruger 2008:electronic source). According to Dooyeweerd (1969:9) there are many specialised fields of study that focus on the study of humankind, but each is only concerned with a particular standpoint or perspective of human life.

Pastoral ministry is essentially a ministry to people and therefore any policy and strategy is ultimately determined by the underlying view of what a human being is (Louw

1999a:152). In research on such public and pastoral care, the pastoral relationship depends on a researcher's view of a person. In this researcher's opinion, a human being cannot be understood apart from the knowledge of God. Scripture offers a complete view of humankind and therefore the focus is on the entire person in his or her relationship toward God (Heyns 1981:119). Since this research focuses on involvement, as well as therapy, with a person, it is of the utmost importance to discuss different views about humankind.

Various theological perspectives can provide input in order to gain greater understanding of humankind. Louw (1999a:157) believes that a pastoral anthropology is interested in human beings with a view to therapeutic involvement. This approach is important, since one of the research expectations of this study is a formulation of a viable therapeutic approach for involvement with orphans. Pastoral anthropology and a number of central concepts are examined, explored and explained in Section 2.4. Meta-theories are briefly discussed, where necessary. Later, in Section 2.5 the role that a pastoral anthropology plays in a narrative-pastoral approach is pointed out.

The role of pastoral anthropology in a theology for the pastorate is closely related to a counsellor's specific view of humankind. It determines how a person who comes for counselling is handled, what means are used and what the ultimate goal of the counselling is. Kriel (2002:136) is of the opinion that our view of humankind is crucial for all professional disciplines, and even for the functioning of the community.

Hermeneutic perspectives have a meaningful impact on the human sciences. The role that recent developments play in the relationship between theology and science should also be noted. Louw (1999a:27) mentions newer developments in the field of psychology, as well as criticism of a dualist vision of soul and body. This new developments is also relevant for pastoral counselling, and emphasises the meaning for a description of a practical-theological anthropology. The fact that the psychological disciplines influence pastoral care is, according to Browning (1991:80), the reason why the human sciences are important to pastoral therapy. According to him, sociology influences people's thinking on deliverance, political education and church planning and affects the thinking of the church. Anthropology influences the liturgy and religious education. Browning (1991:80) also mentions that the psychology of moral development

and development psychology have had an impact on our understanding of human and Christian maturity.

There are undoubtedly different perspectives on humankind. Diverse views on humankind also influence therapy. Rogers (1960:26) already pointed out this phenomenon when he wrote that a therapist's view on human nature has consequences for therapy. Louw (1999a:150) holds a similar view, saying that a therapist's view about who a person is can be vital to any therapy. A narrative-pastoral counsellor inevitably has some theological tendency and considers human beings from a particular perspective. Louw (2005a:1) warns that how one views human beings plays a fundamental role in all of the communication and caring models one applies.

Pastoral care presupposes engagement with a human being. The anthropological perspectives from theology, philosophy and the human sciences can determine a pastoral meeting, as well as its therapeutic outcome (Van den Berg 2008:121). Browning (1991:81) also argues that it is extremely important for theology, and especially for practical theology, to have a strong and positive relation with the modern human sciences. In this regard, the researcher is of the opinion that any policy and strategy on pastoral ministry is determined by the underlying view of humankind. Humans are unique beings which, according to Louw (1999a:185), implies that a human being as a living creature ('nèfèsj' in Greek) differs qualitatively from other creational elements. Humankind is to be understood from the perspective of a relationship with God – God should be glorified by everything a human does; human beings exist for God.

In the formulation of a pastoral anthropology for this research, it was therefore challenging to consider the justification of a pastoral-anthropological description, while also taking other recent perspectives into account. This inevitably led to reflection upon the method(s) that could be adopted in which such an emphasis would be acknowledged. The actuality and importance of newer research in respect of the relationship between theology and science have recently been emphasised in South Africa, among other countries (Van den Berg 2007:2).

2.4   CORRELATION BETWEEN BIBLICAL TEXTS AND THE HUMAN CONTEXT

When a Christian's story is understood in the light of God's story (as described in the Bible), it develops a deeper meaning. In this context, it is accepted that a thorough understanding of a person is necessary in order to work with people in the pastorate. Van den Berg (2006:173) posits that pastoral theology cannot function without a correlation between Biblical texts and the human context. Life stories are connected to the Christian story (De Beer 2007:19). The Word does not function apart from creation, and it possesses, as a means to salvation, a distinctiveness that prevents human techniques from manipulating it (Louw 1999a:50). The pastoral process involves the telling and formulation of stories, with a view to a hopeful future for the conversational partners (Scholtz 2005:142).

Practical theology becomes, according to Gerkin (1997:111), the task of maintaining the connections between the varied stories of life and the grounding story of the Christian community. Pastoral care then reflects a community of faith's living experience of that grounding story. Since the church is involved, pastoral theology also deals with the church's relationship with the world (Seegers 2005:19). The church stands in the service of God and is therefore responsible for being pastorally caring and involved.

Practical theology can be seen as an appropriate starting point for this research, because practical theology involves actions that are carried out in the service of the gospel (Heyns & Pieterse 1990:6). The presence of God in a person's life should contribute towards meaning in that person's life, as well as to humanity (Louw 2008:54). According to Bothma (2004:41), *practical theology as communicative action theory* refers to critical, empirically oriented, theological theory within a hermeneutic framework. It involves the communication of Christian faith in praxis. According to Immink (2003:12), practical theology, as a theological discipline, involves faith in action. It is a way of life which, according to Veling (2005:240), involves the following:

> To imitate Christ is to follow Christ, and it is in following this way that we are led into the truth and life (John 14:6). This, in a nutshell, is the method of theology, the 'theological method.' And this is what it means to speak of practical theology as a way of life.

Furthermore, practical theology focuses on action purposes that communicate faith, edify and deepen spirituality. Meeks (1979:62) suggests that since theology is a function of the church, everything that practical theology does should be done as a function of the church and in the service of the church. According to Endres (2009a:98), the primary task of practical theology is to ensure religious practices and put them into action. Müller (1996:5) describes practical theology as a systematically structured, ongoing hermeneutical process which aims to renew and highlight theologically human actions that are connected with the stories of the Christian faith community. Knowing that humankind cannot be explained implies that pastoral anthropology is essentially a hermeneutic problem (Louw 1999a:156-157).

Narrative approaches can be regarded as emerging from a hermeneutic perspective, according to Ganzevoort and Visser (2007:100), who attempt to explain what happens in a pastoral meeting, as well as how the story of people and the story of God affect and influence one another. Browning (1991:15) argues that both practical theology and the description of situations continually involve dialogue or conversation, and this, in his opinion, is why the hermeneutic model of practical theology has attracted attention. This view considers *understanding* a line of behaviour in the form of dialogue or conversation. Through dialogue or conversation, questions are put to a conversational partner, and a counsellor is confronted with questions, connections and practices.

Narrative-hermeneutic practical theology, as presented by Gerkin (1986:22), is a meaningful clarification of the postmodern background and is connected to the epistemology of this study. Immink (2003:14-18) mentions two perspectives from which earlier religious praxis was seen, namely the pastoral care approach and the faith praxis approach. In a church model, the institutional aspects of religion are foregrounded. In a faith praxis (clerical) model, those who hold an office in the church are considered. In newer models, practical theology is no longer localised in a demarcated area such as the church, but in the coordination system of society, Christianity and the church. Practical theology does not only account for the theological character of Christian faith, but also strives to observe and negotiate religious praxis. Browning (1991:5) believes that theology can be practical if we bring practical concerns to it from the beginning.

Müller (2009d:electronic source) claims that post-foundational practical theology can make a valuable contribution to the rediscovery of basic forms of practical theology and

the understanding thereof. It is an attempt to move beyond the modernist boundaries of practical theology, as well as to avoid the relativism of anti-foundational theories. Van Huyssteen (1999:8) also suggests that a post-foundational concept of rationality can provide a unique link between theology and science, and may

- open our eyes to the need to acknowledge contextuality and to the inclusion of both theology and science in the different areas of culture;

- confirm the epistemological, decisive role of interpreted experience, and the way in which tradition confirms the epistemic and non-epistemic values that transfer our reflection of both God and the world; and

- allow further reference to the confines of the local community, group or culture in order to move toward acceptable forms of trans-communal and interdisciplinary conversation.

From this, it can be deduced that a therapist's own interpretation, convictions, connections and preferences play a role in his or her epistemological suppositions, and thus also in the choice of a therapeutic approach. Furthermore, the context, culture and relationships in which a conversation takes place are also important. Post-foundational thinking manages to avoid modernist extremes, as well as the relativism of postmodernism – in short, "[p]ost-foundationalism…unifies and integrates our interpreted experience without totalizing it" (Van Huyssteen 1999:13).

Formulating a practical-theological anthropology is a challenge, because its primary concern is the person who seeks counselling. It is only possible to formulate such an anthropology if one is serious about the description of the reality of humanity. Humankind thus plays a central role, and therefore praxis is important. The researcher's own positioning within practical theology also contributes to his ability to explore the meaning of pastoral anthropology. A point of departure for a practical-theological anthropology can be found in the interaction between theological and anthropological views (Vos 1995:177-182). Since this interaction is connected to an understanding of humankind, human's being and activities, it is relevant to this study.

The discussion of various perspectives about humankind above attempted to uncover *who* and *what* a human being is. The founding and standardization of a theological anthropology (epistemology) point out how a human being is approached in the current research. Since this research deals with effects of the death of a parent, it was

important to explore and highlight the concepts of death, life and life purpose. A particular paradigmatic positioning of the research is thus necessary and is discussed in the next section. This is important because the paradigm chosen for a study forms the broad conceptual context of the research project, and can be seen as a set of basic convictions that deal with foundational principles (De Beer 2007:11). Furthermore, attention is paid to the epistemological discourse, with the emphasis on contextuality.

2.5   EPISTEMOLOGICAL PARADIGM USED IN THE STUDY

The researcher's framework of thought served as the frame of reference according to which the data that were accumulated during the research process were interpreted. According to Janse van Rensburg (1996:152), the concept of a paradigm can be used as a model, a starting point, a frame of reference, a concept or presupposition that directionally determines the manner of founding, the structuring, the presentation of and the conclusions on a matter or doctrine. All research is conducted from a particular frame of reference, which then determines how the world is seen and experienced.

In this regard, Schurink (1998:240) explains that a paradigm is a set of beliefs that constitutes a researcher's ontology (for example a researcher's perceptions regarding the nature of reality or the world and what there is to know about it). The paradigm forms the operational framework in which facts are placed, so that their meaning can be seen more clearly. Louw (1999a:110) says that the concept of a *paradigm* involves a particular way of thinking by making use of established concepts and existing, traditional perceptions. However, over time, a paradigm shift has however taken place regarding the way research is done. Since the researcher prefers an epistemology that makes use of the approaches of the *postmodern paradigm*, it is important to discuss postmodernism in more detail. The purpose is not to give a detailed description of postmodernism, postmodernity and the pastorate, but only to indicate the connection between these constructs and this research.

Kilbourn (1996:13) reminds us that:

> The reality is that our children live in traumatic situations where their
> hope is replaced by despair. They live in paralyzing fear, mistrust and
> deep grief and they carry burdens and responsibilities far too heavy for

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any child to bear. Deep in their spirits an overwhelming sense of hopelessness springs up; they see no opportunities to develop their God-given potential.

In such desperate circumstances, children's spiritual needs are often overlooked (Müller 2009d:electroinic source). Some caregivers looking after such children claim that the worst effect of losing parents is the economic poverty in which these children often find themselves. These caregivers report that it is difficult to tend to the emotional and spiritual needs of the children. In similar prior studies, it was reported that orphans also experienced feelings of depression, loneliness, fear, uncertainty, anxiety, anger and emotional numbness (Van Dyk 2004:218). Mostly, though, they feel unable to cope with the new demands that the loss, and in this case, the HIV infection places on them. They feel incompetent, unqualified and powerless in their interaction with an HIV-positive parent, and when the parent dies, they are unable to deal with the demands of life in general (Van Dyk 2004:218). The orphans who participated in the study reported that because they had an opportunity to discuss things which they found especially difficult to handle about their situation helped them a lot.

2.5.1 Postmodernism

Postmodernism is the movement in which we find ourselves today (Klopper 2006:electronic source). The term 'post' means *after* and therefore the term 'postmodernism' implies a movement that came after modernism (Van der Walt 2006:electronic source). Modernism, also called positivism, as a school of scientific thought held absolute certainties. According to Lyon (1994:21), "modernity started out to conquer the world in the name of reason". It held that the only reality is that which we can perceive through our senses. Van Huyssteen (1999:6) claims that not only theology, but also postmodern science and the postmodern philosophy of science, have drastically deviated from positivism and techno-centric conceptions of scientific rationality, with closely aligned beliefs in linear progress, guaranteed success, deterministic predictability, absolute truths, and some uniform, standardized form of knowledge. King (1998:95) explains that the rise of postmodernism provides new opportunities to highlight connections between praxis and action. Therefore, new opportunities and challenges are created for theological and religious reflection. Fourie (2004:11) points out that postmodernism is a reaction to the standard positivist scientific

view and that it seeks new epistemological outlets. Modernism's objectivist approach is reducible in terms of the interpretation and the obtaining of information, so today, postmodern research is preferred (De Beer 2007:12).

Postmodernism refers to the situation in which the researcher did his research in the current study. In this situation an attempt was made to explore, understand and interpret an orphan's experience of hopelessness after the death of a parent. A postmodern paradigm, which determines a person's perspectives and convictions about life and the world, assumes that knowledge is never absolute, but is contextually local and pluralist (Müller 2002:22). The modernist intention of finding one absolute truth is extended in a postmodernist approach to a plural reality with various truths. Different people experience different truths in their situations of loss. The person's words express his or her inner experience and may therefore imply much more than the person intends. Similarly, a therapist or reader also attaches his or her own meaning to the words. Everybody has the right to decide for him- or herself. Manifold perspectives enjoy attention in a postmodern condition.

Because research is a process, it involves a researcher in a facilitative capacity in the course of the research. It can thus be supposed that research events have mutual connections that are in interaction with one another. Possible new ways of interaction can be created, which can change the meanings and interpretations of events. During the research process, a person's experience, and the meaning given to it, are explored. A postmodernist perspective emphasises the role of the therapist as a facilitator rather than as someone who provides answers or solutions.

In the pastorate, this perspective moves away from the idea that the therapist should be the expert. It also moves away from the notions of diagnosis and prognosis. It makes room for a new story as the outcome of the pastoral process undertaken with co-researchers (Botha 2003:81). It is therefore linked to a narrative process, which Morgan (2000:2) describes as a kind of therapy which centres people as the experts in their own lives. According to Ganzevoort and Visser (2007:114), the client is deemed the expert concerning his or her own life. The therapist adopts a *not knowing* position.

Research according to a *narrative approach* can use the ABDCE process (Müller *et al.* 2001:electronic source). The point of departure is not the traditional view that research

should be conducted from the perspective of a problem statement – instead, research can also develop from a particular action field (Müller *et al*. 2001:electronic source; see also Fourie 2008:55). The ABDCE process provides guidelines for the logical flow of the research according to a narrative approach ((Müller *et al*. 2001:electronic source). The process is discussed according to the acronym:

- The A stands for action. As part of the action, participants work with the *now* of the story, not with the past or the future.
- The B involves the background of the *now* against its socio-political and economic background.
- The D stands for development. It takes the action and background into consideration and the participants (the researcher and co-researchers) develop the intrigue.
- The C stands for the climax, where everything comes together, and the climax, where the participants experience a change, is reached.
- The E represents the ending, which refers to the end of the research process, which leaves the persons with a sense of what happened, where the researcher and co-researchers find themselves and what it means.

The idea underlying the current research was listening to the stories of the orphans who participated and being drawn into these stories. As Müller *et al*. (2001:electronic source) explain, a "narrative researcher has subjective integrity in mind and strives for participatory observation". According to Bezuidenhout (2005:23), one should distinguish between human beings in the postmodern time, postmodern humankind and human beings who are consciously or subconsciously influenced by postmodern ideas. In the researcher's opinion, people's ideas are influenced by postmodern people in a postmodern era. The postmodern era (postmodernity) should therefore also be taken into account.

The terms 'postmodernity' and 'postmodernism' are often hard to distinguish – postmodernity is often used to refer to the results of postmodernism. Postmodernity can refer to a personal response to a postmodern society, the conditions in a society which make it postmodern, or the state of being that is associated with a postmodern society. In most contexts, it should be distinguished from postmodernism, which is the conscious adoption of postmodern philosophies or traits in art, literature and society (Van Aarde 2004:electronic source; Van den Berg 2006:166).

2.5.2 Postmodernity

It is supposed that, in agreement with De Beer (2007:12), *postmodernity* refers to the notion that a person's circumstances determine the person's view of life. Taking it one step further, it can be said that a person's circumstances determine his or her lifestyle. These circumstances include the postmodern era, which is characterised by flexibility and change (Botha 2003:19). The preceding era has passed and a human being is now acknowledged as a unique individual who lives in this new era (Müller 1996:55). According to Endres (2009a:30), postmodernity emphasises the diversity and coincidences of human nature. Seeing that humankind currently lives in a postmodern era (Botha 2003:19; Müller 1996:55), postmodernity was used as starting point for the research purposes of this study. Mechanisms such as deconstruction can be successfully applied within postmodernity. Through deconstruction, one can look creatively at a person, his or her knowledge and life circumstances (Van Jaarsveld 2001:101).

Postmodernity is a *multifarious concept* that makes us aware of a variety of important social and cultural differences (Lyon 1994:v). For the researcher, it refers to the period in which one lives and during which the research is done. In the current study, the researcher's perspectives and convictions were determined by postmodernity as his framework of comprehension structures. Postmodernity also involves convictions or value structures. Moreover, it implies that some integrity values, such as Scriptural texts, are acknowledged and influenced the researcher's comprehension structures. Thus one can argue that postmodernity is not an entirely postmodern view, as it is not implicitly open-ended – it contains elements of both modernism and postmodernism. For the researcher, postmodernity emphasises critical dialogue or critical mental capacity within a certain paradigm (Van den Berg 2006:167). According to Degenaar (2000:electronic source), postmodernity is reflected in the experience and acceptance of the multiplicity of matters, as well as in the denial of a prevailing code of conduct that can guarantee clarity and total certainty. It does not represent a wholly alternative thought system. It can therefore be stated that postmodernity allows for the assertion that the reality exists that one can hold onto what Scripture says, but that questions can also be asked about this reality.

The meaning of postmodernity for pastoral theology is grounded in the notion that postmodernity can be seen as *methodological criticism* (De Beer 2007:13). In other words, postmodernity questions the reliability and aspirations of conventional quantitative social science, which investigates insight. Humanity, such as human nature, experiences, events, alternation, and the validity of various truths, are placed in the foreground.

To the researcher, postmodernity, in line with the thinking of Van den Berg (2006:167-172) implies the following:

- it does not support a modernist ideal of objectivity;
- it indicates sensitivity to the restrictiveness of language;
- it provides opportunities to confess God as mystery; and
- it contains its own, specific religious and church tradition, but acknowledges that we live in real-life situations and in a particular context with others.

Hence, it can be deduced that the unique input of the pastorate, with postmodernity as its frame of reference, can be maintained. It is important to understand what the pastorate involves (as discussed below).

2.5.3 Pastoral care

The term 'pastoral' in 'pastoral care' comes from the Latin *pastorem*, which means shepherd, and includes in its deep etymology the notion of tending to the needs of the vulnerable. Since the Hebrew Scriptures and the New Testament were the products of pastoral societies, it is perhaps not surprising that the metaphor of the shepherd emerged as a principal image for religious leadership: Jesus was described as the good shepherd, the church as his flock. In the early history of the church, Christian leaders took on the role and identity of the shepherd, caring for the members of their congregations as a shepherd tends sheep (McClure 2012:269).

The pastorate can essentially be seen as a theological field of study. The pastorate is spiritual support that is offered as life support. According to Louw (1999a:167), it cannot be denied that Rogers opened the eyes of the pastorate to the need for love and appreciation within a pastoral meeting that attempts to help people live meaningfully and bring about a connection with their understanding of God and basic life questions

which leave people filled with fear, guilt, despair and doubt. The *unique character of the pastorate can be viewed in terms of pastoral care*:

- Pastoral care deals with understanding and interpretation from the perspective of faith. It refers to a hermeneutic of God's care (*paraklesis*) in the light of a pastoral care perspective which assumes the goodness and involvement of God in life's events. *Paraklesis* essentially communicates the future dimension of Christian hope (Louw 1999a:77). Pastoral care is faith care in the form of life care; it deals with the interpretation of the presence and the will of God, within the parameters of the human search for meaning.

- Pastoral care aims at the development of appropriate God-images and a faith maturity, in order to help people to cope with different life events. According to Louw (2008:77), it is about the appropriateness of God-images in themselves and not about whether they are appropriate in terms of our human quest for meaning and our struggle to come to terms with human suffering. Here the Bible plays a prominent role.

- Pastoral care aims to embody the presence of God's Spirit in order that people can be healed and become whole. According to Louw (2008:74), pastoral care is about the 'enfleshment' and embodiment of the engagement of God with life issues in such a way that concrete actions of comfort, change, liberation transformation can take place. The aim of pastoral care is to guide, support and encourage (console) people, so that they can become aware of God's identification with the three basic, existential and human conditions, namely anguish, fear of rejection and fear of the unknown (a need for security and acceptance). It includes our guilt and feelings of guilt, ethical matters, our conscience in doing good, and justice. Our hopelessness, helplessness, doubt and despair, our desire for hope and our search for meaning and purpose are also included. In order to establish a meaningful relationship with God, the use of the Bible, the sacraments, prayer and the fellowship of believers play a definitive role (Louw 1999a:380-384).

- Pastoral care is about a liturgy of life. It acts within the dynamics of relationships and context. Therefore the basic skills of empathy, interpathy and sympathy are important. Louw (2008:75) indicates that pastoral care entails being with people where they are, and meeting them in their being functions with deep concern and sincere empathy.

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These characteristics of the pastorate imply that pastoral care deals primarily with the interaction and communication of the meeting between God and human beings. Here it becomes clear that pastoral anthropology cannot be divided from how we think about the pastorate. Both the client and the pastor have anthropological characteristics that have a radical influence on the pastoral relationship. It is based on a theological understanding and interpretation of the meaning of appropriate God-images in terms of our human attempts to make peace with our life. A person's God-concept has an influence on his or her view and the way the person processes suffering (Louw 1985:12).

From the discussion above, it is clear that postmodernity emphasises subjective integrity, restrictiveness of language, the mystery of understanding and meaning of the context. Postmodernity thus exploits the contents and extent of the research story.

2.6   EPISTEMOLOGY AND RESEARCH

According to Louw (1999a:10), the question of what epistemology should be used in a given study deals with how knowledge has been acquired and what the source of the knowledge is. Epistemology thus involves the assumption that indicates how knowledge is thought about and how the research is approached. It involves the question of how and what a person thinks, observes and decides (Dill 1996:6). The restrictions, knowledge, background and attitude of a researcher can have meaningful consequences for the research procedure and outcomes (De Beer 2007:14). According to Janse van Rensburg (2000:2-3), epistemology is explained by means of the metaphor of a painting – it resembles the way or theory explaining how paint is placed on a canvas in order to fit the paradigm. In other words, it is the medium and technique, for example, abstract or impressionistic. A certain paradigm or frame of reference is obtained when knowledge is ordered in such a way that it becomes a conviction. Schurink (1998:240) explains that epistemology involves a researcher's perceptions of where he or she stands in relation to reality or the world.

In the current study, the researcher positioned himself within a qualitative research epistemology. Different methods were therefore used in this research to gather information. Qualitative research involves a multi-perspective approach (using different qualitative techniques and data collection methods) to social interaction, aimed at

describing, making sense of, interpreting or reconstructing this interaction in terms of the meanings that the subjects attach to qualitative research (Denzin & Lincoln 1994:2). The next step in the process is adopting an interpretative approach, which means that the researcher studies people in their own circumstances (the context is very important). An attempt is made to understand and interpret the meaning that people attach to their situation. It involves personal experience and life stories, which provides space for the use of a narrative approach, hermeneutics, deconstruction and participative observation, based on the descriptive nature of qualitative research (Schurink 1998:240).

Freedman and Combs (1996:23) say that all the things that make up the psychological fabric of 'reality' arise through social interaction over time. Thus people use a social construction lens to create meaning in their lives. People construe their reality as they experience it every day. They create their own stories. Hence, the social aspect, as well as a narrative-pastoral approach, is emphasised in this study. A qualitative researcher regards and observes narrative knowledge as a legitimate, rigorous and valid form of knowledge that informs us about the world in ways that are publicly significant (Swinton & Mowat 2006:38). He therefore also emphasises the social aspect. Since the concepts *social construction discourse*, *context*, *narrative-hermeneutic positioning/placement* and *language* involve much more than this discussion of these concepts can cover, the researcher only focuses the discussion on elements that are important for this study. All these concepts are used in postmodern narrative approaches in pastoral care.

2.6.1 Social construction discourse

People construe their reality as they live each day (De Beer 2007:14). The social nature of the constructs in which a postmodern person experiences truth is the first level that needs to be taken into account in determining epistemology (Fourie 2004:11). In a modernist world view, power, knowledge and truth would be seen as static concepts that could not be deconstructed or reinterpreted, but in a postmodern world view, power, knowledge and truth can always be deconstructed to discover new meaning.

Adopting a postmodern, narrative, social constructionist world view offers useful ideas about how power, knowledge and 'truth' are negotiated (Freedman & Combs 1996:22). According to De Beer (2007:15), it is widely accepted within postmodernity that we do

not live in a world where there is only one single truth, but in a world where different truths co-exist. Postmodernity deals with the social nature of constructs in which an orphan who has experienced the death of a parent experiences a particular truth in a postmodern context. The socially constructed discourses that describe that experience, as well as the context in which it takes place, are important. They can possibly contribute to an understanding of how pastoral therapy can offer hope and care to an orphan after the death of a parent. Müller *et al.* (2001:electronic source) explain this as follows:

> As narrative therapists, pastors and researchers, we position ourselves within the social-constructionist (some would say postmodern) paradigm, which has implications not only for the way in which we think about truth, but also for the way we try to be truthful in doing research.

Social construction theory is part of the postmodern paradigm shift. This theory encompasses more than a new social paradigm; it is a way of understanding the processes that are involved in the acquisition of knowledge (Botha 1998:68; Kotzé & Kotzé 1997:3).

Social construction discourse is a means of coming to an understanding of the nature of knowledge. Gergen (1985:3) suggests that social construction discourse wants to elucidate the processes by which people come to describe, explain, or otherwise account for the world in which they live. Hence, it seeks to approach knowledge from the social processes through which it is created. Knowledge is perceived as evolving within social interaction through the co-construction of ideas, concepts and memories, and it is mediated through language (Hoffman 1992:8).

Knowledge is not regarded as an objective reflection or representation of an external reality, but as a social construction (or negotiated meaning) by people in their attempts to live together in this world (Freedman & Combs 1996:29). The objective basis of conventional knowledge is thus challenged, and knowledge is seen as a social construction that is a product of historically situated interaction between people (Gergen 1985:5). Knowledge is interpreted within the framework of social interchange, and meanings are co-created by individuals in conversation with each other.

2.6.2 Context

The specific context in which the social life and relationships of the orphans who participated in this study take place influences their understanding of reality. Postmodern thinking does not see the way in which people know and decide as determined by generally valid truths. The process of decision-making and knowledge-making is characterised as situational and multiple. According to Fourie (2004:19), social construction works with the idea of multiple truths (plurality). An individual is allowed to make his or her own decisions within a particular context. A person who thinks in a postmodern way does not have a problem with the idea that there is plural way of knowing and deciding about matters. Everything does not have to fit into one frame any longer (Müller 2002:22). Thus, the researcher undertook the current research within the paradigm of postmodernity, which plays a role in understanding the content of orphans within a particular context who have experienced the loss of a parent within a particular socially constructed world.

In this study, the context of the participating HIV/AIDS orphans is described specifically within the context of the SANDF. This context poses a number of challenges, but simultaneously offers a number of opportunities that could facilitate hope to the orphans. As the research report presented in this study unfolds, the context is described more richly.

The religious context of an orphan who has lost a parent, as well as his or her relationship with God, are important. Müller (1996:3) refers to the idea that a thought framework is formed by contextual experiences which are embodied in narrative. According to Fourie (2004:20), a contextual approach implies an open point of view that has an effect on a theology on social praxis in order to accomplish therapeutic change. The context is not only implied in a religious society, but forms part of social society (Fourie 2004:20). Knowledge must be drawn from theology as well as from a situation. An orphan is a social being who experiences loss within a context.

2.6.3 Narrative-hermeneutic positioning

A narrative perspective is the concretisation of a hermeneutic approach (Ganzevoort & Visser 2007:100), and when it is applied to pastoral care, a narrative research approach

involves an attempt to explain what happens in the pastoral meeting. It describes how the story of people and the story of God affect and influence one another. Since the story of God and the story of humankind are connected and involved with one another in various ways, the researcher positioned this research within a narrative-hermeneutic research approach. Seegers (2005:72) points out that a believer's story receives meaning and purpose when it is interpreted in the light of God's story (as described in the Bible). Louw (2005b:101) argues that understanding is not about explanation, but about perspectives and insight. It suggests the potential of seeing coherence within a crisis network. The focus is also on a specific attitude that can contribute to an edifying process of integration, goal-setting and purpose.

2.6.4 Language

A story or problem can only be thought by the person who experiences it and communicated to a therapist through language. According to Seegers (2005:31), a narrative-hermeneutic approach involves the telling, as well as the understanding, by means of an interpretation of stories. By using words, an orphan can give meaning to experiences such as the loss of a parent. This person can allow discussion with regard to many other stories of his or her life. A narrative approach is not only about the specific story that is told (Ganzevoort & Visser 2007:115) – in a narrative investigation, language also becomes the mechanism by which meaning is given through the telling of the story. Clients' understanding of their reality is formed by their use of language (Müller 2000:59). Paradigmatically, such an approach is not seen as relativism, but rather, as Van den Berg (2006:170) puts it, as being sensitive to the restrictiveness of language.

It is in language that societies/cultures construct their views of reality (Kotzé & Kotzé 1997:5). The worlds that people know are the worlds shared in language. Freedman and Combs (1996:29) formulate this idea as follows: "Language does not mirror nature; language creates the nature we know." However, language is an interactive process, not a passive receiving of pre-existing truths.

Society's understanding of who we are is shaped through the discourses of psychology, theology, economy, politics and other cultural discourses (Botha 1998:57,58; Freedman & Combs 1996:25; McNamee & Gergen 1992:8). Social interaction gives rise to a

process of a reification of knowledge, in that ideas, categories, laws, beliefs, social customs, and categories are accorded a kind of 'reality status' over time. Clusters of taken-for-granted assumptions in a particular social context are referred to as a "discourse" and might be voiced in a set of statements about what is normal or conventional (Winslade & Monk 1999:22-23). Over time, some privileged discourses become institutionalised discourses and exert power over people (Lowe 1991:45). These become the 'lenses' through which societies interpret their world and may shape our being and behaving (Freedman & Combs 1996:16).

From a social construction perspective, the focus is not on an individual person, but on the social interaction in which the language is generated, sustained or modified in order for people to understand each other. Anderson and Goolishian (1992:26) move towards a more 'hermeneutic and interpretive' position regarding meanings as co-created and experienced by individuals in conversation with each other. According to this point of view, "people live, and understand their living, through socially constructed narrative realities that give meaning and organisation to their experience" (Anderson & Goolishian 1992:26). This statement draws attention to narrative as another important social discourse in the organization and maintenance of people's realities as shaped through language.

Within social construction discourse, the faith discourses of a believing community are mediated and presented in a narrative form and are co-created within a historical and cultural context. This influences the manner in which people perceive their historical and cultural context, as well as the manner in which people perceive theology.

2.7   THEOLOGICAL ANTHROPOLOGY

A theological anthropology determines the effectiveness of the pastoral meeting and the therapeutic effect that such a meeting has on human problems. The interpretation of anthropology in a theology for the pastorate involves the particular view that the counsellor has about humankind. A specific anthropology is often presupposed without giving an explicit description or explanation of how this anthropology influences counselling and therapy (Louw 1999a:17). Such assumptions create the impression that little work has been done in pastoral theology that pays particular attention to anthropology. In this regard, Van den Berg (2007:2) maintains that, although a particular

theological anthropology is presupposed for the pastorate, there is often very little description of this anthropology and its implication for the pastorate. Hence, there was an urgent need to formulate an anthropology for this research.

According to Moore (2004:38), the tension between God and humankind in theological anthropology is situated within the poles of Creator-creation, sin-grace, death and life. Odendaal (2002:electronic source) argues that one should not get the impression from anthropology that the Bible should address humankind and shed light on all of human nature. A theological anthropology assumes that human beings are ethical beings, so that their cognitive, conative, affective and physical functions are directed by behaviour chosen on the basis of life values (Louw 1999a:30). Discourses about the role that theological anthropology plays in pastoral therapy are particularly important to this study and were therefore taken into account.

In respect of various discourses about the composition of human beings as body, soul and spirit, the discussion below is important to enable a better understanding of the image of human beings.

2.7.1   Unitary thought

Anthropology involves a view of human beings, or presupposes a human image. The researcher sees human beings as threefold beings consisting of body, soul and spirit. Humans exist as a unity, endowed with a body, as well as a spiritual component, consisting of soul and spirit.

It therefore seems as if there is a shift to a wider view of human beings, from a dichotomy to a trichotomy. In the researcher's opinion, the Platonic and Cartesian dualistic view implies a physical, as well as a spiritual component. The spiritual component also represents a dual component, namely soul and spirit. Therefore it is deduced that there is a trichotomy, namely body, soul and spirit. From this it can in turn be deduced that a particular pastoral anthropology is described (see also the discussion on embodied spirituality in Section 2.7.4).

When the spiritual is expressed, it is striking how central the body usually is in the processes of representation. Louw (1999a:195-196) maintains that a unitary vision does

not disregard the diverse aspects of humanity, namely body, soul and spirit. He mentions three approaches in the Bible's vision of humankind, namely the synthetic, stereometric or holistic, and perspectivist approaches. The synthetic approach names a part of the body, for example, the kidneys, in order to describe a particular function thereof as that of the whole body (*pars pro toto*). This approach entails the bodily aspect of the human being. In the stereometric approach, concepts such as the heart, flesh, soul and spirit are used alternatively in order to illuminate a particular aspect of the total human being. In my opinion, this entails the soul aspect of humankind. The perspectivist approach involves the transcendent dimension of human existence, and therefore implies the spiritual aspect. It approaches humankind from its relationship with God and operates on the assumption that humans are dependent on God and are directed towards God.

A division between the bodily and the spiritual aspect of humankind can point toward a dualistic division, but, seeing that the spiritual element takes a dual form, the idea of a trichotomy (of body, soul and spirit), is adopted in this study. These concepts are often not delimited from each other very accurately, and for this reason they often overlap with one another. According to Bezuidenhout (2005:63), the emphasis that Jesus places on 'all your heart', 'all your strength' and 'all your mind' (Deuteronomy 6:5, also quoted in Luke 10:27), is an indication of the unity of a human being. The researcher sees the spiritual element as the soul and spirit. In the formulation of an anthropology for this research, this trichotomy was maintained. Spirituality (which is discussed in more detail in the next section) is an important element of being human and should be understood before anthropology can be clearly formulated.

2.7.2 Spirituality

According to Myburg (1995:4), one should be able to deduce the meaning of a concept from the context in which a concept is used, or from the qualification of a concept. References to the concept of spirituality appear in different contexts. Schneiders (2005:15) also writes that the reader "should bear in mind that spirituality is studied in a variety of academic contexts and [that] the objectives pursued in these diverse settings significantly influence what is studied and how it is studied". It is therefore important to look at spirituality within a postmodern context. Both spirituality and postmodernity involve multiple interpretations. Postmodernism entails diversity, complexity and

dualism. In the postmodern era, theology faces new opportunities and challenges. Schneiders (2005:19-28) distinguishes three approaches in the study of spirituality, namely the historical approach, the theological approach, and the anthropological approach. These three approaches are not in competition with one another – each only represents a point of entry to the study of spirituality. The historical approach is suitable for a secular university setup, the theological approach in a denominational setup and the anthropological approach in an interreligious research setup.

In this study the anthropological approach is applicable. According to Schneiders (2005:19-28), the anthropological approach is the most recent development, and it has been influenced culturally and academically by postmodernity. It fits in with this study because anthropologically oriented studies in Christian spirituality emphasise a hermeneutic methodology. The primary focus of research is interpretation of the subject matter of the field in order to broaden and deepen our understanding of Christian spirituality as an instance of the human search for transcendence and ultimate meaning (Schneiders 2005:26).

This study deals with a *Christian anthropological spirituality*. One must distinguish between religion and spirituality (Von Benecke 2005:12). It must always be kept in mind that spirituality is related to faith and faith experience, and God-images are also relevant (Louw 2008:49). However, the link with religion cannot be ignored. Soul and spirit are not distinguished on account of their meaning content, but in terms of their functioning. The concept of spirituality has, according to King (1998:96), become the code for the quest for direction, purpose and meaning, relative to the deepest dimension of the human existence. According to Louw (1999a:31), spirituality represents the practice of the Christian faith. Studies on spirituality do not only study Christian faith, but also the lived experience of Christian faith (Schneiders 2005:17). Spirituality thus involves the total human existence as authentic life before God (Dreyer 1999:379). The believer increasingly becomes that which he or she already is in Christ. This involves the transcendent quality inherent to our human existence.

Transcendence represents the spiritual dimension of existence as that which attempts to rise above transitory experiences by means of the religious factors, faith and hope (Louw 2012:133). Every life story has a transcendent dimension: "Het levensverhaal transcendeert namelijk de feitelijke lag van de levensloop zelf en construeert in

narratieve zin een leefbare wereld waarin een zekere samenhang en grond gevonden wordt onder het eigen bestaan" (Ganzevoort & Visser 2007:56). Thus it can be said that the identity forming, social and transcendent dimensions of a narrative affect one another in everyday life. A person's philosophy/view of life, religion and the spiritual do not stand separate from one another.

The moment spirituality is mentioned, *faith* becomes relevant. According to Rice (1991:27), faith is "the result of the experience of the holy within the life of the believer". It requires exposure of the self to acceptance and integration with God. Prozesky (1998:162-174) argues that "faith is a matter of acting in terms of a transcendent dimension; what is believed necessarily affects the actions of the believer, or it is not a genuine religious belief". His approach toward faith, as one lives in the reality of the contemporary world, emphasises that faith can humanise or violate, deliver or take captive, advance or harm. To him, faith implies that which is believed. It ties in with politics, the ethics of power (moral judgements involving norms and values) and inclusive well-being. It implies that no religious, political or economic structure is tolerated if it does not deliberately advocate well-being of life and natural environment. For Prozesky, Christianity falls short in this regard. In his view, referring to the recent South African experience, compassion, service and self-sacrifice must be promoted. His stance can indeed contribute to a wider understanding of faith, but for the purposes of this research, the application of the Christian faith will suffice.

Spirituality is the link between the experience of God's presence in the world and the exercise of Christian faith (Louw 2008:51). It thus implies involvement with life. According to Louw, this awareness of God leads to two actions: first, it leads to prayer and, second, it leads to acts of charity within a community. These prayers lead to communion with God and the focus is then on growth and faith. The focus in the current world is on renewal and change of the structure of the environment. According to King (1998:110), the link between spirituality and postmodernism is important because

> …it affirms the possibility of spirituality in a secular society; it recognizes spirituality as an open-ended quest with the potential for considerable further development; it acknowledges the transformative potential of spirituality for contemporary consciousness and culture.

Intrinsically, spirituality refers to those critical areas of our human nature where the focus is on the question of humanity, human dignity and maturity, as determined by salvation/reconciliation in Christ (Louw 2012:134). Spirituality is an essential part of life's process, which describes the quality of life art and life skills. Movement, a process and/or growth is always involved. Tolle (2005:18-19) says that realising how 'spiritual' people are has nothing to do with what people believe, but everything to do with a state of awareness. This in turn determines a person's conduct in the world and interaction with others.

Although contemporary spirituality is at a crossroads of different religions (King 1998:103), the researcher, in agreement with Louw (1999a:232) regards spirituality, in a sense, as connected with the experience of God's presence in the world and the practice of Christian faith. Spirituality is seen as an awareness of transcendence, in the midst of existential and social conflict (Louw 2008:51).

2.7.3 Presentation of the anthropological trichotomy

Figure 2 represents the composition of the three elements that are subsequently discussed. These elements, which are in interaction, form a unit. There is no definite beginning or end. They involve the totality of a human being, in body, soul and spirit, in which the interaction takes place. For the purposes of this research, the spiritual element of the human body is seen as consisting of soul and spirit. Christ is seen as immanent in humankind through the Holy Spirit. Louw (1999a:211) says that this immanence is so radical that human sexuality and physicality take a special place in God's revelation. The body is the temple of God and God also has to be glorified through it. According to Bezuidenhout (2005:39), no view of humankind is complete without the characteristic of physicality.

Figure 2: Circular representation of the unitary view of human beings
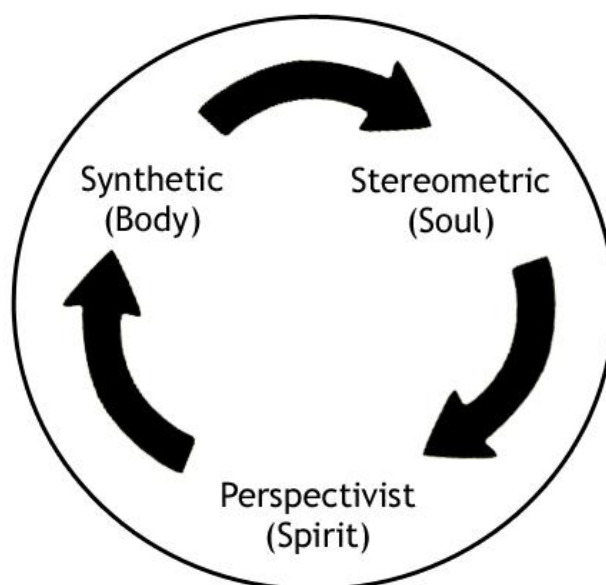
Source: Adapted from Bezuidenhout (2005:40)

This division enables a better understanding of the possible meaning of anthropological trichotomy for a pastoral anthropology. The unitary thought should not be lost sight of (also see Section 2.7.4).

Although a human being is a unity, the three elements of human beings – the synthetic, stereometric and perspectivist elements – are discussed separately below. The discussion of the various elements is not presented according to a specific order, as the issue is the human being in totality.

2.7.3.1   Synthetic vision of human beings (body)

The body is God's creation. It involves the representation of human reality. According to Louw (2005b:11), the body, under specific circumstances, represents aspects of life in reality, contact with life. A body is needed in order to live, and it can possibly even help a person to come closer to God. The body is always there. Bynum (1991:235,296) and Louw (1999a:202) both argue that since a human being is a unity, one does not have a body, but one is one's body.

Humans cannot live without a body. According to Van Huyssteen (2006:276), this means that a person has to be a body in this world in order to exist as a human being.

The human body can be seen as the human vehicle in the world. Only by means of a body does a human being become aware of the world and does the world get meaning. The body interactively involves a human being in a particular environment. Stevens (2002:electronic source) compares the body to an automatic machine that is occupied and controlled by the human who inhabits it. The body is animated by the human being and the successful functioning of the body-soul-spirit system requires special network communication. A human being is a complex organism. The body communicates with all systems through the brain, nervous system, and hormonal system.

Vorster (2001:441) sees the body as a space in, from and to which messages are signalled to and by the community. Furthermore, the body can be regarded as an important epistemological source that can offer information about a particular community's values, sentiments and ideologies. Bodies are like sponges that absorb their community's meaning. In terms of social constructionism, it can be argued that communities construe a prescribed body as a model to their members. It is then expected of people to go and live that *body* and to empower, but also control themselves through it. On the one hand, these constructs are taken up by the members of the community. On the other hand, the members are also fully drawn into the meaning networks of their community (Leder 1990:165; Vorster 1997:397).

Communities display dominant and alternative cultural patterns. The body is always present as bearer of the community's values (Vorster 2001:441). One's identity is understood in terms of one's body (Murphy 2006:141). Humans often resist, in their own voice, the constructed ideal prescribed body. Isherwood (2000:14) argues that, during this process of challenging the ideal, "bodies know more deeply than mind alone". Through our bodies we are also in contact with one another.

Van den Berg (2007:9) considers the emphasis on the bodily component for the pastoral theology and anthropology, maintain that it entails that language and rationality develop out of the bodily component. Therefore public theology is an important theoretical tool for the researcher – it enhances understanding of the meaning of the dominant and alternative knowledges that might influence a community's values, as well as influence the identities of individuals within communities.

In respect of the meaning of physicality for pastoral anthropology and for this research, the position is taken in this study that the human body is used as a tool on earth in which a spiritual element, namely the soul and spirit, reside. According to Louw (1999a:202), the experience of erotic feelings and sexual desires are part of physicality. This experience is connected with the realm of marriage, in which people feel that they are unconditionally accepted, without fear of rejection and isolation (Louw 2012:45). People should discover their identity and human dignity within the realm of marriage, through love, and thereby become aware of God's presence, mercy and grace. Sexual and bodily awareness are meant to enable mutual complementarity and intimate acquaintance. Erotic feelings are part of this intimate bond (Louw 1999a:202). The creation doctrine of pastoral anthropology underlines physicality, sexuality and eroticism as an integral part of human existence before God.

The body accommodates the soul and spirit. Bezuidenhout (2005:37) suggests that physicality reminds human beings of their earthly boundedness and bond with the earth, with sweat, pain, suffering, pleasure, joys, restrictions, temporality and death. Furthermore, the body's physical needs must be met. The pastorate also has to keep account of a human's physical qualities and circumstances. Human beings can be seen as *sinful beings*. According to Louw (1999a:197), sin stands in relation to a person's alienation from God and the assertion of a person's own interests at the cost of others; interests. Sin is seated in a broken relationship of disobedience toward God and never stands apart from guilt and shame. Furthermore, Louw (1999a:200) argues that sin should be interpreted within the framework of evil, but must be understood within the context of salvation. He says that people must be evaluated in terms of God's grace, which creates a positive basis for a theological anthropology.

According to Bezuidenhout (2005:39), physicality is not to be separated from people's spiritual lives. When the body is spoken of, it also implies pneumatic immanence. According to Louw (1999a:56), God in Christ lives in humankind through His Spirit, and makes the human body the temple of God. A pastoral anthropology is a variant of pneumatology. It involves human behaviour, which is determined by the Spirit of God (Louw 1999a:207).

2.7.3.2   *Stereometric view of humankind (soul)*

Louw (2005b:9) argues that people do not understand the "soul". He says we do not understand how the human soul fits together and functions. He attempts to summarise the art of living in one sentence: "He who understands the machinery of the human soul, understands the art of living meaningfully and hopefully" (directly translated from Louw 2012:10). He also writes that the art of living has to do with insight and understanding, courage and hope, and acknowledges that answers to all life's questions cannot be found. He says that concepts such as the *heart* (the more mystical and subconscious aspects, and sometimes concealed motives and factors that determine the will or conative), the intellect (thought and cognitive aspects), the kidneys (intense experience and emotional states), and even the body in Scripture imply particular perspectives on humanity. The concepts *psyche* (soul), *kardia* (heart) and *nous* (intellect) emphasise that a human being is a person with a consciousness, who can make decisions, and live responsibly before God (Louw 1999a:203). The interactive connection between the three reflects something of the human's personality.

The soul is an indication of human life and therefore there is a relationship between personality and the soul. Personality is, according to Louw (2005b:26), a particular configuration of space, processes and networks. By *space* he means the atmosphere that is created, as a result of the dynamics of interactional processes within relational networks. Space gives humanity a particular profile, which creates a milieu as a portrait frame, and which joins the parts and the whole to a space. What is important for this research is Louw's view that the therapeutic space where two people meet each other, see each other as valuable, and unconditionally accept and appreciate each other, creates a situation in which people can be healed. He calls this space of intimacy the sacred space of real meeting and acknowledgment. Within this experience, meaning and identity is discovered (Louw 2012:27-28).

The soul resides in the body. According to Du Toit (2007:electronic source), the soul refers to a human being's intellect, thoughts, will and emotions. He argues that the Bible distinguishes between soul and spirit, which brings about a particular order that has to be maintained in the present dispensation on earth. According to 1 Corinthians 15:46, the spiritual is not ranked first, but the natural comes before the spiritual. Van den Berg (2007:11) says that an embodied-*soul* anthropology requires a particular view of God

and that humans must also be seen as relational beings. He adds that an embodied-soul anthropology requires a new identity. A person's identity is understood in terms of a body. It emphasises human behaviour, as well as the human being as a relational being.

According to Bezuidenhout (2005:58), human behaviour is the result of a person's inner experiences, decisions and desires of the will. It can thus be deduced that believers live from their soul (personality or temperament). This involves the will, emotions and intellect. According to Romans 10:10, Paul sees the heart as the organ through which faith is exercised. According to Louw (1999a:204), intellect (*nous*) indicates that human beings can react to the revelation of God with understanding. Louw (2008:26) argues that the soul "is much more of a relational and systemic entity within the happenstances of life than a fixed, metaphysical substance merely located within the inner, psychic being". People live in space and place, and are sensitive to reactions, responses and attitudes within space or atmosphere and place. Place involves the environment, culture and context.

For the purposes of pastoral anthropology, the meaning of the soul can be described as the intellect, thoughts, will and emotions. For Louw (2008:20-21), it is about the being-function of the human being, which involves the *habitus*. It is a starting point for understanding the soul within a systemic approach. "*Habitus* serves as a culturally encoded way of being in the world that enables humans to co-operate and cope with the unforeseen and ever-changing situations of life" (Louw 2008:21). It represents humankind's position within its historical and cultural environments and serves as an indication of the quality of a person's position within place and space. A human being is a soul within the network of human relationships (Louw 2012:13).

A distinction can be made between a biomedical approach and a holistic-systemic approach. The implication of a holistic-systemic approach is that a person's being is more important than the functioning of bodily parts (Louw 2008:41). It means that a person should be viewed as a relational and social being that acts within a cultural context. Louw adds that a human being is a moral and spiritually social being, within a dynamic process of meaning-giving. He argues that the components of morality, spirituality and meaning-giving cannot be limited to analytic relationship categories. A further implication of such a holistic approach is that the structures in the community, as

well as the dynamics within relationships, must be healed in order to heal the person. *Healing* implies being/becoming *healthy*.

Louw (2008:44-46) distinguishes seven possible perspectives on health, namely:

- *the psychological perspective* – this perspective sees health as a state of conflict-free homeostasis (Louw 2008:44);
- *the existential view* – this implies choice, adjustment and self-fulfilment, where health/wholeness refers to the ability to adjust to circumstances and to see a person's whole existence as a process of self-fulfilment; thus people who see their existence as an opportunity for self-fulfilment, through choices they have personally made, are seen as whole/healthy (Louw 2008:44);
- *the functional, pragmatic perspective* – this implies the ability to produce, so health is seen in terms of functionality and productivity (Louw 2008:45);
- *the social view* – this refers to fulfilling roles and the ability to adjust within a network of relationships, so that the quality of a person's health is determined by the degree of conformity to social norms and success of social adjustment (Louw 2008:45);
- *the scientific view* – this refers to the functions of the total organism, and health is seen as a purely scientific matter which involves optimal biochemical and organic functioning of bodily processes (this includes the medical perspective and the harmony of psychophysical systems) and a human is seen as a unity (Louw 2008:45);
- *the medical view* – this refers to the harmony of psychophysical systems and this view acknowledges that health is not only a biological or psychological matter; instead, a human being is seen as a unity and complete entity; no part can be separated from the whole (Louw 2008:45-56); and
- *the religious, spiritual view* – this view implies the quality of faith and the dimension of the *soul*; thus health is viewed from a religious-ethical perspective and is seen as a spiritual state which indicates the quality of faith and the connection with an understanding of God and the field of transcendence (Louw 2008:46).

2.7.3.3   Perspectivist view of a human being (spirit)

The meaning of the spirit for the pastoral anthropology deals with the divine. An integrated approach involves the view that the body is important and necessary, also for spiritual growth. The perception that the spirit controls the body must be rejected. The

spirit does not dominate the body – it becomes part of the body. A number of scientists are currently intensively studying the communication between the body and the spirit.

It is also an aim of the study to explore, amongst other things, the constructive contribution of the spiritual to processes of healing. In the New Testament, the flesh sometimes refers to the body, but primarily it refers to the outer person. This person lives on earth, independently of God. A born-again person is not in the flesh any more, but can still walk according to the flesh (Romans 7:5, 8:4, 8:9, 8:12-13). According to Du Toit (2007:electronic source), the spiritual dimension is often confused with the soul dimension. The spiritual dimension can, and should, influence the thoughts and emotions, but this does not automatically happen when a person is reborn. The main difference lies with the senses – the soul is influenced by the bodily senses (smell, touch, taste, hearing and sight); the spirit is influenced by the invisible, spiritual senses. The senses that are used for Bible study, prayer, singing, and so forth, which lie within the soul dimension, can create an atmosphere in which one can spiritually come into contact with God.

As spirit-controlled personality is acceptable to God, yet this should not be seen as a criterion. The possibility exists that a person's whole life can be dominated by one's personality, instead of by the Spirit of God. Spiritual believers are people who know that "nothing good lives in" them (Romans 7:18), and therefore they "put no confidence in the flesh" (Philippians 3:3). They realise that they "can do nothing" without Christ (John 15:5) and "live by faith" in the indwelling Christ (Galatians 2:20). The spirit enables a person to have a relationship with God. It helps a human being to hear God's voice. It implies the meaning a person gives to dealing with life and life's problems in a practical way. Wholeness in this sense also implies spiritual wholeness (Louw 2008:47).

2.7.4 The researcher's perspective

This section refers back to the discussion on embodied spirituality (see Section 2.3). The anthropological context of a human being involves body, soul and spirit as a unitary thought. A human being is, in other words, a complex being that functions as a body, soul and spirit. This trichotomy should work together in harmony. The following view is supported by the researcher:

- The synthetic view of humankind involves the physiological/biological processes, since a human being can only exist in this world through and in the body.

- A holistic view of humankind involves cognitive, affective and conative processes. It refers to the actual life of feeling and experience.

- A perspectivist view of humankind deals with that part of a human being that makes a relationship between God and humans possible. It can be seen as the core of being human, as this level exercises an influence on the physical, emotional, intellectual and social state.

The unitary aspect of these three perspectives on humankind, which are in interaction, should always be considered.

2.8   SUMMARY

The paradigmatic approach of this study is located within postmodernity. The research deals with a pastoral study and therefore the study is positioned within practical theology. A narrative-hermeneutic approach and the social construction discourse were adopted. Each orphan's experience and handling of the loss of a parent is unique. Paradigmatic shifts have an influence on the view of what a human being is. An own interpretation and formulation of the anthropology for this study was developed in this chapter.

In this chapter, the researcher showed the importance of the public theological placement of a pastor (close to the context), as well as the importance of understanding the anthropological dimensions of both the pastor and an orphan he or she works with. Theologically, the researcher clarified his positioning in practical theology as a narrative social constructionist position. Anthropologically, he indicated that the totality of what makes a human being (body, soul and spirit) in which interaction takes place is of extreme importance for the well-being of all humans.

The question about the anthropology in this study is placed strongly in the foreground and based thereon. An attempt was made to explore the human image, which resulted in the researcher's own interpretation and formulation of anthropology for this research (see Section 2.3). A holistic anthropology was decided on. The implications that a particular anthropology holds for the pastorate were also looked at. The reasons for

deciding on an anthropological exploration were explained. Since the focus in the research was the narratives of individuals for the gaining and ordering of information, a narrative-hermeneutic approach (see Sections 2.6.3 & 2.6.4), as well as social construction discourse (see Section 2.6.1), were selected and discussed. As a result of and in congruence with the development of the research, co-researchers formed part of the investigation and therefore the methodology underlying participatory action research has also been explored (see Section 5.3).

As a therapist, one is fully part of that which one presents. One's handling and reactions also play a role in the perception of different views that are used to experience hope and care. It was an inspiration to the researcher to develop a therapeutic approach, by means of pastoral therapy, which can offer hope and care to orphans.

Orphans' stories are directly affected by their experience of the death of a parent. An attempt was made in this research to gain insight into the way the three orphans who participated in the study experienced and handled the loss. They became involved in the research project in order to understand and interpret their stories.

The next chapter contains a broader explanation of pastoral care and pastoral therapy. These concepts are highlighted within the context of this research, as applicable. Out of this, the meanings manifest themselves that link people to their understanding of pastoral therapy, with regard to hope and care after the loss of a parent. This is done in connection with information from Scripture, literature, the Internet and the views of conversational partners.

CHAPTER 3

THE VALUE OF A PASTORAL CARE/THERAPY APPROACH IN EMPOWERING ORPHANS WITH A SPIRITUAL WHOLENESS PERSPECTIVE

3.1   BACKGROUND AND DIRECTION

In this chapter, the researcher differentiates between the concepts pastoral care and pastoral therapy, which are discussed in depth in Section 3.2.1. In Chapter 1, the origin of the problem of HIV/AIDS orphans, with regard to the facilitation of hope and care, through pastoral therapy, was discussed. The research project was defined and demarcated. The co-researchers were also introduced to the reader. The narrative intentions and research expectations were highlighted. Thereafter, the methodological aspects of the study were introduced.

In Chapter 2, the theological connection was pointed out by the discussion of theological perspectives for a pastoral anthropology. Practical theology was explored and explained as a suitable departure point for the study. Furthermore, postmodernity was discussed as paradigmatic approach and operational framework for this research. Chapter 2 also contains a discussion about what a human being is, exploring the founding and norming of a theological anthropology, based on a unitary (holistic) approach, the presentation of the pastoral anthropological perspective and the researcher's perspective.

In Chapter 3 the researcher examines the concepts of pastoral care and pastoral therapy. Furthermore, pastoral therapy and the five movements of Müller's discourse approach (Müller 2000:72-103) are highlighted. A narrative conversational model for pastoral care/therapy to amplify orphans' voices will be discussed in Section 3.7.

Chapter 3 was approached paradigmatically from the angle of postmodernity, since human beings live in a postmodern era (Botha 2004:19; Brueggeman 1993:5; Kotzé & Kotzé 1997:27; Van den Berg 2006:164). The term 'postmodernity' refers to a postmodern age which is characterised by adaptability and change (Botha 2004:19). The former age has passed and human beings are recognised as unique individuals who live in the current age (Müller 1996:55). Even Janse van Rensburg (2000:35;

2002:43), who is critical of postmodernism, agrees that people today live in a postmodern age. It has also been indicated in Sections 1.4, 2.4 and 2.6.4 that paradigmatic shifts influence people's view of life. The study is pastoral by nature, with human beings as its point of departure, and is thus positioned within the practical theology.

Earlier in this study, the researcher differentiated clearly between pastoral care and pastoral therapy. The difference between pastoral care and pastoral therapy could be summarized as follows: pastoral care deals with the caring needs (including the spiritual) of clients; pastoral therapy is much more focused on dealing with professional care (also in collaboration with other professions).

It is then important to ask what the relationship is between 'pastoral care' and 'pastoral therapy'. Pastoral care or spiritual care is a ministry to any person who is experiencing a period of personal, social, physical, material, spiritual or moral stress. Pastoral care reaches out to such people wherever they are suffering offering consolation and support in whatever form is appropriate to the person at the time. The type of support needed may vary from day to day. The carer must accept those who seek such help irrespective of their condition, their religious background, their virtues and their vices. The carer shows no prejudice, judgemental attitude, or superior air toward their social position, their faith belief, use of language or ethnicity (State Chaplaincy Board 2011:electronic source). Clinebell (1987:373) explains the uniqueness of pastoral therapy: it operates on the assumption that changes in one's spiritual life, values, meaning and ultimate commitment are focal and essential to the depth-transformation which is the object of all forms of psychotherapy. In his view, the ultimate goal of pastoral psychotherapy is growth towards 'spirit-centered wholeness'.

In her article 'Pastoral care', McClure (2012:273) demonstrates the value of the following important elements of pastoral care: "Careful attention, theologically informed diagnosis, and compassionate support or intervention. Indeed, these remain the basic elements of pastoral care." Every good pastoral caregiver needs to know how to give attention (to observe and to listen), how to make a diagnosis (to be able to interpret theologically the cause of suffering and to discern what is needed), and how to intervene (to offer accompaniment, guidance, and support). Such skills are, at the most fundamental level, relational skills that require knowledge of both theory and technique,

which are the most essential skills for effective pastoral care. When pastoral care relates theory directly to practice in the development of these skills and allows practice to inform theory, pastoral care shares a hermeneutic circle of reflective praxis with practical theology.

In this chapter, the researcher's intention is to link pastoral care with pastoral therapy. The focus group discussed in this chapter embodies the MASH group principle that demonstrates unique aspects of public theology which form a cornerstone of pastoral care. In addition, the chapter focuses on various aspect of pastoral therapy, taking into consideration the prior work of De Jongh van Arkel and Louw.

Pastoral care is a kind of ministry offered by Christian believers. It is a ministry which uses resources from the background of Christian traditions and social sciences theories. Pastoral care as one aspect of pastoral theology is generally described as a 'cure of souls', a concept which is used to describe the consoling effect which God's empowering and transforming presence has in the world (Louw 1998:4). Pastoral care includes support, advocacy, comfort, guidance, healing, sustenance, and reconciliation (Ramsay 2004:3-4). Lebacqz and Driskill (2000:61) define pastoral care as

> …the broad term used by mainline Protestants to encompass any caring action performed by pastors and other recognized religious leaders who minister by virtue of their ordination or office on behalf of a community faith.

De Jongh van Arkel (2000:185) distinguishes between pastoral therapy and congregational pastoral counselling. Most people use the term pastoral counselling for the highest professional level of care, but most members of society who have a good rating call themselves pastoral psychotherapists. Many writers in this field see no clear distinction between pastoral psychotherapy and pastoral counselling. They use the terms interchangeably. In line with this way of thinking about these terms, Gerkin (1997:72) describes the gradual development of pastoral work into pastoral therapy.

Pastoral therapy is not less than pastoral psychotherapy, but also incorporates the newest developments in the field of the helping professions into pastoral work. The name 'pastoral therapy' is a better indication of where we are in the development of our

profession. Pastoral therapy goes beyond the close link with psychology, reaching toward greater independence from its old allies. Pastoral therapy uses reconstructive therapeutic methods (which may include long-term methods) to heal deep, complicated and/or chronic problems, and to help people who are restricted in their development and choices to attain fulfilment. Insights from the theological disciplines and from other fields (such as the behavioural sciences) are also integrated into this movement, which tries to help individuals, couples and families to cope with the difficulties and uncertainties confronting them (De Jongh van Arkel 2000:188).

This means that pastoral therapy deals with problems in greater depth than pastoral psychotherapy does, and that the therapy may take longer than pastoral counselling. Pastoral counselling focuses on the presenting problem (situation) and is not aimed at dealing with all the problems a person experiences. It works with limited target goals, primarily in a congregational setting. Whereas pastoral counselling would prefer to work with a single, significant problem, pastoral therapy also attends to other factors which may contribute to the development of similar situations (De Jongh van Arkel 2000:188).

Pastoral therapy is still a developing profession among people who have a calling to do therapy from a predominantly pastoral perspective. This means that pastoral therapists draw on insights from their theological training, and then combine these with their extended, in-depth knowledge of, and skills in, therapy. Their training usually includes many hours of supervised clinical training. The balance between the two fields is maintained by the bipolar hermeneutical position and actions of a pastoral therapist (De Jongh van Arkel 2000:189).

The field of pastoral care assumes that good relationships are at the heart of good care and, furthermore, that 'relationship is the beginning of theory' (Thornton 2002:123). Good pastoral care has always attended first to flesh-and-blood relationships and then reflected on the meaning of the encounter, often allowing human experience to challenge and inform accepted theological understandings (Thornton 2002:123). As a result, contemporary pastoral care takes human experience, including religious experience, as its primary text for study, as it does with the more typical texts of Scripture or doctrine. McClure (2012:273) makes an important point in her article 'Pastoral care' when she argues that this 'theology from the ground of human experience' approach has had a significant effect on other, more traditional forms of

theological reflection that often privileged ideational or doctrinal approaches to the exclusion of human experience, and that this is a value pastoral care shares with practical theology.

Pastoral therapists work from a spiritual and theological perspective, caring for people who are troubled, hurt, abused or oppressed, using the resources of forgiveness and renewal to heal and make whole, and helping these people to (re)discover the possibility and presence of God's grace in their lives. They provide a ministry of presence, with affirmation and hope. By helping people to reconnect their own narratives to what Gerkin (1986:30) calls the grounding narratives of faith, pastoral therapy gives human life meaning, affirms people, help them to discover self-worth and rekindle hope (Van den Blink 1995:205).

Since this research focuses on hope and care, with specific reference to the contribution of pastoral care and pastoral therapy, these two concepts are reflected on, and the origin and meaning of these two concepts are investigated. It is necessary to understand these concepts before the connection with hope and care can be accounted for. In the discussion of these concepts the focus is individuals' unique views of how they experience life after the loss of a loved one, and what role it can play in providing hope and care. The idea is not to provide an elaborate system of thought about hope and care, but to verbalise the different views of people in the process. The emphasis was on the orphans and their experiences. People's experience and handling of the loss of a loved one is individual and unique (Mullan, Skaff & Pearlin 2003:233; Gous 2005:102; Kübler-Ross & Kessler 2005:7). Since every person is unique, everyone's experience of the loss of a loved one is also unique. People's understanding of pastoral care and pastoral therapy, with regard to hope and care after the loss of a loved one, may be illuminated in the process by the information obtained from the opinions of the conversational partners in this study. The connection between these concepts is important, as it forms part of the research problem. Data from Scripture, the relevant literature (including material on the internet and any other recent, available sources) contribute to the understanding and interpretation of this information.

In this study, pastoral care is explored using seven subheadings, because in this way, a broad perspective on and overview of pastoral care, as relevant to the research, can be offered. The seven headings are the following:

- Pastoral care/therapy necessity, meaning and function

- The connection between pastoral care/therapy and this study

- Pastoral care and hermeneutics

- The anthropological connection between humans as spiritual beings and pastoral care/therapy

- Value of a pastoral approach in the design of an approach to empower orphans with a spiritual wholeness perspective

- A narrative conversational model for pastoral care/therapy to amplify orphans' voices

- Pastoral care/therapy as a facilitator of hope to orphans

- The public role of chaplains and support groups to create hope of new life for orphans

3.2   PASTORAL CARE/THERAPY NECESSITY, MEANING AND FUNCTION

It is important to note that pastoral care makes use of the opinions of theologians such as McClure and Müller, whose ABDCE-model is applied in this study as an aspect of pastoral therapy. In the researcher's opinion, pastoral care and pastoral therapy are necessary services to people in need, and provide important spiritual help. This implies that pastoral care and pastoral therapy can bring new meaning by offering help that can be integrated in larger church communities of care.

Here the researcher would like to refer back to the discussion on the relationship between pastoral care and pastoral therapy in Section 3.3. In conjunction with the hope of the Christian faith, pastoral care should be seen as an integrated part of pastoral therapy. It involves the transformative effect of fulfilled promises in Christ that, through the Holy Spirit, disclose the future and give hope to people in need (Louw 1999a:28). This research focuses on hope and care after the loss of a loved one, and therefore pastoral therapy is also explored and discussed further after the discussion on pastoral care in Section 3.3. The title of the study suggests that a pastoral approach, by means of pastoral therapy for involvement with orphans, can offer them hope and care. The researcher uses the concept pastoral therapy in his study because he wants to indicate how the transformative effect of the fulfilled promises of God is fulfilled in Christ and is realised in the lives of the orphans who participated as co-researchers in this study.

The concept *pastoral care* is discussed first, because pastoral therapy results from it, but is also intertwined with it. God's Word is filled with promises of care that are fulfilled in Jesus' crucifixion and resurrection (Louw 1999a:2). Pastoral therapy is therefore about the promises that deal with care, in other words, pastoral care. This discussion on pastoral care must not be seen as a dogmatic study on the aspect of pastoral care. It is only presented as a background against which the meaning of such care for the pastorate is clarified. The connection with the current study is indicated throughout. The proclamation of Scripture and the calls to change and repentance are central to the pastorate (Louw 1984:7). The pastorate thus operates from a Christian faith perspective.

In this study the concepts 'pastoral care' and 'Biblical pastoral care' are alternately referred to. The concept 'Biblical pastoral care' again emphasises the Christian aspect or spiritual care. In the case of this study, the orphans became aware of God's presence, and this led to behaviour change according to which they increasingly became what they already were in Christ (Louw 1999a:31). This had a particular influence on the orphans' behaviour. In the pastorate, potential is unlocked from a pastoral care perspective (Denton 2005:77). Individual interpretations of the orphans' (co-researchers') experiences of the loss and death of their parents are discussed.

Various New Testament texts outline in more detail the implications of Christ's care and support for our everyday lives. Pastoral care stands central in the New Testament, since it indicates God's work through Jesus Christ (Louw 1999a:215). Biblical care is, in the first instance, an essential part of the testimony to be a witness of Christ. The story of care is part of the Biblical revelation of who Christ and God truly are (Burger 1995:18-19). The demonstration of care is the calling of the person who is dedicated to Christ, and shares in His compassion, and cares for others.

In the Bible, care provides the framework for Biblical ethics, the context within which believers are encouraged to adopt a particular way of living (Smit 2008:165). It is about faith support, as well as life support, from which one can deduce that it holds substantial meaning for the pastorate. It is important for an orphan to know that there are people that can demonstrate hope and care after a parent has died. However, the worrying question that could arise at this point is how hope and care can be offered to the person left behind.

The idea of pastoral care is an emphasis on a reality which is far bigger than our human experiences, and the need in the world remains a big challenge to those who wish to provide pastoral care. Biblical care is based on what God has done through Jesus Christ. It is focused on Christ's compassion for the world (Sauer 1981:3). It is also about God who cares for His creation, and about the character of His being. God is busy with world history in His own unique way. To believe is to know that there is hope and care in Christ Jesus. Care is the love of God (Vosloo 2001:electronic source). (The term 'hope and care', as well as the co-researchers' perception of it, was explored and is clarified in greater detail in regard to the grieving process and narrative therapy in Chapter 4.)

Anthropology, as discussed in the previous chapter, points to the synthetic view which suggests that human beings have been created in the image of God with a purpose. Human beings are firstly human and then God's representatives to rule over creation here on earth. Being created in the image of God, humans have the ability to live in a responsible relationship with God and their neighbours. The necessity for pastoral care is summed up for the researcher by Louw's (1999:13) comment that pastoral therapy deals with the application of religious sources, the effect of the way Scripture is applied and the effect of prayer, which he calls care therapy. He describes care therapy using the term pastoral therapy, and he hopes that the term will provide an own identity to pastoral therapy within the context of care therapy. The terms pastoral care and pastoral therapy are intertwined, but are dealt with separately for the purposes of this study.

The distinction and relationship between pastoral care and pastoral therapy can be complex. In this study, the researcher uses the term pastoral care to refer to a broad inclusive ministry which people need throughout their lives. The primary focus of pastoral care is then the care of all people through the ups and downs of everyday life, creating environments within which all people can grow and develop to their fullest potential (Sevenhuijsen 1998:131; Gerkin 1997:88). Pastoral care embraces all pastoral work concerned with the support and nurturance of persons and interpersonal relationships, including everyday expressions of care and concern (Hunter 1990:845). However, whereas all people need the nurture and support of a caring environment, not all need pastoral therapy.

Pastoral therapy deals with problems in greater depth than pastoral care and may take longer. It uses reconstructive therapeutic methods (which may include long-term methods) to heal deep, complicated and/or chronic problems, and to help people who are restricted in their development and choices to attain fulfilment in life. Pastoral therapy is provided by professional people who have a calling to do therapy from a predominantly pastoral perspective (De Jongh van Arkel 2000:188-189). This means that pastoral therapists draw insights from their theological training, combining these with their extended, in-depth knowledge of and skills in therapy. Pastoral therapists provide a ministry of presence, with affirmation and hope. Helping people reconnect their own narratives to what Gerkin (1986:30) calls the grounding narratives of faith gives human life meaning, affirms people, helps them to discover self-worth and rekindles hope.

Narrative and participatory pastoral care and therapy provided the researcher with a vehicle for engaging with orphans so that they were encouraged to tell new stories, and co-create new possibilities for relationships and new futures. Doing pastoral care and therapy with orphans who have been wounded challenged the researcher as a therapist to do care with a particular commitment.

The meaning of a pastoral care perspective implies that it is valuable for a person's present life as well as the future. The loss that an orphan experiences is not easy to deal with, but there is hope for the future in the fact that Christ died and rose from the grave. The question arises what value Jesus' crucifixion and resurrection holds for us, and the answer lies in the knowledge that life is not merely about finding happiness in satisfying our earthly desires, but about a yearning after that which God has in store for us. There is a longing for *more* (Vosloo 2001:electronic source). The crucifixion and resurrection serve as a reminder of the *hope* that is proposed to human by Jesus. Metaphorically, the crucifixion and resurrection have value to humankind, in that Jesus has obtained something for us (Müller 2006:34). Müller further argues that this hope is something that must take place inside a human context. It offers humankind a guarantee that is focused on the future. The future has to do with the fullness, the fullness of humanity which will only become reality when, and the fullness of God which will then only be known (Heyns 1981:139). Pastoral care has to do with the present insofar as it is a transformation of the present. The idea of hope should expand one's worldview of meaning, even though hope is metaphorically interpreted.

Louw (1999a:30) argues that the pastoral care perspective, as a theological focus and point of interpretation, determines the nature of the God-man-encounter to a significant extent. It thus reveals a norm-giving function that determines the processes of encounter in a constructive and critical way. He states that the point of convergence between God and humankind also provides a specific nature to the encounters between God and human beings. It is a bipolarity that entails an *already-* and *not yet-*tension. Louw's opinion on this topic is important to this research, because a therapeutic relationship with a person is indeed an 'encounter' with the person. A pastoral encounter wishes to influence, change, renew, to take care of and to support a person (Louw 1999a:13). That caring for in the case of an orphan implies that the pain and suffering that the orphan experiences can already and repeatedly be experienced as the beginning of a new and better phase. The secret is that pastoral care remains current in the present, and not only in the future. If the focus is only on the future, everything becomes somewhat unreal.

If everything in life proceeds seemingly peacefully and undisturbedly, people do not worry about the future. As soon as loss is experienced, and what seemed established becomes unstable, people begin to raise concerns about the future. The future then also becomes something that cannot be looked forward to anymore. Pastoral care assures an orphan that Christ's care is not just for the present, but also for the future. However, most importantly, Christ comes to us and reaches out to us in the present.

3.3   THE CONNECTION BETWEEN PASTORAL CARE/THERAPY AND THIS STUDY

Here the researcher would like to refer back to the discussion on the relationship between pastoral care and pastoral therapy in Section 3.1. The importance of pastoral care for this research lies in its connection with Christianity and hope. According to Travis (1980:7), "Christianity without hope is impossibility". This gives rise to the question: "Hope of what?" In the case of this research, the emphasis is on hope and care after the loss of a parent. This discussion is informed by the literature, and the research adopts a conversational approach according to the five movements proposed by Müller (2000:72-103). The stories of the orphans who agreed to become co-researchers in this study contribute to the exploration and clarification of the discourses surrounding pastoral care and pastoral therapy. The discussion on hope makes a

(hopefully) meaningful contribution in the debate about these questions, by directing attention to key issues and indicating the researcher's own conclusions.

Louw (1999a:2) explains that the pastorate wishes to assist people and offer hope in Christ's cross and resurrection. It also holds the conviction that life is consummated in the presence of God. The pastorate may express promises for the present and the future. In the crucifixion and resurrection of Christ, the future already works transformatively in the present, even though it may seem as if the present has not changed. Müller (2006:96) argues that, in the midst of suffering, human beings can be drawn into Christ's suffering and thereby also partake of His crucifixion and resurrection. According to Müller, the crucifixion and resurrection do not have meaning only on the other side of the grave, but are a reality in the midst of suffering. A believer has an expectation of hope and care that mitigates death and the experience of the death of another. Scripture states that death will have no more power; the sting has been removed from earthly death (1 Corinthians 15:55).

3.4 PASTORAL CARE AND HERMENEUTICS

Hermeneutics in pastoral theology focuses on those textual and contextual metaphors, symbols, language and stories that offer material for healing, transformation, care, help and service (Louw 1999a:567). Empowerment is important here, and is part of the purpose of the pastorate, which aims to empower conversational partners to such an extent that they are able to continue by themselves (Ganzevoort & Visser 2007:98). According to Seegers (2005:72), a believer's narrative gains purpose and meaning when it is interpreted in the light of God's narrative, as described in the Bible. Furthermore, Louw (2005b:101) writes:

> Understanding is not about explanations, about perspectives and insight. It involves the ability to spot the connections within the network of a crisis and search for a particular approach that can contribute to a constructive process of integration, goal setting and meaning contribution.

This new narrative is a creation and result of the pastoral process. The new narrative is co-constructed by the respective conversational partners (Scholtz 2005:148). The pastorate can be seen as the co-construction of a new narrative.

These approaches in the pastorate move away from the idea that a pastor must be an expert. It also moves away from diagnosis and prognosis. It allows space for a new narrative as the result of the pastoral process among the co-researchers (Botha 2003:81). Narrative practical theology is a continuous hermeneutic process within the pastorate. The intention of the process is the "transformation of the human story both individual and corporate, in ways that open the future of that story to creative possibilities" (Gerkin 1986:59).

The hermeneutic dialogue is about an interaction of interpretations, with the knowledge that final interpretations are not possible. However, "when there is consonance between yesterday, today and tomorrow, there is integrity, health and maturity" (Müller 1996:9). Here the focus is inner questions in the search for meaning. Some of the most fundamental acts of human beings are the ability to tell, interpret and express in words what has been interpreted. This act takes place in the form of stories. Every new sensation or stimulus is reformulated into a story. In this, we make progress, and life becomes a journey, since we take past experiences, organize them into a story, which then in turn becomes a map of the unknown territory that lies ahead (Müller 2009c:electronic source). It is a process that is continually, circularly and socially construed.

Since every interpreter is subjective, there cannot only be one correct interpretation (Landman 2009:electronic source). According to Louw (1999a:117,118), the hermeneutic dimension in pastoral care and practical theology is about understanding through interpretation, expression and clarification. In general, hermeneutics is about the theory of interpretation (Ganzevoort & Visser 2007:103). According to Landman (2009:electronic source), a researcher must be aware of subjective integrity, reliability and validity in the interpretation process. Subjective integrity entails a personal involvement with a conversational partner, which is beneficial for empathizing and understanding. Reliability refers to the consistency of interpretations. The following question should be asked: is it logical and true to reality, and does it reveal important meanings? In the current study, to address these issues, interpretations could be discussed with the orphans for the sake of confirmation. Validity of interpretations is derived from the quality of the interpretation, the quality of the relationship between the researcher and (in this case) the orphans, the quality of the discourses in the

interpretation, an evaluation of different perspectives in the conversation, and the usefulness of the interpretation.

In hermeneutic pastoral care, the meaning of a narrative approach is acknowledged in the expression of human acts that are cast in a continuous circular and socially construed process (Fourie & Van den Berg 2009:99). This research is hermeneutic in its nature, and therefore the researcher wanted to interpret in such a manner that the knowledge and acts of the orphans who participated can be understood. Landman (2009:electronic source) provides the following guidelines for the interpretation process:

- Make sure that the meaning of each statement that is made is understood;
- determine whether there is any ambiguity in the interpretations;
- determine whether the interpretations contradict each other;
- see to it that interpretations are specific enough (and not just general talk);
- make sure that interpretations or statements are reliable;
- determine whether critical thinking has been applied throughout (critical thinking requires judicious application of scepticism, tempered by experience);
- know when to question something and which types of questions to ask;
- maintain impartiality, flexibility and intellectual honesty;
- be systematic;
- have regard for others' opinions/viewpoints; and
- write a report (text) that clearly and systematically represents/reflects interpretations.

According to Landman (2009:electronic source), "the resulting text is the outcome of imagining and empathising in the particular situation with the purpose of revealing meanings". An eidetic reduction of this situation causes that which is mutual to be highlighted in all interpretations. The mutual points can ultimately serve as interpretation of the situation and can be evaluated during an interpretative conversation.

Words occur in sentences; they do not stand alone and only have meaning within a context. The meaning is found in the sentence or paragraph. The meaning is in the text and not something which the therapist should try to decipher in the text according to personal opinions or ideas. In this study, the text has been formulated by the orphans and, through studying it, the meaning can be interpreted. Nothing can be read into the situation which has not been placed there by the orphans.

3.5 THE ANTHROPOLOGICAL CONNECTION BETWEEN HUMANS AS SPIRITUAL BEINGS AND PASTORAL CARE/THERAPY

The therapeutic approach adopted in this study is focused on the spiritual care of the entire person (*cura animarum*). It also emphasises human beings' psychophysical and psychosocial dimensions (Louw 1999a:38). A pastoral relationship is about the entire person within a relationship with God, as well as a focus on, and responsibility towards, this transcendent dimension of existence. According to Ganzevoort (1994:355), "[d]e pastorale relatie is een persoonijke relatie waarin de partners zich ten doel stellen voor Gods aangezicht samen intensief bezig te zijn met het interpreteren van de situatie, met het doel te komen tot een nieuw verstaan van het leven van een of meer partners in deze relatie." It describes caring for the whole person from a certain perspective. It thus deals with the synthetic, stereometric and perspectivist elements of being human. In Chapter 2, Figure 2 shows a circular diagram which represents the unitary concept of humankind, and Section 2.7.3 discusses these elements to provide greater clarity about the possible meaning of the unitary concept of humankind for a pastoral anthropology. The unitary concept must not be lost sight of (see the discussion on embodied spirituality, Section 2.3).

3.5.1 Synthetic

The human body represents a person's reality and is a creation of God. Under certain circumstances, the body represents the aspects of concrete life reality, contact with life (Louw 2012:11). The body *is* the person. Encounter events take place through the human body and emphasise the human bodily component. The person is worked with within the totality of his or her existence. God, in Christ, indwells a person through His Spirit and makes the human body (the creation) His temple (Louw 1999a:56). Communication within a meeting/encounter between two people occurs through all three human elements – body, soul and spirit. The challenge is to obtain clarity by reflecting on unique outcomes with the conversational partner, by means of deconstruction, externalisation and metaphors, in order to interpret, to understand and to gain knowledge.

3.5.2 Stereometric

Louw (1999a:36) sees 'soul' as a term that describes the core of human's existence, in terms of createdness and responsibility before God. The terms *psyché* (soul), *kardia* (heart) and *nous* (mind) emphasise that a human being is a being with a conscience, who can make decisions and live responsibly before God (Louw 1999a:203). The interactive relationship between the soul, heart and mind reflects something of a person's personality. It also involves a focus on God and the functioning of a relationship with God, in other words, the encounter between God and a human being.

3.5.3 Perspectivist

Spiritually involves more than the mere inner *human being.* The human spirit enables a person to have a mutual relationship with God. Clarity concerning a theological anthropology, as well as encounter-events, is important. It entails the meaning given by a person to his or her practical engagement with life and life's problems. The communication of the gospel, *as well as* the contextual disclosure of the person, is important (Louw 1999a:52). The image of the pastoral encounter should always take into account the need to offer hope and care to people especially because of the world they find themselves in. The qualitative change of a person must be understood within a personal context.

3.6   VALUE OF A PASTORAL APPROACH IN THE DESIGN OF AN APPROACH TO EMPOWER ORPHANS WITH A SPIRITUAL WHOLENESS PERSPECTIVE

This section refers back to the discussion on the relationship between pastoral care and pastoral therapy (see Sections 3.7 & 3.8). The pastorate represents the dimension of the Cross and the resurrection. Therefore, the pastoral communication process, assistance and encounter are all about concrete hope and care mediation, with a view of faith growth. In this respect, pastoral ministry must function preventatively, and should school and prepare church members in advance to deal with crises through faith (Louw 1999a:36).

The Cross and the resurrection tell us that despair does not have the last say. Hope and the future are linked with one another. According to Du Rand (2007:103), hope is not based on a representation of future events, but on Him who is in control of future events. Smit (2008:168) is of the opinion that today's liturgy wants to reflect something of how God meets with a hopeless doubter in a dark time and convinces him or her of His power (against logic), so that others also discover the light in God in the process. Christian life centres on strengthening others. Christ is the supreme example of living for the glory of God, as shown in Psalm 69:9: "For the zeal for your house has consumed me and the reproaches of those who reproach you have fallen on me." In Romans 15, Paul makes this idea very clear, which the researcher interprets as indicating that the strong have a responsibility to support the weak, instead of living selfishly to satisfy their own desires. Romans 15:13 says that God is the source of hope and that He wants to "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". Joy and peace come from trust in God, but such trust is, finally, the gift of God, for believers abound in hope only by His grace. In order to live with expectation and hope, it is necessary for the orphans to keep their focus on God. Our future is in God who promises to make this world new and calls on us to be active co-workers in the service of God (Vosloo 2001:electronic source).

McClure (2012:275) in her article 'Pastoral Care' points out that in the last 20 years, pastoral care has benefited from various fields of analysis, including race and gender theory, sociology, and cultural studies. Three distinct developments represent the most significant changes as pastoral care moves into the twenty-first century:

- a move away from a model of care for an individual by ordained professionals toward a model of care for the community and its members by the community and its members;
- the development of pastoral care as a public theology; and
- strategic participation rather than personal insight as the final goal.

Thus, first, while historically much pastoral care has focused on the pastor, it is increasingly understood as a communal responsibility of church members in a model of care for all by all, rather than the privilege or sole responsibility of the ordained. This is often referred to as 'communal-contextual' pastoral care. In this model, then, the community becomes both the subject and the agent of care.

Pastoral care implies that there is hope and care in times of difficulty, as God has already fulfilled His promises through the Cross and resurrection of Christ. This already creates the hope of a future through God in Christ Jesus (Louw 1999a:35). Hope for the future is important, especially in the time and age in which we find ourselves. How easily does it happen that people merely go through the motions in their lives? They do not actually expect anything from the future. People do not experience their lives as a mystery full of challenges and opportunities. This situation creates a lack of expectancy (Vosloo 2001:electronic source).

God's intention is to provide for the orphans so that they need not be anxious but can to entrust their lives into His hands; therefore it was decided to reflect on Philippians 4:6-7, which can give us direction in this regard. Paul echoes Jesus' teaching in the Sermon on the Mount (Matthew 6:25-34) that believers are not to be anxious but are to entrust themselves into the hands of their loving heavenly Father, whose peace will guard them in Christ Jesus. Paul's use of 'guard' may reflect his own imprisonment – in any case, he makes it clear that it is not Roman soldiers who guard believers – it is the peace of God Almighty. God is sovereign and in control, therefore Christians can entrust all their difficulties to Him, who rules over all creation and who is wise and loving in all His ways Rom 8:31-39). In his letter to the Philippians, Paul brings the aspect of God's peace and the renewing of our mind in Christ to the attention of the church, an aspect that can be linked to the concept of pastoral care/therapy to empower everyone, including orphans with a spiritual wholeness perspective. In Philippians 4:7 and 8, Paul writes: "And the peace of God, which passes all understanding, shall keep your hearts and minds though Christ Jesus. Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things." When we look at this passage of Scripture, we should note that God's peace is different from the world's peace. It is not found in positive thinking, in absence of conflict, or in good feelings. Real peace comes from knowing that because God is in control, our citizenship in God's kingdom is sure, our destiny is set, and that we have victory over this world's circumstance and challenges because we honour God as our provider.

The present evil age still threatens those who belong to Christ, so we must resist its pressure. Our lives are changed as our minds are made new, so that we are able to 'discern' God's will. The second important aspect that Paul mentions is that what we put

into our minds determines what comes out in our words and actions. Paul tells us to programme our minds with thoughts that are pure, honest, lovely, of good report, virtuous, and praiseworthy. Therefore Paul encourages the church to replace harmful inputs with wholesome inputs. He also urges the church to focus people's minds on what is good and pure. His intention is to motivate the church to be transformed by the renewing of people's minds (Romans 12:2). That is exactly what the role of a chaplain must be in a therapy session – to help an orphan to transform his or her mind so that the peace of God can take hold of his or her life and he or she can experience spiritual wholeness in God's eyes.

3.7   A NARRATIVE CONVERSATIONAL MODEL FOR PASTORAL CARE/ THERAPY TO AMPLIFY ORPHANS' VOICES

This section refers back to the discussion on the relationship between pastoral care and pastoral therapy in Section 3.3. Listening carefully to orphans' stories is useful in crisis situations. Osmer (2008:73) mentions that in his research in congregations, he continued to be surprised at the number of people who thanked him at the end of interviews. They often added that the interview was the first time in many years that anyone had invited them to share their story. If congregations are to be fellowships of mutual guidance and their leaders, interpretive guides, then this sort of sharing of stories may well need to become more common. It is one more reason to take the descriptive-empirical task of practical theological interpretation quite seriously (Osmer 2008:73).

Pastoral therapy can be seen, amongst other things, as a therapy of comfort and hope (Louw 1999a:426-427). In essence, it binds therapy to a theological matter and helps a pastor to distinguish between the psychological and pastoral moments in therapeutic involvement. This distinction is important, as a bipolar model (see Sections 3.1 & 3.2) has already indicated that there is a psychotherapeutic moment in all pastoral actions. Psychology deals with interpersonal relationships and involves the process of growth, while pastoral therapy also studies underlying values and presuppositions, but a Christian therapist also attempts to understand how a Christian client distorts his or her relationship with Christ (Stocks 1985:82). The difference lies in the purpose, the effect and the means used to generate change. Hope and care are facilitated through Scripture, prayer and the sacraments. In terms of a theological anthropology, human

beings cannot become renewed and claim healing without God's grace. Pastoral therapy implies that therapy essentially intends to offer comfort through hope and care.

Furthermore, a supportive relationship, insight, and growth in Christ are addressed. Thereafter, the intention of pastoral therapy and hope therapy was focused on. A supportive relationship in terms of the New Testament refers to help and service that arise from the sacrificial sacrifice of Christ's humble love and God's mercy (Louw 1999a:427).

In conjunction with the narrative emphasis of the study, narrative studies formed the core of the therapy. Bezuidenhout (2005:189-190) explains that narrative is the medium through which God's way of operating in His covenant relationship with His people is made known within the pastorate. Müller (1996:101) argues, suggesting that stories, and the use of the story, are nothing new in the pastorate or therapy. A narrative approach is applied within the pastorate with its own terminological description. These terms are illustrated in more detail in Chapter 4 when a narrative approach is addressed.

A narrative approach provides scope for people and processes to become part of the conversation (Botha 2003:9). An orphan's narratives originate in connection with a context in which several other and larger stories already exist. Each narrative is addressed in relation to many other narratives in an orphan's life, as recommended by Ganzevoort and Visser (2007:115). It is not only about the particular narrative that is being told. Reflection on hope and care focus especially on the existential experience thereof. Through conversation the researcher became involved with the narratives of the orphans who became his co-researchers.

In this research, the orphans involved were encouraged to recall the series of events regarding the loss of their parents and to tell them, using Müller's ABDCE pattern. Therapeutically, the conversational approach of Müller (2000:72-103) was used in this research, since the therapy took the form of a conversation. The five movements are only briefly discussed here, as they are discussed in more detail in Section 3.7.2, as a mechanism for therapy for use in a pastoral home-based programme. The conversational partners were assisted in telling their emergency story. While a position

of not-knowing was maintained, they were assisted in communicating a number of narratives to the therapist, as set out below.

3.7.1 Postmodern therapeutic epistemological themes

3.7.1.1 Social construction discourse

It is characteristic of a narrative approach that the approach acknowledges that objectivity does not exist, but believes that meaning is created by social a form of construction. In social construction discourse, the aim is to inquire into the ways in which a person's personal, social and interpersonal reality is formed through interaction with other persons and social structures. Exponents of social construction discourse were taken into account and played an important role in this research.

Social construction discourse is a postmodern approach which offers a meaningful epistemology for therapies where conversation is used as a means of helping people (Kotzé & Kotzé 1997:27). In conjunction herewith, Freedman and Combs (1996:43) argue that our lives and relationships are shaped by discourses. Personal constructs are shaped by means of social transfer. De Beer (2007:27) confirms this and states that internalisation of these social constructs takes place through social interaction. Freedman and Combs (1996:27) describe it as a social interpretation, as well as the inter-subjective influence of language, family and culture. It involves people's reaction to one another, in order to construct, change and maintain that which their community regards as truth, as the reality and as meaningful.

Social construction discourse enables the truth and reality experienced by the participating orphans in a postmodern era to be understood. The story of the 'self' must be told and interpreted in conjunction with the full spectrum of the orphans' stories. Grief is influenced by the joining together of various stories. The orphans' relationships and social lives take place within a particular context. This cohesion of relationships also implies a religious context.

Since language serves as metaphor for life (De Beer 2007:35), it is necessary that the meaning of words is seen in their relation to the context. Putter (2005:21) argues that, in order to reach a deeper understanding, it is necessary to understand problems within

the context in which they are rooted. A word or text is inextricably linked to its context (Freedman & Combs 1996:46).

In order to understand the dynamics of the situation better, it is necessary to think in terms of deconstruction. Morgan (2000:45) explains that narrative therapists are interested in a discovery, acknowledgement and deconstruction of convictions, ideas and practices of the broader culture in which a person lives, and which support the problem and problem story. The following discussion attempts to investigate the importance of deconstruction as part of the narrative approach.

3.7.1.2   Deconstruction, reconstruction and co-construction

Deconstruction provides a new form of interpretation and understanding. It can be seen as a tool that can be used within a narrative approach. According to Morgan (2000:46), deconstruction is the 'pulling apart and examining' of truths that are regarded as 'obvious'. According to Müller (2009a:electronic source), deconstruction is a continuous process accompanied by a sustained sensitivity to power relations. Freedman and Combs (1996:1) also emphasise the fact that the construction of a story must be thoroughly understood.

The value of deconstruction lies in assisting in realising the process of reconstruction, as well as the co-construction, of an alternative narrative (De Beer 2007:36). Reconstruction refers to events, incidents and narratives that the orphans remembered or tried to imagine. Reconstruction, within narrative research, holds the possibility that people work together toward generating, forming, putting together, or co-constructing something new (Botha 2003:81). The pace is determined by the client and the events of loss are relived in the alternative story, but with hope (Smith 2002:181). Within a narrative approach metaphors such as alternatives, unique outcomes and change are used (Putter 2005:21).

Through deconstruction, discourses about grief are unlocked in order to find unique outcomes through an alternative way of understanding. The narratives of the orphans are used so that different versions can be told, and not in order to get to the ultimate truth. These unique outcomes rewrite the dominant story. The outcome can be anything that the problem would not like, anything that does not 'fit' with the dominant story

(Morgan 2000:52). A unique outcome can be a plan, action, feeling, statement, quality, desire, dream, thought, conviction/belief, ability or engagement/relation. It can be in the past, present or future. According to Freedman and Combs (1996:22), the researcher must take a 'not knowing' position and keep in mind that realities are socially constructed, expressed through language, narratively organised and maintained, and that there are no essential truths. According to Smith (2002:181), the events of loss are again *relived* – with hope – in the alternative story.

A narrative therapist is interested in separating the conversational partner's identity from the problem for which he or she is seeking support. It must be seen as something separate and different from the person (Freedman & Combs 1996:47). Externalisation is the process of speaking about the problem in ways that place the problem outside of the person and his or her identity. It involves the belief that a problem is something in a person's life that has an impact on the person's lifestyle and perceptions. It presupposes an attitude, rather than a technique (Morgan 2000:47).

3.7.1.3 *Externalisation*

Externalisation of the problem can enable the orphans to separate themselves from negative-dominant stories and to assign alternative meanings to events. Müller (2000:95) believes that it helps people to speak about problems as if they are something outside of themselves, something external. Externalisation sees problems as separate from people and supposes that people have abilities that will support them to reduce the influence of problems in their lives (Morgan 2000:2). The problem is localised outside of the person. The person is not the problem; the problem is the problem.

According to Müller (2000:96-99), O'Hanlon provides a useful oversight about how a therapist can work with externalisation, namely:

- the problem must be given a name;
- the problem must be embodied and all kinds of negative intentions and tactics must be ascribed as characteristics to the problem;
- ways must be explored in which the problem is experienced as destructive, overwhelming and discouraging;

- opportunities and situations should be recalled when the person was not dominated or discouraged by the problem;

- the therapist attempts to discover historical evidence that speaks of the capability and potential to stand up against the problem;

- the therapist attempts to evoke speculation about what type of future could be expected of someone who can act so strongly and efficiently against the problem; and

- an audience must be discovered or created that can 'applaud' the new identity and story that are developing.

When people seek the assistance of a therapist, they often speak of the problem in ways that indicate that the problem is in some way part of, or inside of, them. This self-talk is internalised and usually has a negative effect on people's lives and leads to vague descriptions. In the current study, the orphans were assisted to think of their problem as something outside of themselves, and then to speak about it. In this research, the orphans were assisted, through externalisation, to rather say: "despair, hopelessness, inadequacy or sorrow prevents me from experiencing hope and care". They were encouraged to objectify and embody the depressing problems they experienced. With such an approach, an in-depth investigation into the problem becomes possible (Morgan 2000:25).

The act of assistance involves, in some or other way, action that holds constructive and positive implications for human existence and can result in the meaningful functioning of people (Louw 1999a:510). A number of stories are important with regard to the act of assistance. These are discussed in Sections 3.7.2.1 to 3.7.2.5.

3.7.2   The evolving story

In a pastoral conversation, the conversational partner's full story emerges. The researcher and co-researcher construct the life story in search of meaning and purpose. The interpretation of life events is necessary in order to obtain skills to manage their lives. Since the conversation is the core of the researcher's approach to guidance, Müller's conversational approach was used in this research. This approach has been chosen as it is based on the totality of the orphans' narratives. Müller (2000:72-103)

speaks of five major movements whereby the therapist is involved in the pastoral conversation as discussed below.

3.7.2.1 The emergency story

The *emergency story*, in which the orphans are assisted to tell their story as thoroughly (in as much detail) as possible came first. The emphasis in this movement of the conversation is on the orphan's reality and the person's telling thereof. According to Müller (2000:74), one must first pay enough attention to storytelling. It deals with the person's expression of the pain experienced. It is here where the orphans find themselves with their package of hopelessness, loss and problems. This part of the story also deals with interaction with the researcher. The researcher becomes part of the process with the purpose of listening to the stories of the orphans. Throughout the process, respect must be shown for, and to, the orphans. The following extract from the interview with Tshepo illustrates this point:

> *Tshepo: It was not easy to accept the death of my parents. I feel that there is no one that can take care of me.*
>
> *Researcher: Tell me more about your feelings and what you experienced and what type of influence it had on your life.*
>
> *Tshepo: I feel lost and I wonder why me. That makes that I don't have hope and that life has no meaning.*
>
> *Researcher: What can make that life have new meaning for you?*
>
> *Tshepo: If I know there is hope for the future and people that can take care of me.*

Becvar (2001:29) says that we should stay sensitive to the unique ways in which individuals experience the phenomenon of death in a given context. Kübler-Ross and Kessler (2005:24) argue that most people do not ever feel 'okay' or all right about the loss of a loved one.

3.7.2.2 The past story

The orphans were then led to tell the *past story,* which involves the history of the emergency story. It is part of the orphan's identity and forms the basis on which the

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person can be worked with therapeutically. By listening to the orphan's story, it can be determined what effect and consequences the loss and mourning have on his or her life and relationships, and how possible solutions can be looked for. Consciously or subconsciously, drastic changes have occurred, which can be decisive for the future (Van Niekerk 2002:17). Thin descriptions are often presented as truth (Malan 2006:1062). Together with the orphans, a past story was continuously searched for. By sharing their stories, an orphan's sorrow can come to the surface and possibly bring about a catharsis. If persons can put into words the nameless feelings that overwhelm, they become wiser in their prayers and are better equipped to turn the tears and unutterable sorrow into meaningful words (Oates 1997:19-20). The following extract from the conversation with Thandi illustrates how the past story was used in the ABDCE process:

> Thandi: I was shocked after the death of my parents. I was just
> overwhelmed about what had happened.
> Researcher: Do you want to speak about your feelings?
> Thandi: It is too painful for me to speak about what happened. I just feel
> I want to run away sometimes.
> Researcher: Why do you want to run away?
> Thandi: I want to run away because I feel that there is no more hope for
> me and people that really care for me.

The response to loss differs from one person to another, on a physical, social, emotional and spiritual level. Furthermore, this response depends on the circumstances of the death (see also Section 1.3.8), the relationship that existed between the orphans and their parents, the inner strength of the orphans and their support structures. Death confronts both orphans and the therapist with their own mortality and frailty. After a death, one has to pick up life's pieces and move on. A person's life journey does not stop. This disruption requires adjustment in the way the world is looked at and one's plans to live in it. The past provides the building blocks for reconstruction. A story from childhood and graphic representations (the genogram, lifeline and eco chart) are examples of methods that use the past story as building material (Müller 2000:78). While the client tells the story, the information is written down on a genogram. Genograms can be used meaningfully in a narrative-pastoral approach during the

exploration of a past story. The information gained in this way can be used in the construction of a future-oriented narrative.

As many details as possible must be obtained in order for the picture to clearly unfold. When the orphans sketch their traumatic experience, they are actually describing a relationship with that experience. They refer to a relationship which develops according to a particular view of life.

According to Müller (2009a:electronic source), the discovery of these relationships is seen as rational externalisation. There is a difference between externalisation and rational externalisation (Bird 2001:3-8). Müller (2004:84-85) also differentiates between externalisation and narrative externalisation. Externalisation separates the person and the problem. Rational externalisation is employed when language is used in an attempt to create or maintain a certain relationship and bring it into harmony with the person's prevailing world view. Externalisation does not necessarily include rational externalisation. The difference lies therein that rational externalisation also focuses on the person's relationship toward the original response to the problem.

3.7.2.3   The obscured future story

The *obscured future story* is the future story is discovered within the past story, together with the orphans. When the burden becomes too heavy, and the orphans feel as if they cannot go on, it is important that the therapist assists them in finding meaning. The therapist must be involved to such a degree that the orphans have enough confidence to talk about what they experience. Interaction with the researcher involved, among other things, encouragement to explore, being a soundboard, or sharing his own journey with the orphans. The researcher facilitated a reality which included not only sorrow, but also joy. It has to be attempted to experience equilibrium in life. The stories must be explored so that the orphans can develop along with the telling of the story. Becvar (2001:20) says that finding meaning, or making sense, is a personal process, one that can be supported and facilitated, but that must ultimately be accomplished in the way that is most appropriate for each person. The following extract from the interview with Andile illustrates the obscured future story:

> *Andile: After I lost my parents I experienced fear that I will be alone and*
> *who will look after me?*
>
> *Researcher: What is there that have still meaning for you and that will*
> *encourage you to move forward?*
>
> *Andile: The fact that there are people like my caregivers, school and the*
> *church that can bring hope and care into my life.*

Becvar (2001:20) says that finding meaning, or making sense, is a personal process, "one that can be supported and facilitated but ultimately must be accomplished in the way that is most appropriate for each person".

The research is not a mere reflection of stories, but it brings forth a new story with new possibilities, emotions or aspirations (Steyn 2003:56). The future is not only about the future; it is already alive in expectations, planning and design. The future story does not function explicitly, but implicitly (Müller 2000:87). He also argues that the imagination of a future story is a powerful means to change in the present. By means of the imagined future story, the orphans could be helped to regain motivation, zeal and purpose. The future story was discovered together with the orphans, within their past story. The reason is that problem-saturated lives always imply a concealed future story (Brunsdon 2006:167).

3.7.2.4   The retold past story

The *retold past story* involves the process of reframing, where the past story is reinterpreted. With positive restructuring, another, more acceptable story, with the same set of facts, is created (De Beer 2007:54). Through this process, the orphans can perceive and understand reality in a new way. Restructuring involves a reorientation in terms of values that are rediscovered, and from which a new telling of the story becomes possible. This facet represents the climax in the interaction and is experienced together by the researcher and the co-researcher. Externalisation can be used successfully as a mechanism in the process of reformulation. Unique outcomes must be discovered, made more visible and linked with an alternative story. By paying attention to the unique outcomes, the therapist facilitates the placing of these events more in the foreground of people's awareness (Morgan 2000:59). Other themes can be presented instead of problem-saturated themes. By doing it, we invite people to start creating new

stories about the past (Müller 2000:73). The link between the negative of the past and the positive of the future must be discovered. Previous life experiences must be re-considered. However, the possibility does exist that there will be no climax. If that is the case, according to Symington (1990:33), it is best to process it and learn to live with it – not because one wishes to, but because in reality one has no acceptable alternative. The following extract from the interview with Tshepo illustrates the retold past story:

> *Tshepo: It felt that after my mother died, who took very good care of me, that everything was lost.*
>
> *Researcher: Do you really think that everything was lost?*
>
> *Tshepo: No not really, because there where a God that sent people over my road like my caregivers and other people to give hope and to show that God really cares.*

God uses suffering and approaching death to separate us from this world and set our hearts on that which lies on the other side (beyond this earthly existence) (Louw 1999a:87). In the midst of grief, it is the Cross and resurrection that represent the hope that comforts believers. The orphans must be led to the realisation that their understanding of grief may be part of their problem of finding hope and care. In the guidance process they must cognitively move from a negative to a positive understanding. Restructuring is not easy. It implies a change of core concepts and can be traumatic. Through reframing, a person is led to a reinterpretation of stories from the past (Moore 2004:211). The researcher's purpose was to empower orphans to improve their painful circumstances. Rich descriptions and thin descriptions were contrasted and then equated with each other. Crafford (2003:7) writes that through the process of reframing, the past story is reinterpreted and people are invited to construct new stories on the same framework of facts. Hereby new stories, with other themes in the place of problem-saturated themes, are created about the past. Rich descriptions want to connect alternative stories of the present with alternative stories from the past. They also want to associate alternative stories with other people, on the basis of common themes such as values, goals and connections (Botha 2003:272).

3.7.2.5   The imagined future story

In the *imagined future story* the future story is reconstructed. This becomes possible due to the retold past story. The meaning of the future and the unity of an orphan's story, which entails the whole journey, is a discovery that offers possibilities for a better understanding of life. It also serves as a description of the orphan's whole existence. Stories contain elements of telling and imagining (Müller & Laas 2009:electronic source). The bigger the gap becomes between the 'telling' and the 'imagining', the more the tension and the possibility of pathological behaviour increases. When the grieving process runs normally, people's interest is set on the future (Van Niekerk 2002:42). Neethling (1996:119) says that the future image is the self-image that is projected onto the future. It takes shape naturally when a person is invited to talk about the future and future dreams. The stronger the image, the easier it is to experience the future in the present. Where harmony exists between yesterday, today and tomorrow, there will be integrity, wholeness and maturity (which are the basic ingredients of spirituality). In this research, God's story could help the orphans to restructure their past and future story and change them in the present. The following extract from the interview with Andile illustrates the imagined future story:

> *Andile: The fact that I am still alive can bring meaning and purpose into people's lives. I don't think I have reached my real potential here on earth.*
> *Researcher: What is your real potential?*
> *Andile: That I can become the best possible person that I can be because there is a future for me in God. I realised that life goes on and that I need to find my potential. Hope in Christ for tomorrow and people that care for me is all that is now important to me.*

Metaphors play a role in the reflection on, and imagining of, a future story. According to Müller (2000:99), a metaphor does not have a fixed meaning and therefore the effect thereof cannot be predicted. It creates new possibilities of interpretation. We have the ability to form conceptions of reality. We can live out these conceptions in our imagination and experience the joy thereof. People must be guided to creatively interpret their own suffering (Du Toit 1990:3).

At this stage, imagined future story becomes possible due to the restructured past story. It again makes us realise that suffering and death are only temporary. One's imagined future lies in the Cross and resurrection, if one places one's hope in Christ and His promises (Romans 8:19-23). Alcorn (2005:370) says that if a person has hope, it does not imply that there will be no more pain, but it reduces the pain and puts it in perspective. However, Müller (2000:72-103) emphasises circular movement, rather than linear progress, between these movements. Reflection on grief is especially focused on the existential experience thereof. Through conversation the researcher is existentially involved in the stories of the orphans.

The narrative approach is about more than just narratives. Life is a journey, which is undertaken individually as well as communally. A person departs from a place and is on his or her way somewhere. "We have a past and we have a future and with our stories we try to link these two – our past and our future – with each other" (Müller 2009c:electronic source). He adds that the past and the future are extensions of the present – the *still-present* and the *already-present*. The past and the future combine to form a tense and powerful *present*. It involves stories that are remembered and that inform the present reality. The sharing of a past narrative is similar to an attempt to construct the future. Life is constructed from stories. The stories, which are stored in the memory, form the framework of attempts of finding meaning in life. They also contribute to the approach of a person's future. According to Müller (2000:9), the future becomes the *already-present* and the past becomes the *still-present* in the stories that are told. Stories are thus not only ways of describing life. They are more than simple descriptions of life and they shape life. Life is arranged according to them. They provide footholds in the passage to the future. The same view is held by other authors (Freedman & Combs 1996:101; Putter 2005:20; White 1991:28), who are of the opinion that narratives do not merely tell life stories, but help people to organise their lives.

The narrative approach is an approach that views people (with respect and non-judgementally) as experts in their own lives (Morgan 2000:2). In order to explain a narrative approach, Freedman and Combs (1996:32) state: "We live through our stories. We are lived by the stories of our race and place." Putter (2005:40) argues that a narrative approach suggests that research should be done with subjective authority. It is used as a source of information, not to change a person according to a specific method (Senekal 2005:72). To Müller (2000:55), the imagined future story is rather about the

understanding and description of the reality, but he agrees that the narrative approach is not a method, since it does not want to pretend to offer easy solutions. The person's story is only reinterpreted and reconstructed. By doing this repeatedly, change takes place and the orphans can again experience their own existence as significant. Putter (2005:20) says that stories can help us give meaning to our existence.

According to White (2000:62-63; 127) narrative approaches are especially related to postmodernist epistemology. The postmodern era is relevant, since the narrative approach is particularly characterised by the idea that there is no such a thing as objectivity, but that meaning can be created through social construction (Putter 2005:20).

The emphasis has shifted from the nervous system to the inter-subjective influence of language and culture, as well as the hermeneutic tradition of text interpretation (Müller 2009b:electronic source). It focuses on knowledge as a function of communal, textual interpretation. It is clear that language fulfils a key function in this approach. Language and semantics become the way in which meanings are assigned and shared. Meaning transfer is done by means of language. The 'act of languaging' and the 'act of storying' are therefore spoken of (Becvar & Becvar 1996:92). The 'act of languaging' inevitably leads to the 'act of storying'. Janse van Rensburg (2000:6) writes that the origin of postmodern concepts must be found in language philosophy. Language is the mechanism through which persons such as the orphans who participated in this study verbalise their interpretation of life. If the modernist was an engineer guided by the laws of science, the postmodernist is a storyteller inspired by imagination (Paré 1995:7). Language is also used to convey the narrative and can be seen as an interactive process, according to which expression can be given to problem situations (De Beer 2007:32). According to Putter (2005:21), human beings construct realities and knowledge or value systems by means of language. Language play, which constitutes narratives, develops from the construction of knowledge and meaning.

The defined scope, with regard to the facilitation of hope and care with orphans after the loss of a parent, is discussed by means of language that takes on the form of a conversation. Words give meaning to experiences. Narratives always arise in conjunction with the context in which many other and larger stories already exist (De Beer 2007:34). It is not merely about the particular story that is told. Human beings think

in terms of stories (Freedman & Combs 1996:18) and construct these stories amidst a joining together of various stories. The narrative is addressed in relation to various other narratives in the person's life (Ganzevoort & Visser 2007:116). The orphans in this research story are not merely objects, but social beings who construct and express their lives, faith and the practice of their faith within social relationships, by means of language. It is thus clear that the orphans' stories are not one-sided experiences. Telling a story to another person implies that there are participants and that a discourse is taking place. For a co-researcher such as the researcher in the current study, in an attempt to understand the orphans' lives, the elucidation of the functioning and influence of discourses plays an important role. Freedman and Combs (1996:43) state that stories surrounding therapy are shaped by a variety of discourses. These discourses take place in people's social set-up or context, in this case, that of the orphans. This points to social constructionism which is, in turn, related to a narrative approach. This becomes clear, since social constructionism is the core around which the narrative approach revolves (Steyn 2003:169).

3.7.3 The pastoral focus of narrative discourses

3.7.3.1 Insight

The intended impact of pastoral therapy on the functioning of faith is hope. Dialogue and listening skills are meant to bring about insight and personal growth. Thus, in some way, therapy involves an act of assistance that can hold constructive and positive implications for human existence and meaningful functioning. In a case where someone has lost a loved one, a change in the person's faith functioning is intended, with a view to a hopeful life. In a narrative approach, the story is not used as a source of information in order to apply a method that will change the person (Senekal 2005:72). The story is merely reinterpreted and restructured. When this is done repeatedly, change takes place and the person can again live a meaningful life. For Müller (2000:55), the aim is understanding and describing the truth. He says that a narrative approach is not a method, because it does not claim to offer easy solutions.

3.7.3.2 Growth

Pastoral therapy, as a concentration of God's concrete promises on the total historical situation of the person, has the immediate effect of faith growth and development. According to Louw (1999a:518), pastoral therapy's overall goal is faith maturity. Faith plays an important role in the healing process. It offers security based on God's promises. It plays a role in a person's expectations and wishes; in this case, the expectation of the orphan's getting together with his or her parents again. Spirituality is affected, which in turn has an influence on a person's insight and willpower. Ultimately, the person reaches faith maturity and does what is right – even if it is not always pleasant.

3.7.3.3 Healing

Healing has become a specialised field and can be placed into categories such as spiritual healing, physical healing, faith healing and miracle healings (Putter 2005:44). The healing dimension of Christian faith is linked to the work to the hope of the Cross and the resurrection. Healing does not involve only the inner 'soul', but the totality of a person's being. In the context of pastoral therapy, healing must be understood theologically as a result of God's faithfulness and mercy. The character of pastoral therapy is determined by who God is to humankind and how humankind involves God in life and the future of creation.

Therapy has to do with a form of help which is focused on healing and recovery. The person must be helped to reach healing, function better, or reach a form of wellness, which can be typified as wellbeing or health. According to Moore (2004:175), healing, from a pastoral care perspective, refers to the restorative, healing force field of God. Moore (2004:175) argues that healing forms a unit and, hence, the focus is placed on hope in Christ. In a narrative approach, the therapist uses metaphors such as alternative and unique outcomes, which suggest healing. Putter believes that the discourses on healing can be broken open like a nutshell in order to understand them in an alternative manner, rather than to get to an 'absolute' truth (Putter 2005:37).

3.7.3.4   Hope in Christ

It helps to discover hope in God and live from the fulfilled promises in the Word, so that everyone can find meaning from the perspective of the Cross and resurrection on life. As a therapist, the researcher becomes involved in interpreting the will of God regarding questions about the meaning of life, so that these orphans can experience hope and care. Louw (1999a:2) says that meaning is concerned with the quality of people's daily 'being functions', as well as the choices concerning their life goals, norms and values. An orphan's narrative and God's narrative (Scripture) must collaborate to the point where existential problems can be interpreted and handled by means of Scripture. Smit (2006:182) also says that, through the ages, although in many different ways, the Biblical message has instructed, exhorted, guided, taught, inspired and oriented believers, especially with a view to life. In pastoral care and therapy, an orphan will perceive and understand his or her reality in a different way.

Pastoral therapy means that God does through Scripture what He promises and what people believe, since the gracious gift of Scripture causes believers to respond and live, feeling comforted (Louw 1999a:441). The God-man-relationship is the inner relationship which pastoral therapy is all about. The intention of the pastoral therapist is the restoration of this relationship, in conjunction with addressing existential problems which the person may experience (Moore 2004:175). Pastoral therapy stirs, cultivates and nurtures faith from the sacramental truth content of Scripture. Faith can be seen as the instrument through which the message is understood and interpreted. The gift of hope, with the message "for you, in your place", causes faith maturity to develop.

> The term 'interpretation' indicates that the pastoral conversation deals with that use of Scripture in which the pastor performs a listening act to both the side of God and His revelation, and to side of the person and his/her problems. (Louw 1999a:430)

Pastoral therapy, in the pastoral conversation, works with a Bible message as a presentation of redemptive gifts and hope. Examples hereof are found in Psalm 119:130: "The unfolding of your words gives light; it imparts understanding to the simple." The Scripture also offers hope, as Psalm 119:50 says: "My hope in my

suffering is this: Your promise preserves my life." It can be said that the Bible message forms the basis of therapy, since believers have always confessed with conviction that the Bible is authoritative, also in the lives of believers, and that it is trustworthy, clear and sufficient (Smit 2006:183). The Bible message can be seen as the Living God who speaks to an individual human being personally.

In reflection of the narrative process used in this research it is imperative to keep in mind that for practical theology to reflect in a meaningful way on the experiences of the presence of God, that theology needs to be locally contextual, socially constructed, and directed by tradition; it needs to explore interdisciplinary meaning and to point beyond the local (Müller 2005:1). This is a circular process which continues until satisfactory interpretations have been found.

This framework is placed within a cultural-linguistic model for pastoral care, making the dynamics of language, culture and subsequent interpretations evident. Gerkin (1997:111) explains that this model's structure emphasises both the human penchant for structuring life according to stories, and the power of interpretation to shape life and express care. It facilitates an open dialogue between the Christian story on the one hand and the particular life story of an individual Christian on the other. This is a dialogue that includes sharing feelings, stories of past experiences, mutual questioning and a search for authentic connections between these two poles (Gerkin 1997:112).

This study has shown how adolescents orphaned by HIV/AIDS came to an interpretation of their situation by incorporating the situational and cultural cues in the environment into their story. It also showed how they experienced the presence of God within their context and how this experience re-wrote stories of hopelessness into stories of hope. The writing of alternative stories has equipped them efficiently to obtain a connection between the two poles, which need not be in opposition. Therefore narratives amidst despair need not always be ones of hopelessness; they can be transformed into narratives of hope and strength (Müller 2009d:electronic source). The fact that these children have survived to tell their story is amazing in itself.

In reflecting on how the SANDF can assist these children affected by HIV/AIDS and the caregivers in these orphans' lives, it is recommended that the chaplaincy increase its level of awareness about HIV/AIDS and its impact on the lives of the children left

behind. By assisting these children in finding a connection between the reality of their life stories and the message of God's story, the chaplaincy can fulfill its role in pastoral caregiving by helping them to create a future narrative of hope. If the chaplaincy can find a way to decrease the tension between orphans' current story of despair and God's message of salvation, more children will turn to their spirituality to guide them through life. This way, God's story can become the lens through which every other experience in life is interpreted (Müller 2009d:electronic source).

The chaplaincy's service mission statement makes it clear that the chaplaincy service must ensure that members of the SANDF and their dependants are pastorally cared for by the provision of spiritual, social and ethical support. A chaplain's primary responsibility is spiritual welfare, but to underpin this, the chaplain renders social support as a member of the multi-disciplinary professional team, together with, for example, the (nursing) sister at the sickbay, a psychologist and social worker (Van der Heever 2000:10-12). Therefore, in the light of the above mentioned statement, the researcher saw fit to choose pastoral care as the focus of this research, because this study wanted to make proposals in respect of a pastoral home-based programme supporting orphans infected and/or affected by HIV/AIDS in the SANDF.

3.8 PASTORAL CARE/THERAPY AS A FACILITATOR OF HOPE TO ORPHANS

This section refers back to the previous discussion on the relationship between pastoral care and pastoral therapy (see Section 3.3). Some orphans wrestle hopelessly with their grief. Every orphan's personal paradigm plays a role. This frame of reference involves, amongst other things, one's perceptions, convictions and context. Everyone deals with grief according to a personal view and experience of the loss. According to Jackson (1957:18), grief is an emotion that comes with the task of mourning. It involves an attempt at being freed or delivered from the relationship that existed, and to re-invest emotional capital in new productive directions for the health and well-being of a future life in a community. Our grief is as individual as our lives (Kübler-Ross & Kessler 2005:7). Grief is a set of intense emotions that can cause despondency. It causes people to be unable to search creatively for solutions. Collins (2005:402) argues that loss is a personal and emotionally charged occurrence. What the orphans believe and how they see their role determines their personal paradigms.

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The impact of loss is closely connected to the interpretation of a hermeneutic pastorate. It also leaves orphans with a choice about whether they want to find purpose in life to continue again. The question about a purpose in life can only be answered if orphans comprehend the situation and have the necessary understanding and insight. Kruger (2008:electronic source) calls this understanding and insight *knowledge* and distinguishes between true knowledge, unchangeable knowledge, life-creating knowledge and life-giving knowledge. The term *'knowledge'* (in the singular) should not be seen as a modernist term, since it is considered as understanding and insight. Although the term is considered modernist, the term is used in this study, because the researcher also sees orphans' knowledge(s) (singular or plural) as understanding, insight and comprehension. The widening of the term to include a plurality of knowledges honours a postmodernist approach.

The concept 'true knowledge' links up with the pastoral scope of this study and is subsequently illustrated further. Kruger (2008:electronic source) elaborates on true knowledge, which deals with heart knowledge that stretches further than head knowledge, emotional knowledge or action knowledge. It involves more than facts. It is about knowing God personally. It implies that a person (in this case, the orphan) must know, love and serve Christ wholeheartedly. Jesus Christ Himself is the Truth and the key to wisdom and knowledge. The Word and the Holy Spirit also offer knowledge to humankind.

Hestenes (2007:69) says that people cannot live without meaning and that systems of meaning enable people to make sense of the world. According to him, these systems of meaning are based on truths that provide meaning, but which also question human existence. Culture is relevant here, since every person within a specific culture internalises the world view of that culture. People construe their reality as they live each day.

Freedman and Combs (1996:23) argue that all things that make up the psychological fabric of reality arise through social interaction over time. Since context is important, the social aspect of the psychological fabric, as well as a narrative-pastoral approach, is emphasised. Mechanisms such as deconstruction can be successfully applied within postmodernity. Through deconstruction, it is possible to look at people, human knowledge and people's life circumstances in a creative manner (Van Jaarsveld

2001:101). It thus deals with the social nature of constructs in which an orphan, for example, within a postmodern context, experiences the truth. Adopting a postmodern, narrative, constructionist world view offers useful ideas about how power, knowledge and 'truth' are negotiated (Freedman & Combs 1996:22). A narrative approach is characterised by the notion that there is no such a thing as objectivity, but that meaning is created through social construction (Putter 2005:20). This than raises the question of what role a therapist plays in the construction of an orphan's narratives, especially in terms of hope and care.

Care lies in the idea that a person knows where and by whom he or she is cared for. Believers are orphans of God and He is there for everyone. Pastoral guidance can contribute to an orphan's awareness of the True Carer. The landscape of care is illustrated below.

3.8.1 Therapy and care

According to Louw (2008:220), therapy is linked to the fulfilled promises of God, as described in Scripture and represented in the sacraments, prayers, liturgical rituals and the community of believers (koinonia). However, this pastoral care has another dimension, because of the death and resurrection of Christ. How can a counsellor contribute to caring for a person? Retief and Retief (2006:67) argue that counselling plays a major part in analysing emotions and processing deep-seated sorrow, anger and guilt. Orphans experience a desire for care and personal compassion with their circumstances. Insight and faith in God can be facilitated through counselling, which can contribute to care. Raath (2008:electronic source) says that there is only one comfort and one truth: the fact that we belong to Christ Jesus is the only and fully sufficient comfort in life and in death; a comfort besides which no other comfort is necessary, or even conceivable. The orphans should evaluate everything they experience in the light thereof and experience hope and care. Louw (2008:220) explains this idea as follows:

> Hope in care is not wishful thinking, but a new state of mind and being
> with the question of identity: who am I in terms of the ontic reality of who
> I can become?

This implies that the Christian orphans should not close their eyes to the realities of life. According to the anthropological perspective adopted in this study, an orphan's pain and suffering is linked to the synthetic, stereometric and perspectivist parts of their being. People experience pain as a result of the loss of a loved one in totality. A disturbance in one of the components causes an imbalance and affects the other components. The role of care is therefore discussed below in the light of these perspectives. It is important to note that a holistic approach is followed throughout this study to ensure that the orphans' needs in terms of their body, soul and spirit would be met (see also the discussion on embodied spirituality in Section 2.3).

3.8.1.1 Synthetic role in care

The following variables are important to the researcher with regard to the synthetic role:

- *Habits and care*
  As far as the synthetic aspect is concerned, the physical care of orphans is important. They should follow a healthy eating pattern, exercise regularly, have opportunity for relaxation and social contact, get sufficient sleep, and pay attention to personal grooming (Serfontein 2001:60; Uys & Mulder 1993:74).

- *Medication and care*
  With the focus on the physical, it can be said that medication, as prescribed by a doctor, can be used judiciously in the relief of sorrow, and can thus also be valuable in the process of care. Orphans must be guarded against the abuse of alcohol or other addictive substances. In cases of abnormal grief, when a mood disorder is observed, an orphan should be referred to a psychiatrist. However, medication is not always necessary and, by means of counselling, orphans can be supported in finding hope and care (Thomas 2000:104 -105; Uys & Middleton 1997:32).

3.8.1.2 Stereometric role in care

The variable that is important for the researcher with regard to the stereometric role is the *brain, genetics and care*.

Stereometrically seen, the functioning of the brain, and thus also genetics, is a factor in a person's relationship with the Lord, and therefore also in caring. Meier, Clements, Bertrand and Mandt (2005:1) write that genetics contribute dynamically to brain

functioning, particularly to the maintenance of the balance between the four key chemicals (serotonin, norepinephrine, dopamine and gamma-aminobutyric acid or GABA). These chemicals are responsible for the human ability to experience love, joy, peace, patience, gentleness, humility, energy, motivation, memorization, concentration, a positive attitude, self-acceptance, dreams, and sanity itself (Meier *et al.* 2005:1).

However, genetics and brain chemicals do not explain every aspect of human behaviour. Other factors such as counselling, the environment and decision-making also influence emotions. According to Van den Berg (2007:192), it is important that a practical theologian must be aware of specific pathways in the brain, which can be strengthened by means of therapy. A person's relationship with God is of the utmost importance. Meier *et al.* also emphasises this notion when he says that a personal friendship with the God who created our genes in the first place is by far the most important factor in our lives (Meier *et al.* 2005:2). It can thus be deduced that genetics play a role in an orphan's interpretation of who he or she is, as well as to determine his or her relationship with God. New paradigmatic developments have opened horizons for greater understanding about the relationship between biology and spirituality (Van den Berg & Van den Berg 2007:197). It can thus be deduced that the functioning of the brain and genetics play an important role in people's emotions and should be integrated into an embodied anthropology. It is, however, a highly specialised area and a fuller discussion is beyond the scope of this research.

3.8.1.3 Perspectivist role in care

The variable that is important to the researcher with regard to the perspectivist role is a *relationship with God.*

A perspectivist approach deals with that part of a human being that makes a relationship between God and humans feasible. It is a person's spirit that enables him or her to have a mutual relationship with God, and to hear God's voice. Louw (1999a:206) writes that there is a pneumatic connection between a believer and Christ in the pneuma of the person. Christ then lives in a human being through this connection. The believer is dependent on God in everything. According to Kruger (2008:electronic source), caring is to know God wholeheartedly. This relationship determines the meaning a person ascribes to life, and therefore also to the loss of a loved one. How

this situation is handled, or how the person is cared for, is directly connected to the perspectivist approach. Orphans have to know who their Carer is. Human behaviour is determined by the Spirit. Galatians 5:25 says that a person lives by the Spirit and that the Spirit also determines a person's behaviour. Faith is also relevant when it comes to the perspectivist approach, since it involves one's relationship with God and can be seen as the core of one's being. It is seen as the core because of the fact that it has an influence on the entire person. It refers to community with God through His Spirit and faith knowledge of God in the midst of the daily life experience (Louw 1999a:207).

3.8.2 Other external factors that play a role in care

A number of external factors that play a role in care, such as time and relationships, are discussed below.

3.8.2.1 Time and care

The course of time plays an important role in the handling and completion of the grieving process (Kübler-Ross 1975:35). Sorrow diminishes over time. The orphans will eventually be cared for and will be able to continue with their lives. This recovery period varies from one orphan to another. Some orphans are comforted sooner than others. Each orphan grieves in his or her unique way and time. Since loss is not a uniform experience, it differs in form, intensity and duration (Mullan *et al.* 2003:233; Kübler-Ross & Kessler 2005:xi; Bowlby 1979:82). There is no consensus about the variety of emotions experienced while grieving. Handling the loss of a parent varies according to the individuality of each orphan. Individuality, as well as context, is important. The value granted to each context varies (Smith 2002:50). The context thus determines the dynamics of loss and grief. Becvar (2001:29) says that we should stay sensitive to the unique ways in which people experience the phenomena of death in a given context. However, a conscious decision is also involved. Moolman (2006:12) argues that it is important to make a conscious decision that there is indeed hope for the future.

3.8.2.2 Relationships and caring

According to Van Niekerk (2008:117), it is human and normal to expect caring and support from people close to you. A short visit of caring, with few words, is often

sufficient. It is about the quality of the caregiver's presence and genuine caring for the orphan. All people are not equipped to show good care. Many people feel uncomfortable when intense emotions are involved after the death of a loved one and do not know what to say. In the process they will make use of old, clichéd expressions that can possibly be more damaging than helpful (Klopper 2006:electronic source). Other friends intellectualise and try to rationalise the situation by using expressions such as 'life must go on' or 'be thankful for the time you had together'. Some will try to comfort like Job's friends, saying that losing a parent is worse than losing another family member, or that a child can never get over the death of a mother and a father. Van Niekerk (2008:118) writes that a person can never *get over* pain in any event, but only goes through it. People often try to give Biblical meaning to loss, saying things such as 'God knows better' or 'his battle is now over'. People must discover God's plan and purpose for their own lives. People can only contribute by listening and praying. It is not necessary for them to do or say something specific.

3.9 THE PUBLIC ROLE OF CHAPLAINS AND SUPPORT GROUPS TO CREATE HOPE OF NEW LIFE FOR ORPHANS

The HIV pandemic intensifies problems that people struggle with such as HIV/AIDS orphans, other diseases, housing, education, adequate welfare services, crime and violence (Terreblanche 2002:374). Nico Koopman rightly says in the light of the challenge that South African churches are disorientated with regard to their public task in a democracy (Koopman 2005:151). He is correct, because churches are not addressing the challenges in their communities, making an impact as it is expected from the church at large.

In an article on the public relevance of Hauerwas's theology, Biggar (2000:144) comments that Hauerwas emphasises the identity of the church so that the church can fulfil her public role more faithfully. To fulfil her role faithfully the church should think again about what it means to be a church. The church needs to embark on this task "not because it has ceased to care about the wider world, but precisely because it cares to discharge its own peculiar and vital service to it properly" (Biggar 2000:144). Awareness of its identity paves the way for the chaplaincy in the SANDF to say something unique, unfamiliar and original to society. Only if the chaplaincy in the SANDF discovers its true identity can it offer something peculiar and vital to the community. It should be involved

in society, to be faithful to the triune God. Hauerwas's appeal that the church be a church strengthens the engagement of the church with society. True worship entails, according to Hauerwas and Willimon (1998:46), honouring the poor, and thereby testifying to the amazing community-creating power of God.

The chaplaincy in the SANDF must be clear on the way that chaplains deal with orphans and that this can have an impact on public life. What we do with our ministry as chaplains has an impact on the body of Christ that we are part of, as well as on society. God desires us to look after the hopeless and enlists our aid in doing so. The SANDF relies on the chaplains to give some direction on how the SANDF handles orphans. The above outline hopefully illustrates the importance and the public significance of the chaplain's ministry in line with the thinking of Hauerwas.

Because God's work of salvation is broader than the new aeon and the church, Christians can cooperate non-violently with non-Christians in a quest for justice and the common good (Koopman 2005:157). This joint search for the common good implies a quest for moral consensus. This consensus should, however, not have the purpose of merely limiting evil in a context of conflicting self-interest, but should strive to achieve the good. Hauerwas defines the common good positively – the common good is not simply the sum of individual or group interests, but it is genuinely a good that is common to all (Koopman 2005:157). The good that is searched for is for the entire human community and, in this case, it includes what chaplains can do for orphans after a parent has passed away.

With regard to all these challenges the SANDF chaplaincy can make an indispensable contribution to society – not just any contribution, but a vital, unique and indispensable contribution that chaplains are to make in society.

The chaplaincy needs more help to go public with its unique contribution. The intention with the study is to implement a support group system similar to the focus group system used in America. In many ways, we as the chaplaincy already go public in a credible and fruitful way. However, we also need to develop appropriate ways to communicate our message in more direct ways in a pluralistic society, for example, in the form of a home-based care programme for HIV/AIDS orphans. We owe the world our unique and indispensable contribution. We need to find effective ways to share that contribution

with others, and that can be done though the focus group system, where support groups play an important role. We need to cooperate with others, not only for the sake of preventing or managing conflicting interests, but to serve the realisation of the good life that God has in store for all His people.

The researcher is of the opinion that the focus group system can help the chaplaincy to meet the challenges of orphans. We need what Stackhouse (1995:951) calls a 'public theology', a way of speaking about the reality of God and God's will for the world that is intellectually valid in the marketplace of ideas and morally effective in the marketplace of goods and services. The relative validity of religious claims should be investigated by means of ethical criteria that find a sanction in what is truly universal and enduring (Paris & Stackhouse 2000:6-7; Stackhouse 1995:951). Without these critical principles, theological ethics may be tempted to be little more than an 'idiosyncratic folkway', and theology is tempted simply to be an ideological megaphone for what a group believes or practises (Paris & Stackhouse 2000:2-6).

One of the tasks that a focus group support system can help to accomplish is constructing better systems, offering the prospect of a deeper, wider, more valid view. Such a system seeks to improve things for persons and societies, and it hopes to alter the destiny of souls and civilisations by offering a vision that reaches beyond things as they are. Chaplains in collaboration with other role players can help to bring others to a new conviction about a previously unknown or disbelieved point of view. They should feel called to persuade others that a different quality of life can be organised on a more adequate moral foundation, warranted by a more ultimate framework of legitimacy. Then the words of Paris and Stackhouse (2000:6-7) can become a reality – they state that people work, most often, in and through the organisations, religious and voluntary, of civil society, building networks of conviction that, if successful, play themselves out in reshaped spheres of life and in the establishment of new roles and identities. However, in this research the emphasis is on the unique role and contribution of the chaplaincy in the implementation of a focus group support system. In this scenario, Stackhouse would give prominence to the question of how we can go public with our unique contribution.

In the light of the comments above, the significance of Stackhouse's approach for SANDF chaplaincy can be briefly spelled out. Stackhouse's proposal for the ethological and evaluative, that is the deontological and teleological, tasks of theological ethics *cum*

public theology, paves the way for dialogue in the public sphere with other traditions and other disciplines. Stackhouse's function of persuasion and activism thus paves the way for concrete cooperation between the chaplaincy and other institutions of civil society. In dialogue and cooperation with institutions of civil society and other spheres of society the chaplaincy can persuade people of a different quality of life and of a more adequate moral foundation.

Lessons can be learned from both Hauerwas and Stackhouse. To the researcher, Hauerwas and Stackhouse's public and ethical viewpoints are important signposts for practical theology. This is especially the case if we read their work in terms of their own aims, agendas, emphases and self-understanding. The SANDF Chaplaincy Service can indeed come to a better understanding of and greater faithfulness to its calling in the community by attending to these approaches. The chaplaincy in another context might also do well to appreciate these approaches in their own right and in terms of their strengths.

Scripture is the source of knowledge regarding God's promises about the fact that God cares for us. The question is where everything is heading when one looks at all the things that are happening in the world today. This question is not only about the future, but also affects the way we live each moment. According to Conradie (2006:14), scripture helps us to find purpose in that which we do every day. A person's faith plays a role in answering this question, which in turn influences a person's daily way of living. The religious context in which orphans find themselves influences their convictions.

From the above it is clear that believers must find meaning in everyday living. Although there is no certainty about why things happening to people the way they do and why people must suffer as the orphans do, it is certain that a person who believes in Jesus has hope for the life he or she finds him- or herself in. Further questions immediately arise – who will take care of me when I lose a loved one to death? Questions such as these construed by orphans form part of their narratives and are presented in the form of language. According to a narrative approach, language is the mechanism by which narratives are transferred. With the telling of these narratives, the person is continuously busy construing his or her world (De Beer 2007:17). Language, in the telling of stories in this research, is the instrument through which meaning and understanding are given to life experience. According to Müller (2000:59), clients' understanding of their reality is

shaped through their use of language. The following reactions of the orphans and the language they use illustrate their specific construction and reality of their lives:

> *Andile: I believe that because of the Cross and resurrection that my mother is safe with the Lord and that there is hope for the future, but is there hope for my future? Can I have that assurance that as God takes care of my mother that He will take care of me?*

> *Tshepo: I lost my mother and father due to HIV/AIDS. I know that where they are there is no more pain and suffering, but who is going to take care of my pain and suffering? Are there professional people that can care for me and give me hope?*

> *Thandi: I miss my father but he has entered a place of rest, safely at the Lord's side where he is in God's caring arms of love. Will I experience arms of care and love as my father is experiencing it now? Is there really hope for me for the future and are there really people who want to take care of me? I have so many questions that I am seeking answers for. Can God's promises in His Word really give me answers to all my questions?*

The most important questions about which the orphans involved in this research have wondered were whether there is hope, and whether there really are people besides their family that care for them. With regard to these questions, the current research focused on the subject of hope and care, and especially the viewpoints of the orphans involved in this research (see Section 5.9).

3.10   CONCLUSION

The study deals with pastoral care and pastoral therapy as hope and care for orphans who have lost a parent due to death. The terms pastoral care and pastoral therapy have been addressed and the terms hope and care have been clarified in this chapter. It has been pointed out that the term pastoral care emphasises the Christian aspect of care – God is in charge of world and that is what is important. It is all about the glory of God, in

other words, God's promises regarding humankind, which have been fulfilled in Christ's crucifixion and resurrection (Louw 1999a:2).

The holistic anthropology of this study's role in pastoral care has been discussed with regard to the synthetic, stereometric and perspectivist aspects. It has been clearly shown that pastoral care involves awareness of people's needs, and pastoral therapy refers to the action that is taken. Pastoral therapy emerges from pastoral care, but is also intertwined with it. It can further be stated that pastoral therapy makes use of God's promises that deal with hope and care, in other words, pastoral care. The important connector between these concepts is the crucifixion and the resurrection and the pastoral thinking that can be extracted from this. Since this is a pastoral study, the focus is placed on Scripture, as well as on other views from the literature regarding the role of pastoral care and pastoral therapy in hope and care.

The relationship between pastoral care and faith has been touched on and the necessity for a pastoral care perspective, with regard to hope, has been discussed. Hope is associated with what the orphans believe and how they see their roles. It determines their personal paradigms. It was noted that the impact of loss is closely connected to the interpretation thereof. It also leaves orphans with the choice of whether or not they want to find purpose in life, in order to continue. The question about life's purpose can only be answered if orphans possess the necessary knowledge(s). Care is found in knowing where and by whom one is cared for. It has been kept in mind throughout that this is a narrative study and therefore co-researchers, who are part of the research, have been involved and quoted. Each person's experience and handling of his or her loss is unique (Mullan *et al*. 2003:233; Kübler-Ross & Kessler 2005:xi; Bowlby 1979:82). Therefore everyone's pastoral care view, with regard to hope and care, will be unique.

The therapeutic aspect has been addressed through a discussion of pastoral therapy. In essence, pastoral therapy stimulates faith growth and faith maturity. This also raises hope. Consequently, the term hope has been explored and clarified. The connection between hope and care was then discussed, with specific attention to the synthetic, stereometric and perspectivist roles of care. Next, care has focused attention on orphans' questions about their lives.

The narrative approach is clarified in an attempt to indicate the relationship with pastoral care and pastoral therapy. The discourse on hope and care assumes that life still continues, and therefore focused attention on the co-researchers' questions about life and what life has in store for them now and in the future. Conversational partners' view of life is portrayed by their perception of their own lives in the light of God's Word. Possible meanings of life were explored and clarified by addressing the orphans' questions in a circular fashion. A narrative accent was emphasised by a circular approach to the conversational partners' questions. The nature of this discourse accentuates a cycle, rather than a linear progress. The depiction is done based on information from Scripture, the literature and the conversational partners' views.

It is also important to note for this study that narrative care and therapy were approached within a focus group support system (see Section 5.9). Therefore the aspect of public theology and focus groups gives special meaning to narrative care and therapy. Focus groups enable chaplains to come together to help orphans who have experienced the loss of their parents to help them to overcome or cope better with their problem, situation or other stressful life situations. Chaplains should do more to support and encourage these orphans. Underrating the needs of the orphans will be to the detriment of the chaplaincy.

From an autobiographical view, the narrative pastoral care model used in this research had a significant effect on how the researcher could explore the experiences, loss and needs of the orphans in a very personal way by means of the narrative conversations that he engaged in with the orphans, and the meanings, values and hopes of orphans that became very clear to the researcher. Chapter 4 deals with the meaning of the term 'grief', since knowledge of the grieving process is needed to facilitate hope and care. The meaning of the term 'loss' is connected to the concept of grief; therefore it is necessary to address both concepts. The terms are so extensive that it is necessary to narrow them down and explain them further.

In this research, attention has been drawn to the role that externalizing conversations play in opening up space for other conversations, ones that contribute to the generation of more positive identity conclusions. And more than this, at times, these other conversations, which White refers to as 're-authoring conversations' (for example, see White 1991:33, 1995:40), also contribute to the identification of and to the exploration of

the very knowledge of life and practices of living that are associated with these positive identity conclusions. In this way, these re-authoring conversations (which externalizing conversations often make way for) contribute to a thick or rich description of lives and relationships that in turn generate a wide range of possibilities for action in the world that were not previously visible. It is in these re-authoring conversations (and here again the researcher agrees with White) that people step into other experiences of their identity. These re-authoring conversations actually shape, or constitute, life and identity.

In summary, the potential of externalizing conversations has been emphasised and illustrated. Such conversations assist people to break from negative identity conclusions, and pave the way for the introduction of other conversations which contribute to an exploration and generation of more positive identity conclusions. These positive identity conclusions are not stand-alone phenomena. They are associated with specific knowledge of life and practices of living. On many occasions, upon initial inquiry, these other knowledge and practices are only evident in very thin traces. However, as the researcher understands it, these knowledge and practices have the potential significantly to shape other ways of being in the world, and other ways of thinking about life. Therefore, if these knowledges and practices can be more richly described throughout the process of therapeutic conversations, then previously unimagined possibilities for action become available to the people who consult pastoral therapists.

CHAPTER 4

REAUTHORING THE GRIEVING PROCESS OF HIV/AIDS ORPHANS THROUGH PUBLIC PASTORAL PROCESSES

4.1   INTRODUCTION

The concepts pastoral care and pastoral therapy have been addressed and the concepts hope and care have been clarified in Section 4.3.5. Pastoral care emphasises the Christian aspect of care and it operates on the assumption that God's promises concerning the crucifixion and resurrection have been fulfilled (Louw 1999a:2).

This chapter focuses on a description of the grieving process and the connection between grieving on the one hand, and hope and care on the other. Furthermore, the discussion of discourses on hope and care, with the verbatim questions of the orphans and their conceptions in verbatim form, come into focus here (see Section 4.3.2).

Knowledge of the grieving process is necessary in order to support orphans in the therapy process to facilitate hope and care. Mourning is connected to the concept of loss (Van Niekerk 2002:18) and therefore it is necessary first to address the concept of loss. These concepts are so comprehensive that it is necessary to delimit them and clarify them.

The narrative approach adopted in this study is explained and its connection with pastoral care and pastoral therapy is shown. The narrative approach assumes that people do not tell stories only for interest's sake or for entertainment, but that life's grain is exposed through these stories (Müller 2009c:electronic source).

In the conviction that a life in the here and the now exists, the discourse about hope and care in this chapter focuses on the questions of the co-researchers about their lives in the here and the now. The orphans' perceptions of life here and now are portrayed by their views. Possible meanings of life after the death of a parent are explored and explained, by addressing the orphans' questions in a circular fashion.

4.2 THE INTENSE GRIEVING EXPERIENCE OF HIV/AIDS ORPHANS

Life is a constant series of separations and losses, smaller or larger in their scope and intensity. Loss is a universal crisis which is not only experienced at the death of a parent, but affects everyone at some stage. According to Collins (2005:402), some of the losses people experience are divorce, loss of health, loss of a youthful appearance, and loss of self-confidence or enthusiasm. Van Niekerk (2008:18) mentions two kinds of tangible loss, such as the loss of a family member, and symbolic losses, which are abstract and result from human interaction. Examples of such symbolic losses include divorce, loss of friendship or loss of status after a person has lost his or her job. Smith (2002:50) is of the opinion that the nature and scope of loss cannot be pinpointed as easily, since loss manifests in too many different forms. De Beer (2007:22) describes the effect of loss as its influence on people's normal life functioning and on people's security and safe life domain. In this research project, the concept of loss focuses on discourses about the death of a parent.

The researcher realises that a personal starting point concerning the construction of loss plays a role in the interpretation of loss, but an attempt is made to take into account the way in which such a personal perspective could influence this research throughout. The narrative aspect of the event of loss is related to a narrative approach and is therefore relevant to this study. Experiencing and handling loss is inevitably part of being human, and the pain of loss can also have positive and constructive outcomes. Kübler-Ross argues that death is not necessarily catastrophic and destructive; it can also be seen as one of the most constructive, positive and creative elements of culture and life (Kübler-Ross 1975:2).

Loss remains a traumatic phenomenon, and dealing with it affects many levels of human functioning. According to Van Niekerk (2002:16-17), it affects the following four dimensions: psychological, social, physical and spiritual. The psychological dimension involves emotional reactions, thoughts and basic attitudes. The social aspect involves a person's behaviour among and interaction with people. The physical implies a person's general health, and the spiritual involves a person's faith relationship with God. Some losses can ultimately provide opportunities for personal and spiritual growth (De Beer 2007:23). Loss which is experienced in the present thus also has a future component. This caused the researcher to reflect on the concept pastoral care to which the promise

of the crucifixion and resurrection was linked. Since this research deals with the involvement of orphans who have experienced loss, the therapeutic aspect was also relevant. Consequently, pastoral therapy was also be reflected upon. This caused the researcher to wonder about pastoral care and pastoral therapy, as well as the hope and care that these journeys can offer to orphans who have experienced the loss of their parents.

Loss entails another dimension which is experienced as a result of changes that take place after the death of a parent. Van Niekerk (2002:20) sees these changes as 'symbolic' losses after the death of a parent. These can be seen as secondary losses. The orphan's normal functioning is disturbed. Emotions such as guilt, regret, anger, longing, despair, depression, and loneliness may be experienced, along with disorientation, and a loss of clear identity and physical symptoms can contribute to this situation (Clinebell 1987:221; Kübler-Ross & Kessler 2005:11). An orphan who experiences loss thus also experiences disequilibrium (De Beer 2007:23). It should be noted that there are different phases of mourning, and that within these phases there are also tasks of mourning. In this instance, the phases are more important than the tasks themselves. Some *tasks of mourning* must first be completed in order to restore a balance (Crenshaw 1991:20). According to Ortberg (2002:191), balance implies that a person tries to make life more manageable, comfortable and pleasant. These tasks are clarified in the next section, because they may be very relevant in assisting an orphan.

4.3   MOURNING THE DEATH OF A PARENT

Mourning can be seen as the determinant of the grief that is experienced (De Beer 2007:23). Mourning differs in form, intensity and duration, since loss is not a simple experience (Mullan *et al.* 2003:233). There is no consensus about the variety of emotions involved in grieving. Grief is linked to the mourning process, but there is a distinction between the two (Worden 1993:31). Grieving involves the physical aspect and mourning involves the process that follows. Neimeyer (2001:4) places grief in a meaning-giving framework. Through a consistent reconstruction of purpose and meaning in the context of a person's life, a therapist can play an active role in the facilitation of the mourning process (Hagman 2001:25). A therapist can create opportunities for mourning as an ongoing, transformative process aimed at the

reorganisation of survivors' sense of self (Botha 2007:399). Although it is difficult, meaning must be found in the events.

4.3.1 Post-modern meaning of mourning

The value that is given to each context of loss differs (Smith 2002:50). According to a postmodern meaning-reconstruction approach, the uniqueness of each mourning experience must be acknowledged (Botha 2007:404). The way each orphan deals with the loss of a parent is thus unique and differs according to the context of the orphan. The context thus determines the dynamics of loss and mourning (De Beer 2007:22). Becvar (2001:29) argues that one should stay sensitive to the unique ways in which individuals within a particular context experience the phenomenon of death. According to Smith (2002:81), one should not make absolute statements which may impair the mourning process. Each orphan experiences and processes his or her circumstances in a own unique way. In this research, every conversational partner tells his or her own story of mourning, as the co-researcher experienced it, in his or her own unique way. The narrative of each conversational partner is a way of organising events, actions and stories in time and space (Sarbin 1986:6,9). These stories consist of events that are linked to a specific order, over a time. The story that is lived, thought and constructed is also experienced (Putter 2005:20).

Some understanding for the emotions of the co-researchers regarding the mourning process is necessary. These emotions can possibly be better understood against a theoretical background of the concept of bereavement, which is discussed in the next section.

4.3.2 Bereavement

The Free Dictionary defines bereaved as being sorrowful through loss or deprivation; bereft of hope (The Free Dictionary 2011:electronic source). According to Van der Merwe (2002:5), mourning is the emotion which is experienced, and grief refers to the painful stirring of the soul. For the purposes of this study, bereavement is seen against the background of the loss of a parent, although any form of loss can cause a sense of bereavement (Collins 2005:402; Smith 2002:48). This study therefore emphasises the kind of bereavement experienced after the death of a parent.

Bereavement is a normal response to the loss of a significant person. The concept of bereavement in this study refers to the mourning that is experienced after the death of a parent (Van der Merwe 2002:5). Bereavement is universal, but the way in which we handle it is unique and personal (De Beer 2007:26). There is therefore no correct way or time for mourning (Kübler-Ross & Kessler 2005:xi).

Orphans' context plays a role in their experience of mourning. Particular conceptions, customs, ideals, norms, values, practices, traditions, the culture and religion of an individual and his or her group are all related to bereavement (De Klerk 1972:144). A person's reactions in bereavement are closely connected to the person's life and world view and that of his or her group (De Beer 2007:27). Grief is a personal matter, and therefore individual differences must be taken into account carefully with regard to bereavement. The duration of the mourning process will also differ from one person to another (Bowlby 1979:82). Bereavement thus involves painful emotions which, during the grieving process, encourage an orphan to re-adapt his or her behaviour as the person goes through the mourning process as a natural response which includes certain phases (Kübler-Ross & Kessler 2005:7-25), as discussed in the bext section.

4.3.3 Tasks of mourning

If the mourning process does not take place, grief cannot be healed (De Beer 2007:25). Mourning is an important task that must be completed. The tasks of mourning and their consequences relate to the different phases a person undergoes in the mourning process. The phases of mourning are addressed later in the chapter (see Section 4.3.4). In the normal course of the mourning tasks, the intensity of feelings gradually diminishes. Worden (1993:25) suggests that the mourning process is finished as soon as the mourning tasks are completed, but when this happens differs from one individual to another. It is clear that the period of mourning varies for individuals and that it is related to the completion of certain mourning tasks. Van Niekerk (2002:40-43) identifies the following four tasks of mourning:

- acceptance of the fact of the loss;
- the experience of the intense pain of grieving;
- adaptation to a situation in which the place of the parent is empty; and
- the gradual withdrawal of emotional energy for re-investment in other relationships.

Clinebell (1987:221) lists five grief work tasks – a person

- experiences shock, numbness/insensibility, denial and gradual acceptance of the reality of the loss;
- experiences, expresses and works through painful feelings, such as guilt, regret, apathy, anger, resentment, longing, despair, emptiness, depression, loneliness, panic, disorientation, loss of clear identity and physical symptoms;
- experiences a gradual acceptance of the loss and starts wrapping up life (minus that which has been lost), making decisions, and handling the new reality, unlearning old ways of satisfying needs and acquiring new ways as the person says goodbye and re-invests in life energy and other relationships;
- places the loss that is experienced in a broader context of meaning and faith and learns through the loss; and
- starts reaching out to others who have experienced the same type of loss (for mutual help).

The researcher's experience suggests that, except for the first two, these grief work tasks do not necessarily occur in the same order.

We need to go through the mourning process, because if we fail to mourn, grief is likely to be expressed in a delayed or distorted form (Crenshaw 1991:39). Unhealed mourning may inhibit further personal growth and development, and can lead to later mood disorders. This study deals with a relatively uncomplicated mourning process, but it is also necessary to take note of the possibility of abnormal mourning reactions. Such phenomena may also appear in practice and are discussed in more detail in Section 4.3.5. Hope and care can contribute to the way a person deals with the mourning process in order to continue with life in a meaningful way.

4.3.4   Phases of mourning

Mourning can be seen as a process in which a person takes leave of a loved one. This process is painful. Furthermore, it involves the loosening of the ties that bound a person (in this case, and orphan) to the loved one (in this case, a parent), as well as the processing of loss (De Beer 2007:24). The course of mourning can be described in four phases, about which a number of authors are in agreement (Bowlby 1979:81-89; Bowlby-West 1983:283; Kübler-Ross & Kessler 2005:7-24; Parkes 1996:7,30; Retief 2005:139; Van Niekerk 2002:26). These authors also agree that these phases flow

together, are not linear and constantly interact. Kübler-Ross's work in the identification of five phases of the mourning process was ground-breaking and therefore these phases are used as the basis for this research. The phases listed by Kübler-Ross and Kessler (2005:7-25), include denial, anger, negotiation, depression and acceptance. Each of these phases is illustrated briefly below:

- *Denial* is the reaction to the shock. By denying the loss, the person is made aware of the reality in a slower and more manageable way. This does not mean that a person can literally deny or not know that his or her parent has died – "the denial is more symbolic than literal" (Kübler-Ross & Kessler 2005:8).

- *Anger* about the unfairness of the trauma very often follows upon the denial. This can be precipitated in various ways and does not have to be logical or valid (Kübler-Ross & Kessler 2005:11). Anger could be a symptom of frustration on the side of an orphan that his or her parents have actually forsaken the children when they needed their parents the most.

- In cases of illness, a *negotiation phase* may follow, in which promises are made to God, if He were to spare the parent. Guilt feelings often accompany the negotiation. In the process, people remain in the past, trying to negotiate their way out of the hurt (Kübler-Ross & Kessler 2005:17).

- After this phase, a person can fall into feelings of hopelessness or *depression*. Mourning enters a deeper dimension in the life of the bereaved. People withdraw from life, left in a fog of intense sadnes (Kübler-Ross & Kessler 2005:20).

- This is followed by *acceptance,* which involves the phase in which the orphan accepts the loss, makes sense of it, and continues with life. Acceptance can eventually be seen as a daily expression of salvation in Jesus Christ, which has been realised amidst mourning (De Beer 2007:24). Acceptance should not be confused with thinking that everything is now all right, or that that which has happened is good. It is about accepting the reality that a loved one is physically gone and recognizing that this new reality is a permanent reality (Kübler-Ross & Kessler 2005:25).

A person can move to and from between the phases. It must be kept in mind that, despite progress in the phases, there will be times when grief about the loss can again come to the foreground. This must then be worked through again. This corresponds with Du Toit's (2003:28) argument that mourning does not progress in a continuous line.

The phases of mourning are merely instruments that can help us to identify what we may feel. They are responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss (Kübler-Ross & Kessler 2005:7). Mourning is just as unique as each conversational partner, and everyone does not go through it in the prescribed order. Smith (2002:77) prefers to speak of the 'moments' of the mourning process, since the term 'phases' creates the impression of a categorical grouping of the bereavement experience which implies that each event in the mourning process should not be interpreted as fixed or calculated events, but rather from one moment to the next. The moment indicates the whole process, but also refers to the moment of the event in the process itself.

According to Louw (2005b:104), possible reactions that can follow a crisis are divided into two groups of behaviour. The one group refers to inappropriate behaviour and the other to appropriate behaviour. Inappropriate behaviour can cause regression, disorientation, confusion and disintegration, which can cause a loss of all purpose and interest in life. Appropriate behaviour refers to maturity and responsibility, despite the pain, sorrow and suffering caused by the crisis. Louw (2005b:107-108) gives recognition to Kübler-Ross's phase theory, but suggests the following phases:

- the suspicion phase – the person anticipates the possibility of a loss;
- the phase of shock and disillusionment – the person feels as if it is unreal;
- denial – the person looks for other possible explanations in the hope that the experience itself will be confirmed as unreal;
- gathering strength – an attempt is made to gather strength to handle the crisis;
- frustration and anger – anger is directed inward and outward in order to find external causes that can be blamed for the crisis;
- negotiation – a search for alternative and possible solutions;
- helplessness – the person is overwhelmed by the events and surrenders to passivity (depression);
- surrender – a person realises that the crisis must be accepted, which can indicate a process of processing and the search for purpose/meaning in the events; and
- growth – the process of reorientation, which uses the crisis to set new goals and develop different perspectives.

The researcher shares Louw's view, which includes elements such as denial and anger (as also posited by Kübler-Ross). For the researcher, Louw's viewpoint is more nuanced than Kübler-Ross's.

There is unanimity about the idea that, when a phase theory is used, it must be remembered that phases do not follow each other in a linear fashion. Instead, there is a circular process in which phases occur in a jumbled order and alternate (Louw 2012:107). From a narrative perspective, the story of a person in crisis does not follow specific phases but unfolds according to the way the person experiences the crisis and tells it to the counsellor. It is important to keep in mind that the mourning process does not always follow a 'normal' course and that pathological behaviour can occur, as discussed in Section 4.3.5.

4.3.5 Unprocessed grief

According to Jackson (1957:182), normal grief and anxiety differ from one another as they relate to the reality factor. In most cases, bereavement experiences follow a normal course, although abnormal grief reactions can occur (De Klerk 1972:147). When extraordinary behaviour is perceived, it can indicate abnormal grief reactions (Oates 1997:23). When grief is denied, delayed, endless or distorted, it can indicate possible unprocessed grief. Van Niekerk (2002:45,46) is of the opinion that such reactions should be seen as red flags indicative of possible unprocessed grief – he warns that symptoms such as crying too much or too little, unnatural manic cheerfulness, excessive nicotine or alcohol use, communication breakdown, overwhelming mourning reactions at the same time every year (for example, around birthdays) and hallucinations should be noted. Other authors (Bowlby 1980; Sizook 1987; Smith 2002; Worden 1993) express similar views and argue that various other conditions such as anxiety, depression, hysteria, and more than one type of personality disorder can also possibly be expressions of a pathological mourning process. According to the American Psychiatric Association (DSM-IV 1994:299), the following symptoms are characteristic of an abnormal mourning reaction:

- guilt feelings about matters that do not deal with actions that have (or have not) been taken by the survivor during the death of a person;
- thoughts that it would have been better to also be dead, or that the survivor should have died with the loved one;

- a morbid preoccupation with meaninglessness;

- a noticeable psychomotor disorder;

- extended and noticeable functional impairment; and

- hallucinations that do not involve thoughts that it is possibly the voice or image of the deceased.

Persons who continually experience grief, or constantly try to maintain a relation with the deceased, meet the criteria of unprocessed grief. According to De Beer (2007:26), it is important to observe such reactions timeously so that the person can be referred for specialised assistance. Skilled counselling in the early stage of such maladjusted responses may contribute to the healing of pathological mourning (Clinebell 1987:227). In cases where a conversational partner is referred by a pastoral counsellor for such specialist counselling, it does not necessarily mean that the pastoral-therapeutic relationship ends. The pastoral counselling can continue simultaneously with, or after the referral.

The meaning of mourning for an orphan is metaphorically unlocked in the person's narratives. It can be said that people live and exist within and through stories. According to Botha (2003:75), life and narrative stand in recursive relation to each other. A person construes and lives stories daily, and these stories help people to reach an understanding of their life narratives. A person thinks, observes, considers and makes moral choices according to narrative structures (De Beer 2007:33). Narratives are life itself, which is lived by mankind (Smith 2002:179). It can thus be said that a narrative approach is relevant to an interpretation of mourning, since the experience of mourning is constructed through narratives and transferred by means of language. Meaning is created through language, but not through language alone, in that the way in which language is applied in a discourse or conversation makes it part of reality.

4.3.6 Link between the grieving process and pastoral therapy/pastoral care

Pastoral therapy, in essence, ties therapy to a theological matter. It contributes to the distinction between psychological and pastoral meaning in therapy. In conjunction with the hope of Christian faith, pastoral therapy can be defined as 'care therapy'. Pastoral therapy affects the total field of the person's experiences, desires and expectations, and

connects with the people's expectations by stirring hope in their hearts. The meaning of the concepts pastoral care and pastoral therapy is intertwined:

- Pastoral care relates to the resurrection hope, and pastoral therapy can be seen as a theology of the care.

- Hope and care are, in turn, interwoven with pastoral care and pastoral therapy. Hope always contains an element of the future. It implies expectancy and anticipation, which are based on God's promises and faithfulness. In this research it establishes hope. Care is demonstrated from the faith in the promises that are connected to the crucifixion and resurrection.

- Mourning is a normal response to the loss of a parent. The meaning of mourning for the orphans who participated as co-researchers was metaphorically unlocked in their narratives. In the pastoral conversation, the orphans' narratives were shared with the researcher and linked to God's narrative.

- A narrative approach is linked to the interpretation of mourning in the sense that the experience of mourning is constructed through narratives and transferred by means of language. By reinterpreting and restructuring their narratives, change takes place and so the people (in this case, the orphans) can again experience their own existence as meaningful. Pastorally, the relation between the grieving process and a narrative approach is that the narrative approach can transform the orphans in the light of God's narrative.

Pastoral care, pastoral therapy, hope, care, mourning and narrative therapy are thus interlinked and fit together in order to influence the functioning of the entire person. Their meaning is interwoven, but each concept also plays its own unique role.

All these aspects emphasise the God-human-relationship. Pastoral therapy deals with this relationship, and the purpose of the therapist is to recover this relationship. It can be seen as therapy with the overarching goal of faith maturity. Pastoral care emphasises the present and the future with regard to Christian hope. Spirituality must be promoted through pastoral therapy so that faith growth can take place. Reflexively, it can also be stated that faith growth can promote spirituality. Through the promotion of faith and spirituality, with God as the One who brings about the healing, hope and care can take place. The connection with this research deals with the idea that hope was raised in the orphans through faith development.

The link between pastoral therapy and narrative therapy lies in the coherence between the following: the pastoral care in the here and now of life; the narrative aspect of the narrative approach, with regard to the experience of mourning and the orphan's perception of the future; and the therapeutic aspect of pastoral therapy, with the overall goal of faith maturity. Each orphan's personal paradigm plays a role in his or her perception and expression of life and the future, as discussed in Section 4.4.3.

4.4 ROLE OF PUBLIC PASTORAL INTERVENTIONS IN EXTERNALISING GRIEVING PROCESSES AND FACILITATING HOPE

4.4.1 The role of public theology in pastorally addressing HIV/AIDS issues

Many theologians in South Africa, as in other post-Christian contexts, wonder whether theology, which has certainly lost its erstewhile public status, has any public significance at all. We should not confuse the one-time public status of theology with the real contribution it can make when pursued constructively within public life. The church can make a unique contribution: it can offer hope. In this instance, this refers to the hope that sets about criticising and transforming the present because it is open towards the universal future of the kingdom (Moltmann 1986:49).

HIV/AIDS is one of the core issues that any public theology in South Africa in touch with reality needs to address. It is a problem of horrifying proportions, and it demands the attention and co-operation of all citizens, the vast majority of whom belong to a multiplicity of diverse religions and a startling array of forms of Christianity. This is of fundamental importance.

Theology in public must still be done from the perspective of those who are at the receiving end of injustice. But it has to be well-informed, multidisciplinary and able to engage the issues in a way that relates to those who now exercise power and influence. The implications of all of this for doing theology in the public arena are obviously far-reaching, but then we have to work out the particularities of doing theology in local situations. Everyone, irrespective of where we are located, has to re-examine the basis, content, and manner of theology's contribution in the light of rapidly changing circumstances (Forrester 2001:1). Given the fact that there are many different currents, different contexts, different influences, different forms of discourse and different points

of reference, it seems self-evident that there will be and must be different approaches to public theology. The public sphere is, after all, not one single reality, but rather a complex set of interacting groups and institutions, political parties, religious communities, trade unions and cultural organisations.

This is the framework within which public theologies emerge, whatever names we will eventually give them. In this regard, Tracy's (1981:5) statement that behind the pluralism of theological conclusions lies a pluralism of public roles and publics as reference groups for theological discourse is relevant. Tracy's well-known delineation of the three 'publics' (the academy, the Church and society) of theology has influenced attempts to construct theologies of public life in South Africa. Every theologian must face up squarely to the claims made to meaning and truth of all three publics, precisely because theologians have a responsibility to engage in authentic public discourse (Tracy 1981:29). Whatever shape public theologies take, whatever name is given to them in our new historical context, there has to be synergy and coherence around the key issues facing people today, both globally and locally. In this respect, the researcher opted to use narrative discourses within the context of orphans' lives, as already explained in explained in Section 3.7.1.3.

4.4.2 How orphans can re-author their life stories through collaboration with public pastoral groups

In a very helpful essay that Chopp wrote for 'Multi-Event 99', she examined the contribution of black and feminist theologies to public discourse, how these theologies function, how they shape discourse and how they imagine the public arena (Chopp 1999:103). Thus they aim to provide a critique of dehumanising ideologies, to evoke social imagination in a way that engenders compassion for the 'other' and hope for society, and thereby to reshape public discourse. According to Capps (1980:68), empathic understanding and acceptance means to come into an orphan's own field of perception.

An authentic public theology has to be self-critical and sensitive to other perspectives and approaches, as well as to the historical context, in order to function in the market place and public square. However, being self-critical does not mean apologetic in a way that denies its specific Christian content, or undermines prophetic clarity and

responsibility. There is a fine line between that which seeks to bring insight into the debate and, when necessary, to speak the truth clearly and unequivocally. There is always, as Bonhoeffer (1966:158) insisted, the need to speak the Word of God here and now in the most concrete way possible, out of knowledge of the situation.

The church must inject into the democratic system a vision that pushes democracy beyond its present achievements towards a greater expression of what we believe is God's will for the world (De Gruchy 1995:66). Indeed, prophetic witness always remains a necessity in public life. In 1999, the organisers of the 'Multi-Event 99' gave a small group of rural community Christians, many of them belonging to the African Initiated Churches, an opportunity to reflect from their particular perspective on the issues facing South Africa. The researcher believes their words are still applicable to the situation today within our country when it comes to the aspect of addressing HIV/AIDS orphans. What they said was heard not only by the church and its theologians as they sought to do theology in public as members of the community of Christian faith, but also within the corridors of power.

As chaplains and spiritual leaders our religious character – for us our Christianity – makes us a significant entity. One may say religion is obviously one social institution alongside others such as economics and politics and is found in church buildings, synagogues, mosques, temples and shrines. This is true in one sense, but it is definitely not true of the religion of the Community Groups we represent. Our religion does not end in church buildings. It propels us into public space to function as agents of transformation. Unfortunately, many people see us merely as 'agents of transformation'. They miss one thing, namely our religious or Christian calling and conviction. It is our faith conviction that we have a responsibility towards our fellow human beings that brings us to where we are. This conviction urges us not only to be concerned with what happens at the bottom of the hierarchy of our society, but to act. Our faith and values drive us to be involved in social transformation and in the improvement of the lives of ordinary members of our communities by mobilising our resources and energies into establishing various community-based projects relevant to the needs of our communities (Sokutu 1999:58).

Today, as chaplains in the SANDF, we must speak as the orphans, rather than on behalf of the orphans. Our voice must carry far more power than the rest. Moreover, our

voice must articulate issues that concern those who experience inequality and the stigma of HIV/AIDS. Our voice surely goes to the heart of the matter of what it means to exercise responsibility and to do theology today for the sake of a genuinely transformed public life. Whoever else theologians concerned about public life should be listening to, they should include those who suffer most and those whose Christian faith and conviction gives them a way of coping with adversity, evaluating policies which affect them and transform their circumstances.

Again the researcher supports White's description of the outcome of externalizing conversations as "extended explorations of other knowledge and practices of living that a significant and enduring sense of personal responsibility can be embraced" (White 2004:126). This argument also applies to HIV/ AIDS orphans – these conversations can assist them to re-author their lives responsibly.

4.4.3 The spiritual concept of wholeness also supported by public health

To thicken the description of care the concept of wholeness is discussed next. A World Health Organisation report published in 1998 reported the following:

> Patients and physicians have begun to realize the value of elements such as faith, hope and compassion in the healing process. The value of such spiritual elements in health and quality of life has led to research in this field in an attempt to move towards a more holistic view of health that includes a non-material dimension (emphasizing the seamless connections between mind and body). (World Health Organisation 1998:13)

According to Delaune and Ladner (2006:55) people throughout history have dealt with illness, loss, suffering trauma and pain in spiritual ways. According to Louw (2008:118-122), illness must be seen as a conflict and existential crisis. It causes conflict with the body, the self (identity crisis), the environment, a crisis with faith and ultimately an existential life crisis in which people's sense of purposefulness and direction is questioned. Illness further threatens people's will to live, confronts them with their finiteness and mortality, as well as with their past actions and its consequences for the future. Representatives of the community (whether professional or volunteer) build a bridge to the faith community to communicate that we are part of a bigger group who

share in our humanity and vulnerability. The faith-based community is also an important resource to support healthcare workers in their commitment to provide compassionate care.

The George Washington Institute for Spirituality and Health (GWISH) was established to work toward the spiritual needs of patients, families and healthcare professionals and to address issues such as personhood, belief, hope, meaning making, compassion, dignity, suffering and the role of culture. In the practice section of healthcare aspects relating to models of spiritual care, nursing, psychiatry, social work care of children and palliative care are discussed (GWISH 2001:5).

The last ten years have witnessed a dramatic increase in studies of spirituality in healthcare. In his comprehensive book *Cura vitae – Illness and the healing of life in pastoral care and counselling*, Louw (2008:10) addresses practical theological aspects and perspectives on sickness and health in an African context and guidelines for pastoral work in the hospital environment. Louw's research has demonstrated robust links between spirituality and health. What is emphasised throughout is the importance of integrating spirituality into the practice of healthcare. A multi-disciplinary approach is needed with the person at the centre, making room for the distinctive perspectives and practices of social scientists, health professionals, and chaplains. The availability of spiritual and pastoral workers trained to work in healthcare is emphasised throughout the research.

The Planetree patient centred care improvement guide (2008) is structured around the following important components of the healthcare experience: communication, personalization of care, continuity of care, access to information, family involvement, the environment of care, spirituality, integrative medicine, caring for the community and care for the caregiver (Planetree 2008:electronic soure).

The Joint Commission (2010:electronic source) recommends that healthcare organisations acknowledge patients' rights to spiritual care and provide for these needs through pastoral care and a diversity of services that may be offered by certified, ordained, or lay individuals. The Joint Commission (2010:electronic source) on standards for Patient and Family Rights states that the organisation has a process to

respond to patient and family requests for pastoral services or similar requests related to the patient's spiritual and religious beliefs.

The European Network of Healthcare Chaplaincy (Coutts 2002:31) consists of representatives from churches, faith and national associations. Its purpose is to enable its participants, who serve in the area of multi-disciplinary field of healthcare, to work towards the development of professional guidelines required to minister to the existential and spiritual needs of patients, relatives and staff, drawing on personal, religious, cultural and community resources and to promote a high quality standard of healthcare chaplaincy in Europe.

'Professional chaplains' are described as individuals who are theologically and clinically trained clergy or lay people who meet the following criteria (Joint Commission 2010:electronic source):

- sensitivity to multi-cultural and multi-faith realities;
- respect for patients' spiritual or religious preferences;
- understanding of the impact of illness on individuals and their caregivers;
- knowledge of healthcare organisational structure and dynamics;
- accountability as part of a professional patient care team; and
- accountability to their faith groups.

Louw (2008:217) describes the role of the pastoral/spiritual caregiver as part of the team as follows:

> Even though each member of the team should consider the total person, pastoral care works with a certain aspect of the person; it deals with one's attitude towards one's illness. What stance one takes in respect of one's illness and how one orientates oneself towards the sickbed is the domain of pastoral care. However, pastoral care is even more than this. Patients' emotional and personal attitude towards their illness is not the only concern of pastoral care, but their total orientation towards life. In terms of pastoral care this orientation is determined and directed by faith. Pastoral care is involved with an orientation process in which patients must integrate their illness into their being, and discover

meaning in suffering, so that they may consider their illness as a task and opportunity or spiritual growth.

De Gruchy (2007:electronic source) has indicated the value that religion can add to health in the following areas – religion offers

- presence;
- an integration of tangible and intangible health-promoting factors;
- relationships and networks; and
- an interpretive framework.

It should be added that the faith-based community also provides for care, compassion and hope. It is clear that spirituality, spiritual and pastoral work have an essential role to play in the provision of holistic person-centred healthcare. What then is wholistic person-centred care? Puchalski and Ferrel (2010:3) capture the essence of this construct:

> People deserve total care where they can speak authentically about their illness and where their spiritual needs as well as their physical, social and emotional needs are addressed. Illness, aging, and the prospect of dying can trigger profound questions about who people are, what their life meant, and what will become of them during the course of their illness and perhaps when they die. Who am I? How will I be remembered? These questions have the same importance in patients' life as do questions about treatment (Puchalski & Ferrel 2010:3).

In discussing the domains or action fields of practical theology, Heitink (1999:241-324) emphasises the principles of unity and differentiation. He identifies four domains:

- humanity and religion (practical theological anthropology);
- church and faith (practical theological ecclesiology);
- religion and society (practical theological diaconology); and
- pastoral theology, which addresses the profession of the pastor.

It is clear that the themes of spirituality and health as they relate to wholistic person-centred care cut across many of these domains.

Based on the hermeneutical circle, Osmer (2008:23) has identified the following four tasks that contemporary practical theology attends to:

- Descriptive-empirical: What is going on? Gathering information to better understand particular episodes, situations, or context.

- Interpretive: Why is this going on? Entering into a dialogue with the social sciences to interpret and explain why certain actions and patterns are taking place.

- Normative: What ought to be going on? Raising normative questions from the perspectives of theology, ethics and other fields.

- Pragmatic: How might we respond? Forming an action plan and undertaking specific responses that seek to shape the episode, situation, or context in desirable directions.

'Spirituality' and 'health/healthcare' have been identified as broad societal issues, and the 'wholistic' and 'person-centred' as core integrative concepts for the meditative action of spiritual and pastoral work and the role of faith-based communities and faith-based organisations. Louw (2008:47) is therefore correct in stating that health includes responsible medical practices as well as the use of spiritual, cultural, psychological and social sources. This is partly why a practical theological approach must be part of the discussion on wholistic person-centred healthcare.

In summary, as Louw (2008:96) puts it:

> … a wholistic and holistic understanding of health as comprehensive, human well-being and purposefulness implies an organic and biochemical condition of optimal, unhampered and stable physical functioning and bodily fitness (a physical and medical approach); a willingness, in an interactive relation to a socio-cultural environment and to fellow human beings, to act with a view to optimal functioning in various roles as well as to relate to the other with unconditional love (a sociological and relational approach); a condition of peace and reconciliation with God in which humans can reach their God-given destination/purpose of love, service, gratitude, joy and worship through the charisma of the Spirit, founded and displayed by inhabitational theology and pneumatology (a spiritual approach).

Louw (2008:9) says that coping with illness is an art when the patient sees the illness as a very special opportunity for growth. Illness can also lead to a special vocation and responsibility in the context of our living relationship with God and loving relationship with others. Coping with illness has to do with finding meaning in suffering, trusting when everything seem futile, transcending the anxiety of those around us and living with hope in the face of death. Louw (2008:10) emphasises that the task of pastoral care is not only to sustain the sick, but also to prepare the healthy for the crisis and opportunity of illness.

These are essentially spiritual aspects. Louw (2008:11) states that 'cura vitae' (the healing of life) is about a theology of life and the healing of life from the perspective of Christian spirituality. It is about how new life in the risen Christ and the indwelling presence of the Spirit can contribute to the empowerment of human beings. It is about hope, care and the endeavour to give meaning to life within the reality of suffering, human vulnerability, and the ever-present predicament of trauma, illness and sickness. This holistic approach has a wonderful effect in assisting orphans to re-author their lives in collaboration with many different roleplayers in society (see Section 5.9).

4.5   A THEOLOGICAL DISCUSSION OF HOPE IN THE CONTEXT OF PASTORAL THERAPY

This research was done within the field of practical theology with specialization in pastoral therapy. Lester (1995:3) made an important remark about pastoral therapy:

> For two decades pastoral care and counselling have been critiqued for their dependence on the images and concepts, the presuppositions and ontological assumptions of the psychological and behavioural sciences. A basic reason we have neglected the subject of hope is that pastoral care and counselling are taught and practised on the basis of perceptions about human existence rooted in the anthropological worldviews of the social and behavioural sciences.

The research project therefore aimed to assist HIV/AIDS orphans through pastoral therapy to find possibilities of new life and hope for the future after they had experienced a severe loss. It is extremely important for the researcher to point out that

the process initially involved the externalization of the loss, grief and assistance throughout the mourning process (see Sections 3.7.1.2 & 3.7.1.3). From a theological perspective, however, the most important assistance given by pastoral therapy was to help the orphans to find real Christian hope in the total process. In the researcher's opinion, this implies that when orphans discover their position of salvation in Christ, hope is not something in the distant future, but a reality that confronts them here and now, and into eternity. This hope can truly instil new life for them, no matter how extreme their loss may be.

On the basis of this theological discussion on hope, the question then arises how it is possible to convey this abstract message to orphans who are mourning about a parent. Would this not be too difficult for their understanding? To the researcher the answer lies in the effective use of pastoral practices as discussed in this study. It is important to note again at this point that pastoral care involves an awareness of needs and pastoral therapy the action taken to address those needs. The pastoral care perspective can further be viewed as a perception, since it deals with expectation and holds the following implications, according to Louw (1999a:91):

- it provides a positive horizon of meaning;
- it connects the believer to the faithfulness of God;
- it plays a critical role; and
- it has specific implications for the pastoral behaviour.

Pastoral therapy is the action that is embedded in pastoral care. It is the attempt to facilitate hope to an orphan so that comfort and meaning can be found which will stimulate faith growth. Moore (2004:174) argues that pastoral therapy, as hope therapy, is based on God's faithfulness, His promises, Scripture, sacraments and prayer. Furthermore, he says that hope therapy, within a pastoral-therapeutically conversation, can be called *pastoral therapy*. Spirituality must be promoted through pastoral therapy, so that faith growth can take place. Faith growth can, in turn, promote spirituality. Through the promotion of faith and spirituality, with God as the One who promotes healing, healing can take place. The orphans can then perceive and understand reality in a different way. Its outcome is evident from the following extracts where we hear from the research participants:

Andile: It felt that God has forsaken me, but after I had the opportunity to go for counselling, my life was back on track again and I realised that in all my trials and tribulations God is there to take care of me.

Tshepo: After my mother passed away of HIV/AIDS, I did not want anything to do with religion anymore. I know now that without God my life is meaningless.

Thandi: My whole life I was a believer, but now I surely know that my life without God is purposeless. My father's death and the opportunity to speak about it have given me hope and that strengthened my faith. Without God I cannot continue in life.

The aim was to lead the conversational partners to spiritual maturity by accompanying them. Through the development of faith, hope originated. The dimension of hope, as part of a future expectation, was stimulated. The Christian hope is hope in Christ and it stands firm because it is anchored in God's faithfulness (Louw 2007:61). It is hope of the transcendence of barriers. Pastoral care and hope forms the basis of the comfort over loss, and the researcher believes that pastoral therapy can also play a significant role in bringing change to the lives of these orphans.

4.5.1 Change through pastoral therapy

Pastoral therapy can be seen as hope therapy, with the overall aim of faith maturity. According to Louw (1999a:518-519), the pastoral encounter is an embodiment of the crippling events and the pastorate should be exercised from a pastoral care perspective. It suggests that the therapeutic effect of hope therapy, within the pastoral conversation, can be depicted as pastoral therapy. The outcome of pastoral therapy is the effect of that which results from God's promises. For this study it means that the orphans can live in faith, on the basis of God's faithfulness and promises, which bring about stability and security. Moore (2004:176) emphasises that the receptive character of faith leads to the therapeutic effect of thankfulness.

Pastoral therapy, as the concentration of God's concrete promises on the total historical situation of the person, has the immediate effect of faith growth and development. Pastoral therapy touches the entire field of a person's experiences, needs and expectations. It joins with the expectations by exciting hope in the hearts of people. The connection with this research deals with the idea that hope was raised in these orphans through faith development. It involves faith development in areas with regard to experience, needs and expectations. Louw (1999a:518) argues that God's promises stimulate faith growth and faith development.

Faith transformation puts a transcendental process into motion through which the believer, in an expectant manner and through faith, partakes in the fullness of hope. The direct effect of pastoral therapy is repentance and faith, while the long-term effect is expectation of the promises, via hope. God's promises and the person's future expectation are connected. In this research it involves the expectation of the orphans and God's promises. The Christian hope, as a reasonable expectation is essentially the hope of the Cross and the resurrection through Jesus Christ. This study sees that, through pastoral therapy, a horizon of meaning and purpose is unlocked, by means of a future expectation of the orphans. The orphans can live triumphantly daily from the hope in Christ that was made possible through His death on the Cross and His resurrection. This aspect of the Cross and resurrection is a fundamental aspect of and lies at the heart of Christianity, and was it important that during therapy the orphans were reminded of the importance of the Cross and resurrection in their daily lives as Christian believers.

Future obstruction and a loss of life purpose are the fundamental factors in all dysfunctional human behaviour (Moore 2004:176). For the pastorate, purpose and meaning in life are built around the Cross and the resurrection of Christ. The orphans involved in this research could be assisted, by means of pastoral therapy, to incorporate this essential truth into their daily way of living and their philosophy of life.

Pastoral care leads to a particular approach toward life. Christian orphans can approach the current dispensation positively, knowing that Jesus Christ is already King of the world. From this conviction they can become involved in God's world. Human beings already experience the new dispensation and looks forward to a better future. Pastoral care is built upon hope. Hope is focused on the future. Pastoral hope for the orphans

who have experienced the loss of a parent was communicated in the pastoral conversation. Pastoral therapy entails all the elements according to which hope can be transferred. It therefore becomes important to develop a pastoral home-based programme with a narrative-pastoral approach concerned with the handling of bereavement experienced by orphans. The concept of 'hope' strongly emerges from the discussion above and therefore it is important to consider this concept further, especially from a future perspective.

4.5.2 Hope for the future

Hope implies that we should hold on to the promises of God. Hope is the knowledge that God fulfils His word (Hebrews 6:18). According to Louw (2007:62), Christians' hope lies in the knowledge that Jesus died and rose from the grave. The biggest difference between what is found in the Old Testament and the New Testament concerning hope is that it is accomplished through Christ. *Hope* can therefore be experienced as a care blessing. Hope depends on faith and is supported by the work of the Holy Spirit (Romans 8:24-27). It is thus an integral part of being a Christian – a person cannot be a Christian without having hope (Romans 12:12 & 15:13). Therefore it fits in well with faith and love (1 Corinthians 13:13; 1 Thessalonians 1:3). Hope takes a Christian further than the here and now. In order to illustrate the concept more comprehensively, it is discussed in relation to the meaning of hope, existence of hope, mechanisms of hope, the nature of hope, hope and faith, questions concerning hope, Christian hope, and gratitude in hope. In my opinion, these topics provide a broad overview of the concept.

4.5.2.1   The meaning of hope

Christian hope has the foundation of God and of certainty (König 2006:253). God is able to fulfil His promises. The question then arises what it means to be able to hope. According to Moolman (2006:11-12), it means people

- are able to remember the light, not to only focus on the darkness, as there is still hope of improvement;
- are able to remember the positive, so that expectations of a positive future can be cherished;
- can exert themselves to find solutions and work on gaining insight and finding comfort;

- refuse to accept what is happening as the end, because there is still a future to look forward to;

- continue to believe that they can grow in their current circumstances, can change their perspective and develop new skills;

- do not have to carry their burden alone, as counselling can offer comfort during this painful experience of loss;

- do not have to strive for a feeling of hopefulness and can make a conscious decision to believe that there is indeed hope for the future.

A person does not necessarily have to feel hopeful to decide that there is surely hope for the future. Moolman (2006:12) says that when a person sits around purposeless, directionless and lifeless, waiting for nothing in particular, he or she will be like a motor car with a switched-off engine. Hope can be seen as the driving force and energy needed to proceed in life, despite difficult circumstances.

4.5.2.2   The existence of hope

Hope implies the ability to believe. According to Retief and Retief (2006:13), people must be able to find purpose in their suffering, and process their suffering within their outlook on life. Suffering is an integral part of being human and deserves to be illustrated, so that the nature of hope can be understood. Suffering is a central theme in Christian faith, because our faith centres on Christ's suffering. Du Toit (1990:2) argues that the Father and the Spirit are involved in human suffering. It raises, among others, questions about God's love. Reflection on suffering must be focused on the existential experience thereof. The concrete appearance of suffering should also be responded to. Explanation, religious processing and possible positive handling of suffering must be facilitated. The orphans in this study should be directed by a councellor to find purpose in suffering and include it in their life approach. This can help their thought processes to develop, which can assist them in surviving these difficult circumstances. They must believe that, in future, their lives will be transformed, and that they must not lose hope. If the orphans can believe that it can henceforth go better, there is a possibility that this hope will give them the courage to handle today's pain and suffering and to be able to go on with life. Kruger (2006:14) says: "Hope for tomorrow offers strength for today." Hope and suffering go hand in hand, seeing that hope exists due to suffering that is experienced.

Du Toit (1990:4-6) provides the following explanatory models concerning suffering:

- Cause and effect – someone must be blamed. Suffering can be viewed positively (it strengthens hope), it can be romanticised (hero worship of martyrs), negated (physical and social suffering cannot affect your soul), transcended (our suffering disappears before that of the crucified One), and it can be controlled (what is done with it, depends on the person).

- Suffering is humans' fault – it is the result of sin.

- Suffering has a higher purpose – there is good and bad suffering. It comes from the hand of God and He accomplishes His purpose with it.

Hope emerges from faith in the living God who carries and holds human beings in His covenant faithfulness. Isaiah 46:3 says that God has carried and held every human being from the time of his birth. Faith is not about humans, but about who God is to humankind. God must not be seen in a negative light as a wrathful God who punishes us, but as the One who can give hope to the orphans, despite their major loss, based on His promises in the Word. Therefore the researcher believes God can use the good and the bad to our advantage because God make everything his servant.

4.5.2.3   Mechanisms of hope

Louw (1985:96) argues that hope, through the Cross, is a grounded hope that offers a sense of belonging and security. The Cross is a promise, but also a fulfilment. The researcher believes that the most important mechanism of hope is Jesus Christ and the Scriptures in which God's promises are contained. Pastoral care and pastoral therapy can also be viewed as mechanisms of hope. Pastoral care is about Christian hope, and pastoral therapy offers hope for faith maturity and healing. It provides a source of hope for the future. However, it is important to remember that the orphans themselves are also involved in the process of obtaining hope. According to Louw (2006a:15), it requires wisdom, sobriety and realism for people to discern what is relevant. He argues that hope correlates with two core aspects:

- In order to hope, a person's attitude or approach toward the trauma and crisis must change to alter the perspective. Attitude and approach are the only variable factors of suffering.

- In order to hope, an external support and faith anchor is needed, in order to look past the loss and crisis.

In response to these two aspects, the following deductions then can be made for the purposes of this study:

- The orphans can change their attitude or approach toward the loss, as well as their perspective of it. Approach and attitude are the only variable aspects of suffering.
- The orphans can find an external support and faith anchor, in order for them to look past the loss.

It comes down to the idea that we are able to see what is important and not focus on less important aspects. The emphasis should not be on the temporal and transient, but on what God made possible for all people, and for these orphans, through Jesus Christ.

Another mechanism of facilitating hope is *conversation*. This is possible when suffering is expressed in a conversation. Everyone who suffers wants to tell his or her own story of suffering. The therapist is then drawn into the story, which helps the story to be told differently and to ensure that there can possibly be a happier ending (Du Toit 1990:4).

There are also practical mechanisms, for example, legislation, which can be implemented to create hope in people. An example hereof is the South African Constitution in which a Charter of Human Rights is included (Kruger 2006:14). Other practical mechanisms of hope are community care centres for HIV/AIDS sufferers, as well as education centres to give assistance to those without parents.

4.5.2.4   Christian hope

The hope that Jesus Christ brought to this world through His sacrifice for the needs of a lost world brings hope to the whole world. Orphans can fix their hope on the Cross and resurrection of Christ. They can trust in God. It is connected to a covenant fact. God's promises of love, grace and mercy strengthen hope. According to Louw (2006b:20), the Cross and the resurrection in Jesus are the assurance of and guarantee for meaningful life. Louw also asks what guarantees Jesus' crucifixion and resurrection offer us. In response it can be said that God is with every human being during the experience of suffering. The covenant is the guarantee that God is on the same journey with the destitute in sickness, adversity and trial (Janse van Rensburg 1996:155). Louw (2006b:20) argues that the hope does not provide cheap solutions and answers. There

will not always be answers to all questions. There is, however, assurance of the following:

- God is with each one of the orphans in their loss.
- God frees each one from guilt and feelings of guilt.
- God has compassion with each one of them.
- God loves them unconditionally.

God is our faithful Father and a Friend for life. He does not cause trauma to happen, but is with us in trauma. His grace determines our lives.

4.5.2.5   Gratitude in hope

Hope contributes in making the situation of loss and grief, in which the orphans find these experiences more bearable. This reality is construed by the orphans in their discourses on unique outcomes and healing that flow forth from their situation. Every orphan's unique story revealed something of that person and it appears that there are many reasons for thankfulness, based on the idea that

- from a pastoral care perspective, there is indeed a future for a Christian orphan;
- within the situation, scope can be created for the orphan to use his or her potential, since there is hope;
- in the circumstances, there is the assurance that they are not alone in their pain and suffering;
- there is indeed hope, which makes the pain more bearable;
- there are circumstances that can be transformed into a reason to grow in faith, which can take place through a retold history narrative;
- during restructuring of the new narrative, new skills are acquired to deal with the situation;
- a positive attitude and perseverance are created by hope;
- new dreams can arise and an imagined future narrative can be developed;
- meaning and purpose for their existence can be discovered when they reinterpret and restructure their stories, and by doing this repeatedly, change is effected and the orphans can again experience their own existence as meaningful;
- the ability to discern is acquired to be able to have the wisdom to recognise what is important, by construing their knowledge afresh;

- a future image can be created by hope; and

- fulfilment can be seen in the unique outcome.

During the painful experience of the loss of a parent orphans are very emotional. By means of language these emotions are transferred to the therapist. The therapist must guard against the possibility of secondary trauma and, if necessary, this risk must be dealt with. According to Endres (2009b:electronic source), secondary trauma occurs when trauma does not happen to a person directly, but a person sees or hears about the trauma. In the case of secondary trauma, there is nothing threatening the person at that moment, but the body reacts to the message it receives through the senses.

During the telling of their narratives, the orphans' emotional experience of sorrow is strongly in the foreground and they feel trapped, and as if they have little courage to face life. They construe their own reality through telling their stories. The question then arises whether hope, as discussed, can offer care to an orphan. A further question is whether hope offers care, or whether an orphan must first receive care before hope emerges. These questions are answered in the next section.

4.6   THE ORPHANS' VOICES

Smith (2002:182) maintains that conceptions and narratives are integrated with one another and that narratives are told in visual language. Human beings have a Godly ability to form conceptions of reality. From our experiences of the past and present, we can look at the future imaginatively.

People's stories are not singular experiences, and the explanation of the functioning and influence of discourses plays an important role in understanding orphans' lives. They are part of larger discourses. This again emphasises the narrative aspect of the research, since an objective investigation could not be done, as meaning is created through social construction. The orphans' stories are not uncomplicated experiences, and the context in which the orphans find themselves plays a role in their mind-set and understanding process. The explanation of the functioning and influence of discourses contributed to an understanding of the orphans' lives.

Discourses about the future again gave rise to certain questions. An attempt was made to make sense of the orphans' conversation about the future, according to their perceptions, as well as based on information from Scripture and the literature. The researcher agrees with Putter (2005:21) that no research can fully investigate or describe a theme. Some information from the literature, discourses, narratives and interpretations would inevitably be excluded. The study therefore attempted to include various perspectives, while presenting the knowledge in such a way that it does not degenerate into self-indulgent opinions and feelings. Even though great life questions can never be fully answered, one also cannot avoid asking such questions. Pastoral hope and care, and questions about the future involve not only the future, but also the way in which an orphan lives today.

The personal interpretation of answers to the life questions asked influences the way in which people live daily, and help people find meaning in what they do every day (Conradie 2006:14). The uniqueness of people's perceptions causes the answers to such questions always to be speculative. The Christian context of the orphans, as believers, was kept in mind during the conversation and discovery of possible answers.

The research was done together with the co-researchers to pave the way to a better understanding of how people experience and understand their lives/social environment, as recommended by Putter (2005:28). Subsequently, extracts of the orphans' questions regarding the future are dealt with in a circular way (see Section 4.6.1). The 'practical wisdom' model of Dan Browning (1991:34-39), in which a circular movement between practice and theory is used, defined the style of writing that ordered the nature of the conversation of the research. As expression hereof, the researcher took the responsibility for administering the methodology, in line with Van den Berg (2004:183-206), based on the different voices of the orphans which were intertwined with voices from the literature.

When questions about the future are discussed, the intermediate needs of hope and care are implied. These questions are divided into two categories: personal and general questions. Personal questions involve questions about hope and care with a view of a future life. The way in which the questions about the future can contribute to dealing with the mourning process, is contained in the narrative approach and discourses of the orphans. These discourses, which investigate the effect of the questions, allow for an

alternative story to emerge (Morgan 2000:41). It may lead to the discovery of unique outcomes. It is important to a therapist to focus on care and being present, by listening and providing spiritual support (Clinebell 1987:221).

4.6.1 Reflections on the orphans' comments about the future

According to Alcorn (2005:38), we have to accept that much about the future is concealed. Life in the future is about the Christian hope in the promise of crucifixion and resurrection of Christ. The discourse to get clarity on this involves that a believer's comfort should not lie in the idea that the loved one is now in heaven (Botha 1998:69). The believer's comfort is the conceptions regarding the hope that the Lord will look after both the believer and the deceased. To gain a deeper understanding, it is necessary to understand the perspective about the future within the context in which it is rooted. This was something Thandi thought about:

> *Thandi: What is the meaning therefore to die?*
> *Researcher: Why do you ask that question? Does death have any*
> *meaning for you?*
> *Thandi: I just want to know why is it necessary for a person to die? Is*
> *there any meaning for the people that stay behind and is there*
> *really hope left for such people?*
> *Researcher: Why is this question important for you?*
> *Thandi: I am asking the question because I want to know if there is*
> *hope for the future?*
> *Researcher: What is your opinion regarding this?*
> *Thandi: It is important as a child of God to have that rest assurance that*
> *God will look after me while I am alone.*

Heyns (1981:416) argues that a person's hope is fixed on the promise to him or her, as the person who exists here and now. Correspondingly, the "ultimate tragedy of life – death – becomes the means by which we are given the greatest gift known: hope in God" (Sundberg 2007: xiv). Every human's assurance is that God will look after him or her, no matter what will happen. Lutzer (2000:79) writes that death saves humans from the endlessness of this existence. He further says that death is not the *end* of the road, but only a turn in the way. To die is the reality. However, the final victory does not

belong to death (Deist 2007:50). The victory is made possible through Christ's crucifixion and resurrection that, even when death comes our way, we are more than conquerers in every situation, and that is the hope we have, because God can still care and provide for us as his children in this life in the here and the now. In this regard, Andile commented as follows:

> Andile: Is it possible that everyone can have that rest assurance that there is hope for the future after the loss of a parent?
> Researcher: Do you think that there is no hope for the future after the loss of a parent?
> Andile: I can't speak on behalf of other people, but I have a concern if there will be really sufficient help for me when I need it.
> Researcher: Do you think that all hope is lost after the death of your parent?
> Andile: No, not all hope is lost because God is still there to take care of me and always have when I needed it.

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4.6.2 Reflections on the orphans' comments about faith and hope

Faith involves a leap of trust and a new beginning. According to Deist (2007:82), faith is not knowledge; faith is trust. This trust is based on knowing that God will be there. According to Conradie (2006:15), hope in the crucifixion and resurrection of Christ is inherent to the Christian faith, as it is based on the promises of God's word that God will take care of us as his children. Hence, the focus in this study is on the hope and care that Christ offers to humankind.

The role which faith plays in the interpretation of hope is that we believe, even though we do not know. Hebrews (11:1) tells us that "faith is the assurance of things hoped for, the conviction of things not seen". According to Deist (2007:85), faith is not a formula. It is based on unconditional trust, even if there is no evidence. This is what Thandi thought:

> Tshepo: What significant meaning does hope have for my future?
> Researcher: Why will you say it is of important value to ask that specific question?

> *Tshepo: I just want to know because to have an expectation that there is hope for the future will give me hope that I can look forward towards my own future in spite of what happened in my past.*
>
> *Researcher: What is your expectation in regard to hope in God for the future?*
>
> *Tshepo: It is very important to me that there is hope for the future. It means that I don't have to grieve anymore because I know that God is in my future and that He will look well after me, through the help of other people.*

One of the promises that gives humankind hope of a life hereafter is Jesus' words in John 14:6: "I am the Way, the Truth and the Life." Jesus is the only way to the Father, He is the truth about God and the very life of God. As such, He reveals truth to humankind and gives life to humankind; hence, he says in John 14:8 "No, I will not abandon you or leave you as orphans in the storm – I will come to you."

Faith does not make life less realistic. A person can still make mistakes by doubting. A distinction is made between the believers and the unbelievers and there is a clear implication that they will have different end results (Lutzer 2000:35). In contrast with the aspect of hope and care in this study, the term *despair* can be associated with an unbelieving person.

4.6.3 Reflections on the orphans' comments about the church and hope

Through the centuries the church has held onto the hope in God (Conradie 2006:15). In our daily lives our faith relates to what is said about faith in the crucifixion and resurrection of Christ as the hope of humankind. This speaks of the idea that Christ made hope possible in a way that he also demonstrates when he cares for the world. The church and hope emerged as a theme in the discussion with Thandi:

> *Thandi: How can you be certain that the church can give you hope?*
>
> *Researcher: What is your option in regard to this?*
>
> *Thandi: I am a Christian and I think that a person that believes in Christ and that asked him to provide for him He will do that, then I have hope that there is a future for me.*

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Researcher: What does this hope mean for you and do you think that the church can play a role?

Thandi: This hope brings hope and comfort to me. It also helps me through the difficult times. I believe that the church can also play a role.

Researcher: How did your faith help you to find comfort during the grieving process and can the church make a positive contribution?

Thandi: I believe in God there is peace, hope and comfort but definitely the church can make a positive contribution by rendering a helping hand.

In the church, Christ's dominion is already recognised and acknowledged (Conradie 2006:33). It seems that the orphans have a false idea that the church will bring them hope in the future, but this notion is not specific.

4.6.4 Reflections on the orphans' comments about communication and hope

According to Botha (1998:70-71), death brings separation between the living and the dead. For Christians, the Bible is the Word of God, in which God's voice can be heard. The Bible serves as guidebook to inquire God's will, but also as the book of hope and care that brings encouragement (Van Wyk 2006:83). Andile and the researcher spoke about this topic:

Andile: I have hope in spite of the fact that there is no more communication between my parents and myself after their death. I know that they are safely with the Lord. That makes the grief so much better.

Researcher: Why is this hope for you important?

Andile: That gives me a wonderful assurance.

Researcher: What kind of assurance does it gives you?

Andile: The assurance that they are safe with the Lord and that God is with me in spite of the hardship and problems that I face daily.

Researcher: What kind of hardship and problems are you speaking off?

> *Andile: The fact that they are no more there to share my hardships and problems with and now I must handle them alone. Things are starting to become too much for me.*
>
> *Researcher: What becomes too much for you?*
>
> *Andile: Everything in life. I am alone and I miss them, their place is empty and I feel that no one cares anymore.*
>
> *Researcher: What will make that life will become better for you again?*
>
> *Andile: People that can show me that they really care and that can give me hope and the assurance that I am not alone when I face all my hardships and problems. People that can reach out to me and that can render a helping hand as my parents did when they were alive.*

Botha (1998:72) argues that it can be accepted that the deceased no longer know what is happening to the ones left behind on earth. However, they now have a complete awareness of the Lord Jesus' love and care for the loved ones they left behind. The Lord Jesus forms the bond of unity between the living and their deceased parents. To the researcher, it seems that conversation is an important mechanism for the orphans to accept hope for the future.

4.7   CONCLUSION

This chapter dealt with a definition of the mourning process and the connection with hope and care, because the terms loss, mourning and bereavement are so comprehensive. This discussion is also important for the study, since knowledge of the mourning process is necessary in order to support the conversational partners, the orphans, in a therapeutic situation and to facilitate hope and care.

The narrative approach was explained in an attempt to indicate the relationship with pastoral care and pastoral therapy. Several elements of the approach, such as social construction discourse, deconstruction, reconstruction and co-construction, as well as externalisation, were pointed out and discussed.

A short theological discussion was given of the concepts spirituality, pastoral care, pastoral therapy, hope and care. The connection with the mourning process and the

narrative approach was discussed. The meanings of these concepts interact and fit together to influence the functioning of the entire person.

The conversational partners' conception of hope and care that God offers us in Christ Jesus for the future was portrayed. The discourse on hope and care has, in the belief that there is a future in Christ Jesus, focused attention on the co-researchers' questions about this present life. The orphans' perspective of hope was explored and clarified by obtaining information from the related literature. The discussion of the questions posed by the co-researchers emphasised their conception of hope. The way in which the orphans' perception of hope contributed to the mourning process was clarified. The narrative accent was emphasised by the circular approach of the conversational partners' questions.

Reflecting on this chapter, the researcher concurs with Browning that theory and practice are intermingled concepts and that theory does not necessarily precede practice. There can also be movement from practice to theory and vice versa.

In contrast to recommending institutionalized care of orphans, this research wants to argue strongly for the rapid integration of orphans in normal society. From a public theological viewpoint, it makes sense to assist traumatised orphans to be introduced to a more normalised home-based care concept as soon as possible.

In the next chapter, the researcher integrates all the pastoral, anthropological and theological principles in a public pastoral care model that could be used as a framework to re-integrate orphans in society. In the process, he illustrates how the concept of focus groups can be modified into useful public theological care groups for the SANDF Chaplaincy Service. He demonstrates this model by using different questionnaires and focus groups to illustrate how his model coincides with Osmer's practical theology (Osmer 2008:175).

CHAPTER 5

PERSPECTIVES FOR FACILITATION AND IMPLEMENTATION OF
A PUBLIC PASTORAL HOME-BASED CARE PROGRAMME FOR
ORPHANS LIVING WITH HIV/AIDS IN THE SANDF

5.1   INTRODUCTION

Chapter 1 set out the broad research design of the study and addressed the need for military pastoral care in the light of the HIV/AIDS pandemic within the framework of the military environment of the SANDF. The approach of this study was a pastoral narrative study among orphans, after the loss of a family member. The research is tied together by extracts from the orphans' stories, which show an awareness of the text, words and meaning by means of their language use – an approach that is in line with a narrative approach. The orphans' experiences of the grieving process also depict the corresponding experience of their grief and pain. The researcher started the research by explaining the origin of the problem. Subsequently, the facilitation of hope and care in the form of pastoral therapy was discussed.

The rationale for the chronological order of the chapters in this study is given again here, in short, for the convenience of the reader. The first chapter gives a broad overview of the aim of the study and the scientific methodology used in the study. Chapter 2 provides a theological and an anthropological grounding on how humans should be understood. Chapter 3 elucidates the aspect of pastoral care and therapy from a narrative perspective. Chapter 4 deals with the ancient dilemma of where to find God in human suffering. A positive focus of human hope is developed for orphans living with HIV/AIDS. In Chapter 5, the researcher analyses all the research findings and makes deductions. Chapter 6 is a reflection on the whole research process.

Chapter 5 can be seen as the heart of the study, and consists of the development of a public pastoral care home-based programme for orphans living with HIV/AIDS. The researcher used participative action research to conduct qualitative empirical research in an ethical way (see Section 5.4). This chapter concludes the main trajectory of the research project. By using fragments of conversations of these orphans, the circular movement between practice and theory is emphasised. This chapter demonstrates how a programme developed in this study and how it can be practically implemented. Public

theology is never a theory only, but needs to be applied in a context. To the researcher this implies that HIV/AIDS orphans linked to the SANDF must be met by role players from the SANDF, the community where they are cared for, as well as the church. These different role players need to use their skills and efforts in such a meaningful way that the orphans' total well-being is taken care of. This approach bears in mind the comments of Ardington (2008:25), who, in her study of HIV/AIDS orphans, indicates how severe the impact of parental death is on the ultimate human capital of a child. She argues that the process of accommodating orphans after their parents' death needs to be coordinated carefully, otherwise the human capital of those orphans may be lost (Ardington 2008:25). The researcher wants to achieve this by means of focus groups (mutual aid self-help or MASH groups). Such groups were coordinated by the researcher, who is also a chaplain in the SANDF and who could meet the different role players and organise meetings to discuss the needs of the orphans to be attended to by the various role players.

This chapter is about the experimental methods which the researcher used for data collection in the research field. It is the chapter which helps the reader (and the researcher as the author) to see the ways in which the objectives of the research were met, and the data were collected and analysed. Methodology is all about how to use different scientific instruments and procedures in collecting and analysing data. Therefore, this chapter is like a road map of the direction which the researcher chose as he went about gathering the final data and analysing it to fulfil the research objectives in this qualitative study.

5.2   QUALITATIVE RESEARCH APPROACH

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative research studies things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use of a variety of empirical materials and modes of enquiry – case studies, personal experience, introspection, life stories, interviews and observation, as well as historical, interactional, and visual texts that describe routine and problematic moments and meanings in individuals' lives. Accordingly, qualitative researchers deploy a wide range

of interconnected methods, hoping always to get a better fix on the subject matter at hand (Denzin & Lincoln 1994:2).

When one looks at the difference between qualitative versus quantitative research, qualitative researchers emphasise the value-laden nature of inquiry. They seek answers to questions that stress how social experience is created and given meaning. By contrast, quantitative studies emphasise the measurement and analysis of causal relationships between variables, rather than processes. Quantitative inquiry is often purported to be within a value-free framework (Denzin & Lincoln 1994:4).

The research position chosen for this study was a social constructionist paradigm, because the social dialogue nature of inquiry is central to the researcher's thinking about the study. The researcher wanted to use a constructionist paradigm for the reasons discussed below. In research such as this, the act of inquiry begins with the issues and/or concerns of participants, and unfolds through a dialectic of iteration, analysis, critique, reiteration, reanalysis, and so on, which leads eventually to a joint construction of a case (findings or outcomes) among the inquirer and respondents. The joint constructions that issue from the activity of inquiry can be evaluated for their fit with the data and the information they encompass; the extent to which they work, that is, provide a credible level of understanding; and the extent to which they have relevance and are modifiable (Guba & Lincoln 1989:179).

The methodology used here is particularly important to this type of research and the objectives mentioned above. The methodology used in this study fits in well with the field of practical theology in pastoral counselling with orphans in the African context of the SANDF.

The voices of some prominent figures in both theology and philosophy advocate paying attention to the everyday dynamics of people's lives (Martell-Otero 2004:135). In other words, practical theology brings together the cycle of life, reflection, and action (Nanko-Fernandez 2010:13).

As a researcher the imporatance to evaluate the effectiveness of the narrative approach in pastoral counselling at different points in the research process are discussed in depth (see Sections 5.2, 5.5 & 5.6). Here the researcher only want to point out that the

conclusions made in this research report are made because several of the qualitative analytical methods that were used indicated that a public narrative home-based programme for orphans (who are affected and/or infected by HIV/AIDS), can contribute to a hopeful and life-enhancing future for such orphans.

5.3 NARRATIVE RESEARCH

It is equally correct to say *inquiry into narrative* as it is to say *narrative inquiry*. By this the researcher means that narrative is both a phenomenon and a method. Narrative names the structured quality of the experience to be studied, and it names the patterns of inquiry for its study. To preserve this distinction, the researcher adopts the reasonably well-established practice of calling the phenomenon a *story* and the inquiry a *narrative.* Thus the researcher would say that people by nature lead storied lives and tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience (Denzin & Lincoln 1994:416).

Some narrative terms important in narrative work are *temporality, scene, plot, multiple researcher, 'I's',* and *character.* For narrative researchers, time and place, plot and scene work together to create the experiential quality of narrative. Scene or place is where the action occurs, where characters are formed and live out their stories and where cultural and social context play constraining and enabling roles. Time is essential to plot. From the point of view of a plot, the central structure of time is past-present-future. Carr (1986:60) relates this three-part structure of time to three critical dimensions of human experience – significance, value, intention – and therefore, of narrative writing. A narrative researcher deals with issues of the author/researcher's voice as an issue of multiple 'I's', drawing attention to the 'I' who speaks as a researcher, teacher, man or woman, commentator, research participant, narrative critic, and theory builder. Denzin outlines a similar set of narrative terms, such as *employment, text, plot, point of view, personal and impersonal narration,* and *author's voice* (Denzin & Lincoln 1994:416).

The concern with lives and lived experience resurfaced relatively late in narrative analysis. The emphasis in contemporary anthropology and feminism is the study of lives from a narrator's experience, as a shared production with social scientists. These stories are seen as real, yet as having a tenuous grip on a consensually defined social

reality that can be validly and reliably reproduced by social scientists (Denzin & Lincoln 1994:465).

If one defines narrative as a story with a beginning, middle, and end that reveals someone's experiences, narratives take many forms, are told in many settings, before many audiences, and with various degrees of connection to actual events or persons. Thus themes, principal metaphors, definitions of narrative, defining structures of stories (beginning, middle, and end), and conclusions are often defined poetically and artistically, and are quite context-bound (Denzin & Lincoln 1994:465).

A research design is defined as a plan or blueprint of how a researcher intends to conduct research (Mouton 2001:55). The design of the study as set out in Chapter 5 reveals an empirical study which aims to provide an in-depth description of a small number (less than 50) of cases (Mouton 2010:149). The type of study undertaken in this research is 'exploratory', through case studies. According to Durrheim (2006:44), with whom the researcher concurs, exploratory research tries to investigate an area in which there has been no prior research. This is a free investigation which is relatively open and adaptable.

Case studies try to investigate particular individuals or groups in detail. It is a method which studies individuals or groups intensively through description and information about those individuals who have been chosen (Lindegger 2006:460-461). This kind of investigation uses observation, where the thesis statement is made with a number of assumptions already in mind. It is a kind of research where a detailed investigation is done to collect the data and other clues to information along the way. In this study, this research design was used to reflect the data collected from the orphans.

The theoretical approach the researcher adopted was social construction theory, where a human being becomes an interpretive being using phenomenological and ethnographic methods such as case studies. The mode of reasoning in this type of empirical research is more inductive, where narrative methods are found, explained and evaluated (Mouton 2001:149-150). Key ideas, concepts or principles of narrative method are used, which the researcher then described or interpreted as issues surrounding orphans in a pastoral counselling context. As the researcher worked with orphans, these concepts and ideas emerged in a series of interactions, interviews,

observations and other processes used in the research field. These ideas and themes are discussed and interpreted in this chapter for the purpose of reaching the research objectives of the study (as set out in Section 5.4).

In discussing the theoretical framework of the study, the researcher agrees with Kotzé and Kotzé (2001:viii), who state:

> We are committed to research that will not only contribute to the transformation of our society through care with the marginalized and disadvantaged, but [will] also address cultural discourses and societal practices that promote injustices.

This argument is in line with the researcher's view that people must be part of the change they desire for society, particularly, the desire to bring justice to the downtrodden ones. The researcher is working with orphans who are marginalized and are at great risk of becoming vulnerable to HIV/AIDS, other sicknesses and poverty. The African context should promote a theology which looks to liberate and empower marginalized people such as orphans. It needs to be a theology that begins from the bottom up (a contextual theology).

As researchers, co-researchers, research participants, and all the people we work with, (such as academics, pastors, leaders in different sectors, social workers, teachers, caregivers, orphans, parents), we should work together for the benefit of individuals and the community as a whole. This is what the social scientists have called participatory action research in which therapists collaborate with people in challenging oppressive discourses to negotiate ways of living in an ethical and ecologically accountable way (Kotzé & Kotzé 2001:8).

Participatory action research further aims to produce knowledge in an active partnership with those affected by that knowledge, for the express purpose of improving their social, educational, and material conditions, according to Bhana (2006:430), who adds that participatory action research is aimed at empowering and establishing good relationships with participants that will facilitate an improvement for individuals and the community as a whole (Bhana 2006:437-439).

The logic of a study in this research design (a case study) is threefold, as explained by Mouton (2010:159). First, there is the logic of contextualization – the cases are explored in great depth instead of generalizing. The mode of reasoning in contextualization (individuation) is based on the uniqueness and specificness of the case study. Second, there is the logic of the reasoning adopted, namely discovery versus validation. Discovery (exploratory case studies) aims at explaining and interpreting a thesis statement and the objectives of the research. A study is done over a given length of time. The study is interested in looking at a person and the way change occurs over time, not just at a given period of time (Mouton 2010:160).

5.4   METHODS USED IN THE RESEARCH

This study is an integral one, because the researcher uses different research designs or methodologies, but which are similar in the sense that they support one another. These methodologies are ethnographic research (case studies), participatory action research, and life history methodology (Mouton 2010:149-152, 172). For this type of research one needs to be a participant (insider), in order to connect authentically with the co-researchers, in this case the orphans.

In general, there are several methods for collecting empirical materials, ranging from interviews to direct observation, to the analysis of artifacts, documents, and cultural records, to the use of visual materials or personal experience. A researcher may also use a variety of different methods of reading and analysing interviews or cultural texts, including content, narrative, and semiotic strategies (Denzin & Lincoln 1994:14).

In this study, the researcher made use of ethnography. *Ethnos*, a Greek term, denotes a people, a race or cultural group (Smith 1989:13-18). When *ethno* as a prefix is combined with *graphic* to form the term *ethnographic*, the reference is to the sub-discipline known as descriptive anthropology – in its broadest sense, the science devoted to describing ways to a social scientific description of a people and the cultural basis of their peoplehood (Peacock 1986:6). However, today, a sociologist-ethnographer does not merely observe that history; he or she participates in its everlasting quest for freedom, and is a partner in and a reporter on the pains, the agonies, the emotional experiences, the small and large victories, the traumas, the fears, the anxieties, the dreams, fantasies and the hopes of the lives of the people(s) he

or she studies. These constitute this era's ethnographics – true tales of the field (Van Maanen 1988:4).

The strategy of inquiry comprises the skills, assumptions, and practices used by a researcher-as-*bricoleur* when moving from a paradigm and a research design to the collection of empirical materials. Strategies of inquiry connect researchers to specific approaches and methods for collecting and analysing empirical materials. A case study, for example, relies on interviewing, observing, and document analysis (Stake 1988:253). All methods are biographical in the sense that they work outward and inward from the personal histories of the researcher and those studied (Smith 1992:79).

The participatory active research strategy has a double objective. One aim is to produce knowledge and action directly useful to a group of people – through research, adult education, and sociopolitical action. The second aim is to empower people at a second and deeper level through the process of constructing and using their own knowledge: They see through the ways in which the establishment monopolizes the production and use of knowledge for the benefit of its members (Denzin & Lincoln 1994:328).

Participatory action research emerges as a part of community-based research. Over its diverse history, different terms have been used to describe it. Community researcher Kerry Strand and associates identify three basic influences that make up community-based research:

- *popular education*, which involves people educating themselves with the purpose of social change;
- *action research,* which is used by academics as a means of reaching out to social institutions as they work collaboratively to improve the quality of living of the community; and
- *participatory research,* which focuses on involving the people in doing their own research for social change (Strand *et al.* 2003:4).

Community-based research has become more common in higher education in the last decade as a means of connecting higher education institutions to their surrounding communities. It has also served to develop the civic capacity of students and to connect the generation of knowledge in academic settings with the common good.

In local communities, enhancing the knowledge of the people leads to consciousness raising or 'revolutionary nature' and does away with unjust class relationships. People who were previously objects of study become active subjects and participants. Changing the asymmetry of subject-object into subject-subject by engaging people in the daily routines of family, health care, education, politics, and so forth has a powerful transformational impact. In oppressed contexts, participatory action research is authentic participation that takes root in cultural traditions of the common people and in their history as expressions of cooperative and communal nature and that is genuinely democratic (Fals-Borda & Rahman 1991:5).

Conde-Frazier (2006:324) explains this very clearly:

> Participatory action research has become an umbrella term that includes several traditions of theory and practice. *Participation* recognizes the value of including practitioners, community members, citizens, employees and volunteers as essential to the generation of useful knowledge for major social, political, economic, technical, cultural and organizational problems. *Action* indicates that the research is intended to contribute directly to change efforts of the participants. *Research* indicates a systemic effort to generate knowledge. It may include historical, literary, theological and scientific forms. The major thrust is to direct knowledge toward improving the quality of living. Participatory action research is attached to the humanization of persons in communities. Unattached research tends to create policies that continue to oppress.

According to Stringer (1999:10), participatory action research has the following characteristics:

- It is *democratic,* enabling the participation of all people. This resonates with Kotzé's (2002:28) argument that the participants are the co-owners of the research and cannot be left out at any stage. It was vital for the researcher to hear the voices of the children, as this research is about their experiences.
- It is *equitable,* acknowledging people's equality. The participants and the researcher are all on an equal footing and they contribute equally to the creation of new knowledge (Zuber-Skerritt 1996:4,5).

- It is *liberating,* providing freedom from oppressive, debilitating conditions. By participating in this research, the participants gained confidence and became aware of their self worth.

- It is *life-enhancing,* enabling the expression of an individual's full human potential. For example, in this study, one of the participants reported: "By participating in this research, I have been helped to identify my talents and abilities."

The research methodology chosen is qualitative research where researchers often keep field notes as they participate in the field work (Mouton 2001:107). Qualitative research looks for ways to understand people in very natural ways. It is a way of researching which tries to describe and analyse how people live in and from *their* natural habitations. It emphasises how to do things mostly through the use of language instead of numbers or quantities. This is about the quality of how people live. This kind of research looks at the ideas, theories, themes, concepts and other ways to understand people to ensure improvements in their lives (Mouton 2001:161). In this kind of research, the researcher becomes an insider. The researcher in this qualitative research understands his role as being that of an insider regarding the research methodology.

In his book *Research in practice,* Durrheim (2006:47) points out that qualitative researchers collect data in the form of written or spoken language, or in the form of observations that are recorded in language, and analyse the data by identifying and categorizing themes. Durrheim (2006:47) adds that qualitative methods allow a researcher to study selected issues in depth, openness, and detail as they identify and attempt to understand the categories of information that emerge from the data.

Qualitative research using interviews is very important in the use of narratives, according to Elliot (2005:19), citing Weiss, because:

> Interviewing can inform us about the nature of social life. We can learn about the work of occupations and how people fashion careers, about cultures and the values they sponsor, and about the challenges people confront as they live their lives. We can learn the meanings to them of their relationships, their families, their work, and their selves. We can learn about all the experiences, from joy through grief, that together constitute the human condition.

It is the aim of this study that the case studies of the three orphans generate and test the thesis statement set out in Section 5.8.1. The information from individuals and groups was gathered taking notes during interviews. These notes were thematically analysed later, as discussed in Section 5.7.

The researcher decided to make use of personal interviews because both qualitative and quantitative researchers make use of individuals' point of view. Qualitative researchers know that they can get closer to an individual's point of view through interviewing and observation. By contrast, quantiative researchers are seldom able to capture individuals' perspectives because they have to rely on more remote, inferential emperical materials. Nevertheless, the empirical materials produced by the softer, interpretive methods are regarded by many quantitative researchers as unreliable, impressionistic, and not objective (Denzin & Lincoln 1994:5).

Good planning ensures that interviews are conducted in a manner that is narratively and ethically acceptable. This means that the questions and arguments must be vetted by the researcher before he embarks on interviewing anyone, especially most vulnerable ones, such as the orphans who participated in this study. Good planning for the interviews is crucial for several reasons, including timing and privacy, knowing what to ask and what not to ask, when to speak and when not to speak, and other considerations. During interviews it is a good idea for a researcher to keep notes as he or she observes and converses. These notes are known as 'process notes' (Kelly 2006:299-300).

The first method of design decisions had to do with what is studied, under what circumstances, for what duration of time, and with whom. This basic question informed all the researcher's observations and interviews, and led the researcher to his second choice of method: he decided to use focus groups and oral history techniques in the study.

Both the focus groups and oral histories evolved after the researcher came to know the perspectives of the individuals in his study. The researcher then used theoretical sampling techniques to select three individuals to participate in the study. The researcher used this example to illustrate the elasticity of qualitative design. Focus groups allowed the researcher to moderate and observe the interactions of members of

the focus group (a multi-professional team) regarding their perspectives, something the researcher could not have planned in the first days in the field. Nor could he have realised at the beginning of the study how valuable incorporating these techniques would be. These techniques allowed him to capture a richer interpretation of participants' perspectives. Qualitative research enabled him to use a combination of participant observation, interviews, and document analysis. The literature on approaches and strategies used in this qualitative study is extensive (Denzin & Lincoln 1994:211).

Focus groups also enabled the researcher to ask the group specific questions about a topic after considerable research had already been completed. Blumer (1969:41) also notes the importance of interviewing a select group. He mentions that seeking participants who are acute observers and who are well informed, a small number of such individuals brought together as a discussion and resource group, is more valuable many times over than any representative sample. It must be stressed, however, that the questions used by the researcher were of a narrative nature and were open-ended to ensure that participants were free to answer as they wanted to.

The second method the researcher decided to use was questionnaires in order to interview co-researchers, caregivers and focus group members. Participants as researchers are generally found in action-oriented research projects, where the nature of participation ranges from a researcher's consultation with participants regarding topics and research instruments such as questionnaires, doing research under specific direction (Denzin & Lincoln 1994:166).

In this study, some case studies of the orphans were recorded in detail as they told their stories and as the researcher observed them as a participant observer. In-depth descriptions of the cases were explored and described. These cases were taken from the conversation counselling sessions, either a one-on-one session, or sometimes sessions in groups. These cases were used to verify the objectives and thesis statement set out in Appendices C, D, E and F.

Another method the researcher used was focus group interviews, where caregivers and others participated in discussion on themes which emerged during case studies, interviews, or as the researcher observed issues surrounding the orphans with their

caregivers, volunteers and teachers at home, school and at the SANDF. Themes or issues were picked up, explored, discussed and interpreted to find alternative meaning and purpose to ensure the better development of an orphan, physically and spiritually.

5.5   SAMPLING TECHNIQUES, DATA COLLECTION INSTRUMENTS AND PROCEDURES

Sampling is defined as the selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/or social processes (Durrheim 2006:49) should participate. A sample thus refers to the representatives of a particular group of people from whom a researcher aims to draw a conclusion. How one chooses the representatives depends on the focus or the aim of the research question(s). Samples may be randomly or non-randomly chosen. More specifically, sampling can be convenience sampling, or randomly, or purposively chosen (Durrheim 2006:50). The number of individuals in a sample depends on what the nature of the research is, whether the number will allow the study's aims to be reached and satisfied and how much time and money the researcher has access to.

Sampling should make sure that the intended goal and objectives of the research are reached. Qualitative research is concerned mainly with in-depth analysis and less with statistical accuracy, and it aims at understanding things in naturalistic settings or contexts, even in the minimal selection of the representatives as a sample population.

In this research, the population consisted of orphans of aged 12 to 17 years. The researcher worked with three orphans in the Gauteng province in Johannesburg and Pretoria. Orphans of both genders of that age were chosen during 2011/2012. Information were collected during personal contact with each child. The number of orphans and their ages were chosen to obtain a sample which was more manageable for the types of qualitative work the researcher did, and for the depth of interview information he obtained. The way that the researcher chose the sample group for the focus group was simply to select role players closely related to the support of the orphans.

The orphans chosen are categorised as most vulnerable orphans, a category which includes orphans who have lost both parents, specifically die due HIV/AIDS-related

causes. These orphans very rarely have support from their other family members. The orphans come from a Zulu ethnic group background. They are also from different Christian denominations (Charismatic and Old Apostles).

It is said that data are the basic materials with which researchers work (Durrheim 2006:51). The analysis and interpretation of the data collected should verify the researcher's aims. Therefore, the data should be valid and reliable despite the difficulties or differences and challenges that sometimes arise out of these methods. In this research, data were collected through observation and in-depth interviews.

To evaluate the effectiveness of a narrative approach in pastoral counselling, the researcher depended on the feedback from caregivers about whether there were changes in or any impact on the life of the orphans as they and the researcher engaged in conversation and interaction with each other. The researcher also used his own observation to see whether a narrative approach can be used in the context of the SANDF. Theologically, the researcher analysed the contribution and the impact of narratives in the lives of the orphans. The open-ended questions in Appendix C, were used for that purpose. The researcher analysed and interpreted the data collected by data analysis through qualitative analytical methods and content analysis of the key themes or concepts. To evaluate the effectiveness of a narrative approach in pastoral counseling context, the researcher also depended on the feedback from the orphans themselves about whether there were changes or any impacts on their lives. The researcher adopted the measuring resilience table from Denis and Mafu (2005.31; see also Appendices C and D) and the Reynold's Depression Scale (Reynolds 2008:145). The interviews and content analysis were examined to analyse and interpret themes that verified the orphans' resilience for changes and any impacts on their lives. The researcher used content analysis to assess and interpret the data and results of the interviews.

In the book *Research in practice: applied methods for the social sciences,* Kelly (2006:287) points out that "qualitative researchers want to make sense of feelings, experiences, social situations, or phenomena as they occur in the real world, and therefore want to study them in their natural setting". The aim of qualitative research points to contextual interpretation to understand human beings in their natural settings. For this conception of knowledge (epistemology), one needs to be inside and not

outside of the field research (Mouton 2010:155). Qualitative research looks at how to collect the data in context, that is, to look at the situation. Collecting the data in this context is very important for such research to remain very naturalistic in its setting.

Effective data analysis requires careful consideration of the design of a study. The aim of data analysis "is to transform information (data) into an answer to the original research question" (Durrheim 2006:52). This particular chapter is concerned, amongst other things, with the qualitative techniques the researcher considered in the data analysis. Themes, concepts and ideas were identified for the process of analysing and interpreting. Data analysis helps us to understand different components of data that are collected in the sphere of personal relationships. This data can be measured in different ways to see whether it is reliable and viable in a particular study. Then the data must be analysed and interpreted again to find out the result from the thesis statement or objectives to find the right relationship. Interpretation of the data is a way of relating the data results to existing premises or methods which have been laid down in the study. The interpretation also supports the data which have been gathered with the theory (in this case the narrative theory) that the researcher has suggested. The data results and their interpretation show whether the methods used were viable or reliable (Mouton 2001:108-109).

Good records of pastoral counselling sessions, with a special emphasis on a narrative approach to pastoral counselling, were kept. The interviews with orphans were conducted at the child's home or chaplain's office.

The researcher decided to make use of questionnaires and interview forms with the caregivers and the orphans in order to help him to understand the background of the orphans and the caregivers better before he proceeded with the five conversational movements of Müller (2000:72-103) which were part of the pastoral therapy process conducted with each orphan (see Section 3.7.2).

A profile of each orphan (see Appendices C, D and E) was taken down, and was kept from the beginning of the research to the end of the research. Interviews with the adults, caregivers/guardians and pastors relevant to each orphan took place at the orphan's home. These interviews were intended to clarify the historical background of the child, the family history, success and failures. Interviews give us an opportunity to get to know

people quite intimately, so that we can really understand how they think and feel (Kelly 2006:297).

Three in-depth case studies of three individual orphans were conducted in this research to verify the applicability of the narrative approach in pastoral counselling. McLeod asserts that narrative case studies rely on the use of qualitative techniques to elicit and analyse descriptive accounts. Ultimately, narrative case studies are concerned with making sense of the stories people tell about aspects of their experience (McLeod 2003:101). Kothari (2004:113) points out that a case study is essentially an intensive investigation of the particular unit under consideration. Therefore, the researcher carefully observed and analysed the case histories of orphans to find out the assumptions that have been made about them.

Open-ended interviews with orphans generally vary, discussing different topics relating to daily life experiences to make an orphan more at ease. These approaches were used with individual orphans and in focus group interviews. The topics centred on domestic duties, games, leisure activities, church activities and school activities. Unstructured open-ended questions were used for interviews. Such interviews are characterized by their flexibility and freedom of questioning (Bless & Higson-Smith 2000:15; Kothari 2004:98) (see Appendices C and E).

Much of the time was also spent in participant observations of the orphans, as suggested by Bless and Higson-Smith (2000:104). They were observed in their activities and interaction with friends, caregivers, and other related adults in different circumstances or contexts, which were noted and recorded for a fair judgment and interpretation. Notes were taken throughout, for which the researcher had permission (see Appendix B for the ethical consent form).

5.6   METHODS OF DATA ANALYSIS AND PRESENTATION

As discussed in Sections 5.2 and 5.5 several qualitative research methods were used in the study, namely, narrative analysis (so-called ABDCE analysis), semi-strucutred interviews, and focus groups using appreciative inquiry techniques. Analysis of these methods gave revealing indicators of hope and new life for orphans who are supported by a public pastoral home based programme.

Apart from the analysis of the interviews with the orphans, the researcher also analysed the feedback from the focus group with the caregivers and multi-professional team members.

5.7   SEMI-STRUCTURED INTERVIEWS

According to Benney and Hughes (1956:142) interviewing is paramount in research on societal interactions because interviewing involves interaction and sociology. Thus an interview becomes both the tool and the object, the art of sociological sociability, an encounter in which both parties behave as though they are of equal status for the duration of the interview, whether or not this is actually so (Benney & Hughes 1956:142).

Interviewing has a wide variety of forms and a multiplicity of uses. The most common type of interviewing is an individual, face-to-face verbal interchange, but an interview can also take the form of face-to-face group interviewing, mailed or self-administered questionnaires, and telephone surveys. Interviewing can be structured, semi-structured, or unstructured (Benney & Hughes 1956:142).

In this study, the researcher adopted a narrative approach towards interviewing. He used a semi-structured style of interviewing, as suggested by Osmer (2008:62), who explains that in semi-structured interviews, an interviewer usually has a predetermined set of questions in a set order, but is willing to depart from this order if the interviewee spontaneously moves into an area to be covered at a later point. These kinds of interviews usually include open-ended questions, which encourage interviewees to construct their own responses, providing access to their language and meanings (Osmer 2008:62).

The researcher used the following processes for interviews with the different role players, in line with the process recommended by Denzin and Lincoln (2003:215):
- interviews with the three orphans;
- interviews with the orphans' caregivers;
- interviews with the ministers;
- data analyses and presentation;

- semi-structured focus groups and participatory action research; and

- analysis and reflection.

5.8   RESEARCH RESULTS, ANALYSIS AND INTERPRETATION

In this section, the research results are discussed regarding the data collected through the qualitative methods discussed above, namely the semi-structured interviews, unstructured interviews, and the focus group interviews. All these were collected through note-taking or what Kelly (2006:302) calls 'process notes'. The data and results were then analysed and interpreted in order to fulfil the objectives and aims of the research. All the steps were done in line with the proper procedures of obtaining the required ethical documents, such as the consent form (see Appendix B).

Since the study involved participatory action research, the researcher used the stories that the researcher had heard from the participants and that are related to their lives. Telling and hearing stories is in itself a healing phenomenon. Furthermore, the researcher explored and assessed the stories of the orphans therapeutically with the orphans to find hope and care. At the end, the researcher gives his own reflection and general assessment before summarising the findings at the end of the chapter.

5.8.1   Results of the interviews

Interviewing is one of the methods used to gather data in qualitative research. The method gives an opportunity for people to interact in a more naturalistic way. As is pointed out in Section 5.8.3, interviews, especially a planned interview schedule, give us an opportunity to get to know people quite intimately, so that we can really understand how they think and feel (Kelly 2006:297). It is a two-way traffic where the researcher and the participants collaborate in the field to build a relationship that can result in getting to know one another better. Interviews are the conversations in which we tell each other who we are. Open-ended questions are the ways to the conversation. This kind of conversation is free and easy, and non-threatening.

In the following pages, the interviews and observations of the in-depth case studies of three orphans are analysed and interpreted. These three case studies cover themes of

hope and care related to orphans' experiences of feelings and other circumstances with all the people who are involved with them, such as caregivers.

The theme of hope and care related to orphans illustrates the importance of narratives in a pastoral counselling context for the well-being and resilience of the orphans. It can be seen from the orphans' cases that narratives make a big contribution, in practical theology in particular.

The case studies illustrate and point out the significance of a narrative approach in practical theology in general, and in pastoral counselling in particular. Each orphan's biographical information is detailed and elaborated on; the orphan's feelings, life circumstances and other experiences are discussed and analysed in detail. These details prove the effectiveness of a narrative approach with orphans as a means which the church and society in general can apply for the betterment of orphans relating to their issues of life and how to cope with them. Through stories, orphans are able to find a resilient life of hope and care, and cope with the difficulties of life. They are able to grow into the fullness of life, into a life of wholeness.

The methods the researcher used included as note-taking (process notes) during the observation, interviews and counselling sessions. Being sensitive for the modernist paradigm, the researcher rather opted for semi-structured interviews. The research was thus guided with semi-structured or rather unstructured open-ended questions. The researcher took notes, visited homes, and conducted some focus group discussions and individual conversations, under careful supervision and guidance, taking into consideration the ethical requirements of such procedures.

5.8.2 Case studies

The case studies journeyed through the life stories of orphans (narratives), and the orphans in the case studies explored their own experiences through stories. In pastoral counselling, exploring and communicating in narratives is regarded as a particularly helpful way to find healing, peace and wholeness for the orphans.

Orphans as human beings have a story to tell and they have the same needs and problems as other people. They are traveling in the world, experiencing a longing for a

better life of wholeness. It is obvious from the case studies that the orphans' stories are similar, regardless of how each child experienced the events. These stories are explored and explained in Section 5.8.3.

5.8.3 Focus group interview results and findings

A group interview is essentially a qualitative data gathering technique where the interviewer/moderator directs the interaction and inquiry in a very structured or much more unstructured manner, depending on the purpose of the interview. For instance, the purpose may be exploratory, or the researcher may bring several persons together to test a methodological technique, to try out a definition of a research problem, or to identify key informants (Denzin & Lincoln 1994:365).

This study used semi-structured interviews with the focus groups in order to assist the appreciative inquiry process (see Appendix D). The questions were open-ended and tied in with the narrative approach adopted in this study.

The practical change process of appreciative inquiry can be described by using the well-known 4-D Model or the 5-D Model. According to Reed (2007:32-34), the 4-D model consists of the following:

- *Discovery*: Appreciating what gives life. In this phase, there is a quest to find out about the organisation and what gives it its energy and nature.
- *Dreaming*: Envisioning what might be. In this phase, participants work together to develop ideas of what the future might or could be.
- *Designing*: Determining what will be. In this phase, participants work together to craft plans for the future.
- *Delivery*: Planning what will be. Here, the energy moves toward action planning, working out what will need to happen to realise the provocative propositions.
- *Initiate*: In the first phase of the 4-D cycle, participants are introduced to the key ideas of appreciative inquiry and the process they will be part of.
- *Inquire*. Here, initial interviews and disussions take place, and the appreciative inquiry interview agenda is developed around the chosen topic.
- *Imagine*: Here, the data are brought together and collated, and themes are identified.

- *Innovate*: Here, the appreciative inquiry plans are developed with as many participants as possible.

According to Watkins *et al.* (2011:36), the 5-D Model consists of the following:
- a Definition phase (goals are developed for the appreciative inquiry process);
- a Discovery phase (of "life-giving properties" in the lives of human beings);
- a Dream phase (during which system members create shared images of what life could be like);
- a Design phase (during which system members propose the preferred future image created during the Dream phase that orphans lives should evolve into); and
- a Destiny phase (during which system members propose the preferred future image created during the Dream phase that orphans lives should evolve into).

The researcher used the 5-D appreciative inquiry model during the focus group discussions to facilitate positive change for the orphans. In the focus groups, the 5-D model featured as five distinct phases in the appreciative inquiry discussion, namely:
- 1st Phase: To identify the positive focus of their inquiry;
- 2nd Phase: To share the stories that give real life to the lives of the orphans;
- 3rd Phase: To locate themes in the stories and select topics from the themes for further inquiry;
- 4th Phase: To create shared images for a preferred future for the orphans; and
- 5th Phase: To make innovative proposals to develop the preferred futures.

This kind of interview was conducted with the orphans' caregivers, a nursing sister who staffs the SANDF sickbay at Wonderboom military base, a psychologist and a social worker. The interview with a focus group helps to understand people in a natural way and to elicit data on how they experience their daily life (Terre Blanche, Durrheim & Painter 2006:304).

The researcher as the facilitator of the focus groups needed to be attentive to observe how the role players understand and experience the life of an orphan in a group so that ultimately the purpose of the research is reached and met. Various subjects are discussed to fulfil the objectives which have been set. The group was interviewed through open-ended questions which allowed the group to talk freely and even to go further than what was asked. People pay attention if they are given enough space and

freedom to express themselves in ways that are easy for them. Sometimes, people express themselves in non-verbal ways, but all these need to be taken note of to know what is going on (hence, process notes were taken).

The focus group interview allowed free discussion in the planned group of people where specific themes or concepts were discussed and analysed. In order to get the specific information, one needs to follow the procedures and guidelines for a group focus interview.

The focus group in this study met at the School of Signals of the SANDF at Wonderboom, Pretoria, in a classroom that could hold five to ten people. One focus group interview of 2 hours and 45 minutes were conduted. The session was open for discussion, comments, questions and observation. Specific themes and topics (see Appendix F) were introduced to the group, beginning with very general and easy topics, then moving on to specific and difficult topics. Detailed notes were taken of all the discussions that took place, and observations made to assist in better analysis and interpretation. These were reflected on at the end of the session to make sure that the conclusion reached was right for the group and that nothing had been left out.

The purpose of the focus group discussion was to verify the themes and topics which emerged during the survey which was conducted in the orphans' family homes for the case studies, as has been explained above.

The researcher decided to involve the important role players in a thorough focus group discussion. The following role players took part: the researcher himself, a nursing sister who staffs the sickbay at Wonderboom military base psychologist, social worker and all the caregivers of the respective orphans in the study. One of the caregivers is also a Minister in her church and she presented the church during the focus group discussion and also the involvement of the church in the life of the orphan. For the sake of clarification, the members of the focus group are introduced in more detail below. For reasons of confidentiality, names have been withheld.

The nursing sister from the sickbay is a black female officer, in her mid-fourties, and is head of the military sickbay on the base. She has been stationed at the sickbay for the

last five years and is responsible for the medical support of SANDF members and their families at the base.

The psychologist is a white civilian female member of the SANDF. For the last three years, she has been stationed at the military base. She is in her early thirties. She is responsible for the handling of all the psychological cases on the base for SANDF members and their families.

The social worker is an officer in the SANDF. The researcher and the officer worked together for seven years at the same military base. She is a white woman also in her early thirties. She is responsible for the handling of all the welfare cases of SANDF members and their families on the military base concerned.

The researcher made sure that all the orphans were present at the focus group discussion. When the researcher invited the different role players to the focus group discussion, he gave them a broad background of what it would entail. He asked their consent to participate.

For the focus group discussions with the caregivers, the nursing sister from the sickbay, the psychologist, the social worker and civilian minister, the appreciative inquiry technique was used (see Appendix F for clarification on the appreciative inquiry technique used during the discussions with the role players). To enhance the focus group discussion, appreciative inquiry principles were used to guide the discussion. These principles coincide strongly with the postmodernist narrative and social construction views previously discussed in Section 2.5.1.

When the researcher looks back at the empirical research process followed, he has to agree with Watkins, Mohr and Kelly (2011:37)'s summary of the essence of the process (which the researcher also followed) because this is precisely what the researcher experienced, as set out below:

- *The Constructionist Principle: reality and identity are co-created*
  - o We construct stories together with our thinking about what happens and who we are.
  - o Our story is one perspective. There are an infinite number of perspectives.
- *The Poetic Principle: whatever we focus on grows*

- o We have poetic license to interpret, and focus our stories, and whatever we focus on expands.

- *The Simultaneity Principle: questions ignite change*

  - o We anticipate what the future will be like by forming pictures in our minds, and then we live into those images.
  - o We can deliberately change the future by visualizing what we want.

- *The Anticipatory Principle: we live into our future images*

  - o The moment we ask about something we simultaneously begin to move toward it.
  - o Questions are a powerful tool for positive change.

- *The Positive Principle: think good to feel good*

  - o Focusing on positive aspects creates positive upward spirals.
  - o Building on strengths provides greater leverage for change than fixing weaknesses.

5.9 INTEGRATED FINDINGS WITH THE ORPHANS, THEIR CAREGIVERS AND THE FOCUS GROUP

It was important for the researcher to take into consideration the elements of effective pastoral care when he addressed the outcome of the individual interviews with the orphans. The field of pastoral care assumes that good relationships are at the heart of good care and, furthermore, that relationship is the beginning of theory (Thornton 2002:123).

The most familiar form of pastoral care – a person-to-person conversation – remains central to pastoral care, but pastoral care can also occur in the midst of congregational activities, such as fellowship suppers and meetings, as well as in areas related to other practical theological sub-disciplines, such as preaching, liturgy and ritual, worship, and prayer. Rituals, for example, create sacred space in the midst of the ordinary, thus deepening our awareness of ourselves as beings in and for God. Rituals have a psychological function as well. They can name the unspeakable (for example, death and loss), deal with ambivalent emotions (for example, funeral rituals help us hold both relief and sadness in the death of a loved one), and set personal experience within the context of a community and within a historical narrative (for example, coming to

understand that death and loss, painful as they often are, are a normal, God-given part of life) (Ramshaw 1987:9).

Ensuring effective pastoral care requires a willingness to relinquish the hope of solving problems for those who seek support. However, not moving into the role of 'expert', but rather empowering those with whom one sits, requires great skill, including 'static (or anxiety-) free listening' (Kornfeld 2002:47). Effective caregivers are persons who have reflected on, come to terms with, and integrated their own experiences of suffering. For this reason, then, Henri Nouwen's (1972:11) image of the pastoral care provider as a 'wounded healer' captures something important in practice. As wounded healers, pastoral caregivers often understand their role as facilitators, rather than as fixers.

When the researcher used the three research methods discussed above, namely interviews, questionnaires and focus groups, with the three different research groups, namely the orphans, caregivers and multi-professional team, a number of research findings emerged for the researcher and the co-researchers and other participants, as discussed in the sections below.

5.9.1 Andile

5.9.1.1   Integrated findings of the interviews with Andile

From the interviews and questionnaires (see Appendices C, D and E), a number of details became clear regarding Andile.

In the discussion, it became clear that Andile appreciated the following about her situation:

- she enjoyed the school and her school work;
- she appreciated the house and the people looking after her; and
- she has a positive outlook towards life and knows what she wants in life.

From the conversation, it was clear that her circumstances were not perfect. The following challenges emerged:

- she needs a new school uniform;
- she needs a computer to do schoolwork; and

- she is not sure if her uncle and aunt are willing to continue looking after her until she leaves school.

In the discussion Andile clearly told the researcher what her hopes and dreams are for the future. To the researcher, this hope and these dreams were realistic and were the most important foundation to build her life on. She mentioned the following:

- she wants to make a success of her school work;
- she wants to study further to become a fashion designer; and
- she wants to become a world-renowned fashion designer.

The researcher explained to Andile that hopes and dreams could only become a reality if the important role players in our lives act in alignment to make them happen. The researcher then asked her if there were any such plans that could make her hopes and dreams alive. She mentioned the following:

- she knows God is with her and with Him all things are possible;
- with the support of her family and teachers at the school she can accomplish her dreams; and
- she knows that the chaplaincy and her church are also there to support her.

5.9.1.2   Integrated findings of interviews with Andile's caregivers

From the interviews and questionnaires (see Appendices C, D and E), the following became clear about the caregivers. The caregivers made the researcher aware of the challenges that they are facing, but also that they intend to overcome the challenges because they are focusing on a positive future for Andile.

In the discussion, it became clear that Andile's caregivers appreciated the following about her situation:

- she is very fond of learning and is enjoying her schoolwork;
- she appreciates her home and the people looking after her; and
- she has a positive outlook towards life and knows what she wants in life.

They realised that their circumstances were not perfect. They shared the following challenges with the researcher:

- they need financial assistance;

- they need medical support, since Andile is not on the SANDF medical scheme; and
- they need to buy a new school uniform for her.

In the discussion with Andile's caregivers, they clearly told the researcher what her hopes and dreams for the future are. They mentioned the following:

- to make a success of her school work is a very important goal in her life;
- she wants to study further at a fashion school after she finishes school; and
- her vision for her life is to become a world-renowned fashion designer.

The researcher explained to the caregivers that hopes and dreams could only become a reality if the important role players in our lives act in alignment to make it happen. He then asked them if there were any such plans that could make her hopes and dreams come alive. They replied that they know that

- God cares for their child and with God's help she has a bright future;
- with their support as a family she can accomplish her dreams; and
- the chaplaincy and the church need to support her to help her to become the person God wants her to be.

5.9.1.3   Integrated findings of the interview with the focus group regarding Andile

From the interviews and questionnaires (see Appendices D and F), a number of findings emerged about the focus group. The focus group made the researcher aware of the challenges that Andile is facing, but also that this orphan will overcome the challenges, from their point view.

In our discussion it became clear that the focus group appreciated the following about Andile's situation:

- schoolwork and good marks are her vehicle to success in the future;
- there is a good relationship between Andile and the caregivers; and
- she is positive towards life, in spite of what has happened to her.

The focus group realised that her circumstances were not perfect. They were aware of the following challenges:

- she needs financial assistance;

- she needs medical support since the SANDF medical scheme does not make provision for her because she is an orphan; and
- she needs a new school uniform.

In the researcher's discussion with the focus group, they clearly told him that her hopes and dreams for the future were realistic and were the very important foundation to build her life on. What come out in the focus group was the following:
- she must study further to become a fashion designer;
- she can become a world-renowned fashion designer if she keeps on focusing and studying hard at school; and
- her caregivers must already see to it now that she works at a fashion house part time during weekends and holidays to gain experience.

The researcher explained to the focus group that hopes and dreams could only become a reality for Andile if important role players in her life act in alignment to make it happen. The researcher then asked them if they can identify such plans that could make her hopes and dreams a reality. They indicated that
- the support of her caregivers can help her to ensure a bright future;
- the support of her teachers can help her to accomplish her dreams; and
- the chaplaincy and the church's support can make a huge difference enabling her to accomplish her dreams.

5.9.1.4 *The researcher's own point of view regarding Andile*

After the researcher investigated all the feedback from Andile, he reached a number of conclusions about her.

The challenges are the following:
- She needs to accept the death of her parents and move on with her life although it is hard to accept sometimes.
- She needs to accept the caregivers as people that are not perfect but people who want to take care of her in the best possible way.
- She must resist the thought pattern that she is not sure if her caregivers will always be there to look after her, because they have been sent by God to take care of her,

The positive come out stronger and gave hope, namely:

- In spite of what happened to Andile, she still remains focused on making a success of her life.
- The fact that Andile is a hard worker and is willing to work hard at school will benefit her in the long run.
- Her dream to become a world-renowned fashion designer is definitely in her grasp and is a goal worth striving for.

5.9.2 Thandi

5.9.2.1   Integrated findings of the interviews with Thandi

In the researcher's discussion with Thandi, it became clear that she appreciated the following about her situation:

- she loves the teachers at her school and enjoys going to school;
- she is very fond of reading and has a positive outlook towards life and knows what she wants in life; and
- she has huge goals and dreams for her life.

The researcher realised that her circumstances were not perfect and was aware of the following challenges:

- a need for new clothes;
- a need for proper stationery to do schoolwork; and
- sometimes she wants to run away because life is not fair, due to the fact that she lost her parents.

In the discussion, Thandi clearly told the researcher what her hopes and dreams for the future are. To the researcher, these hopes and dreams were realistic and were the most important foundation to build her life on. She mentioned that she wants to

- make a success of her school work;
- study further to become a medical doctor; and
- make a difference in people's lives by helping them.

The researcher explained to Thandi that hopes and dreams can only become a reality if the important role players in our lives act in alignment to make that happen. He then

asked her if there were any such plans that could make her hopes and dreams come alive. She mentioned the following:

- she knows God is taking care of her and that she is not alone, and that enables her to move forward;

- with the support of her caregivers and teachers, she can make a success and accomplish the dreams that God has in store for her;

- she knows there are people like the chaplains and also the church that are there to support her.

5.9.2.2   Integrated findings of the interview with Thandi's caregivers

Based on the interviews and questionnaires (see Appendices C, D and E), the caregivers made the researcher aware of the challenges that they are facing, but also that they will overcome the challenges, because they are focusing on a positive future for Thandi.

In the discussion it became clear that Thandi's caregivers appreciated the following about her situation:

- she is enjoying her school and the teachers;

- she really likes to take care of the family but also people around her;

- she knows what she wants in life and has set some big goals for herself.

The researcher realised that her circumstances were not perfect and was aware of the following needs:

- the family needs financial assistance especially to pay for medical bills;

- they need to buy stationery to help her to do her schoolwork; and

- they don't know if there will be enough funds to support her one day for her studies after school.

In the researcher's discussion with Thandi's caregivers, they clearly told him what her hopes and dreams for the future are. To him these hopes and dreams were realistic and were the most important foundation to build her life on. They mentioned the following:

- they are so grateful that she wants to make a success of her school work;

- their goal for her is that she study further to become a medical doctor; and

- one day she can contribute towards society by helping other people, making a difference in their lives.

The researcher explained to her caregivers that hopes and dreams could only become a reality if the important role players in our lives act in alignment to make it happen. The researcher then asked them if there were any such plans that could make her hopes and dreams to become a reality. They said that they know that

- love and support are all a child needs to make a success of her life;
- the church and the chaplaincy can also contribute to help her to accomplish her dreams; and
- the school and the teachers at the school will continue to play an important role to ensure a successful future for her.

5.9.2.3   Integrated findings of the interview with the focus group regarding Thandi

From the interviews and questionnaires (see Appendices D and F), the following became clear about the focus group, who made the researcher aware of the challenges that Thandi is facing, but also that she will overcome the challenges because she is focused on a positive future for herself.

In the discussion it became clear that the focus group appreciated the following about her situation:

- she enjoys going to school and the positive interaction with the teachers;
- she really likes to take care of the family but also people around her; and
- she knows what she wants in life and has set some big goals for herself.

They realised that her circumstances were not perfect. They were aware of the following circumstances:

- the family needs financial assistance, especially to pay for medical bills and clothes;
- they need to buy stationery for school work, and new school uniforms; and
- they will need enough funds to support her for her medical studies.

In the researcher's discussion with the focus group they clearly picked up what her hopes and dreams for the future are. To them, these hopes and dreams were realistic

and were the most important foundation to build her life on. They mentioned the following:

- to ensure success for the future, her caregivers need to support her in her schoolwork on a constant basis;
- for her to become a medical doctor, the caregivers must take out a study policy to ensure funds are available; and
- she needs all the support she can get, for example, from the teachers, the church and the chaplaincy.

The researcher explained to the focus group that hopes and dreams can only become a reality if the important role players in our lives act in alignment to make it happen. The researcher then asked them to share any such plan that could make her hopes and dreams a reality:

- they reminded the caregivers about the importance of helping Thandi to accomplish her dreams and her destiny in life;
- they emphasised the aspect of support of the family and the community for the child's future; and
- they know funds are a problem, but because her late parents worked in the SANDF her caregivers can apply for a bursary through the South African Health Military Services (SAHMS) for her to study one day to become a medical doctor.

5.9.2.4   The researcher's own point of view regarding Thandi:

After the researcher had investigated all the feedback from Thandi, he and Thandi agreed on the following challenges:

- She needs to accept her new parents and move on with her life in spite of the fact that she sometimes feels that she wants to run away.
- She needs to accept that if she wants to become a medical doctor, she can get a bursary or join the SANDF to further her studies through SAMHS.
- She needs to believe in herself and that her dreams are worth striving for, because in the long run her family will not have money to send her to university, and that will require her to work part-time to pay for her studies.

The positive came out stronger and gave hope:

- In spite of the setback that she has had, she still remains positive about life.

- The fact that Thandi is a hard worker and likes to take care of people will surely count in her favour.
- Her dream to become a medical doctor is definitely something worth striving for.

5.9.3 Tshepo

5.9.3.1   Integrated findings of the interviews with Tshepo

From the interviews and questionnaires (see Appendices C, D and E), a number of points became clear regarding the interviews with Tshepo.

In the researcher's discussion with Tshepo it became clear that Tshepo appreciated the following about his situation:
- he enjoys his friends at the school but not the schoolwork;
- he appreciates the house where he stays and the people looking after him; and
- he enjoys helping around the house.

The researcher realised that Tshepo's circumstances were not perfect and was aware of the following challenges:
- Tshepo is HIV-positive;
- he is struggling with his schoolwork;
- he is failing his grades at school which is a concern for the family.

Tshepo's appreciation for the things that the researcher mentioned indicated to him that his life was not moving in a positive direction. However, in the discussion, Tshepo clearly told the researcher what his hopes and dreams are for the future. To the researcher, these hopes and dreams were realistic and were the most important foundation to build his life on. Tshepo mentioned that he wants to
- help people;
- start a business and care for people in need; and
- become a very successful businessman one day.

The researcher explained to Tshepo that hopes and dreams can only become a reality if the important role players in our lives act in alignment to make it happen. The

researcher then asked him if there were any such plans that could make his hopes and dreams alive. Tshepo mentioned the following:

- he knows God cares for him and he also believes in himself;
- with the support of his family, community and church he can accomplish his dreams; and
- he knows that he is ill but his goals and dreams are still a reality because people are there to support him.

5.9.3.2   Integrated findings of the interviews with Tshepo's caregivers

From the interviews and questionnaires (see Appendices C, D and E), it became clear that Tshepo's caregivers were aware of the challenges that they are facing, but also felt that they would overcome the challenges because they are focusing on a positive future for Tshepo.

In the discussion it became clear that Tshepo's caregivers appreciated the following about his situation:

- he is always very helpful and likes helping around the house a lot;
- he is a very loving person; and
- in spite of the fact that he is struggling with his health, he remains positive.

The researcher realised that Tshepo's situation was not perfect and was aware of the following difficulties:

- because Tshepo is HIV-positive, there are a lot of medical bills;
- he is struggling with his schoolwork; and
- he is failing his grades at school, which is a big concern for the family.

However, in spite of the things that his caregivers mentioned, they indicated to the researcher that Tshepo's life is going to be a success because God is there for their child.

In the discussion, Tshepo's caregivers clearly told the researcher what his hopes and dreams for the future are. To the researcher, these hopes and dreams were realistic and were the most important foundation to build his life on. His caregivers knew that Tshepo wants to

- start a business after school;

- become a well-known businessman; and

- create work for the unemployed.

The researcher explained to Tshepo's caregivers that hopes and dreams can only become a reality if the important role players in our lives act in alignment to make it happen. The researcher then asked them if there were any such plans that could make Tshepo's hopes and dreams become a reality in his life. They responded that they know that

- with God's help he has a bright future;

- with the support of the family and community he can accomplish his dreams; and

- the school and his teachers, the chaplaincy and the church need to support him to help him to become the best person God wants him to be.

5.9.3.3   Integrated findings of the interview with the focus group regarding Tshepo

Based on the interviews and questionnaires (see Appendices D and F), it was clear that the focus group were aware of the challenges that Tshepo was facing, but they also thought he was able to overcome the challenges if he focused on a positive future for himself.

In our discussion it became clear that the focus group appreciated the following about his situation:

- he is a very helpful person and always puts others' needs first, before his own;

- he likes to show love and appreciation as a person; and

- in spite of the fact that he is struggling with his health, he remains positive.

They realised as a focus group that his circumstances were not perfect. They took note of the following challenges:

- because he is HIV-positive, there are a lot of medical bills;

- he is struggling with his schoolwork;

- he is failing his grades at school and that it is a big concern for the family.

In the discussion, the focus group took note of what his hopes and dreams for the future are. To them, his hopes and dreams seem realistic and are the most important foundation to build his life on. They mentioned the following:

- He can start a business if he succeeds in school.
- He needs, now more, than ever the support of his family.
- He needs his caregiver's assistance to ensure regular visits at the clinic.

The researcher explained to the focus group that Tshepo's hopes and dreams could only become a reality if the important role players in our lives act in alignment to make it happen. The researcher then asked them if there were any such plans that they could propose that can make Tshepo's hopes and dreams a reality. They emphasised that

- he needs to go to a special school to improve his grades;
- he needs to go for counselling because he has not yet worked through the trauma of his parents' death; and
- the support of the caregivers, chaplaincy and the church together with the teachers to help him to become the person God wants him to be is vital.

5.9.3.4   *The researcher's own point of view regarding Tshepo:*

After the researcher had investigated all the feedback on Tshepo, he drew the following conclusions about him. The challenges are the following:

- Tshepo needs to accept the fact that he is HIV-positive and must try to look after his health well. He has to make the best of his life in spite of all the challenges that he is facing.
- The researcher advises that Tshepo undergo psychological therapy, as was suggested by the psychologist during the MASH group (focus group) session. These sessions will enable him to improve his self-image. They will also help him to handle the challenges that the HIV/AIDS treatments can have on him.
- He needs to accept the fact that if he wants to become a successful businessman, physical hard work is not enough, and that he needs to study hard at school in order to achieve his goals.
- He needs to believe in himself and that his dreams are worth striving for. His caregiver and family have faith in him and believe that he can still make a success of his life.

The positive came out stronger and gave hope:

- In spite of the setback that he had regarding his health, he still remains positive about life.

- The fact that Tshepo likes to help and take care of people will surely count in his favour one day when he starts his own business.

- He has a dream to become a good businessman and that is definitely something worth striving for because, as the saying goes, "you can't keep a good man down".

5.10 RECAPPING THE RESEARCH PROCESS FOLLOWED IN THIS STUDY

The process of appreciative inquiry, including among the focus group consisting of many different role players involved in the lives of the orphans, assisted the researcher greatly in identifying the life-giving factors that could help to create a meaningful life for each orphan in future. The previous narrative process (where the researcher made use of Müller's ABDCE-process (see Section 3.7.2) ties in well with the appreciative inquiry approach, in the sense that the *emergency story, obscure future story and imagined future story* are all incorporated in the appreciative inquiry process. What makes the focus group process very strong, however, is that it involves many role players who can quickly and effectively get to practical and workable conclusions about an orphan's future life. Through this process, the researcher feels confident to assist the orphans to actualise their lives with real hope and meaning in future (see Section 5.9).

The next section of Chapter 5 shows how the whole research process in this study worked together to bring about positive change in the lives of the orphans. The researcher argues that his public theology position, the specific Biblical anthropological viewpoint about humanity used in the study, the narrative pastoral ABDCE-model, a strong theology of hope and appreciative inquiry approach all work together to create new life for orphans who may initially seem to be hopeless.

5.10.1 Integration of the whole research process changing the lives of orphans

This research process is in line with the practical, theological viewpoint of Osmer (2008:7), who lists the following guidelines:

- *Descriptive empirical* (refers to the conversations with the orphans in Section 3.7.2)

- *Interpretive* (refers to the ABDCE process which was used to analise the discussions with the orphans in Section 1.4.2.2)
- *Normative* (refers to the theological starting points in Section 2.2.2)
- *Pragmatic* (refers to the practical suggestions derived from appreciative inquiry in Section 5.8.3)

The above guidelines were followed by the researcher (see also Section 1.1.3). This research is also in line with the practical theological viewpoint of Ganzevoort (2007:6), who advocates tracking the sacred in a spiritual empirical-reconstructive and critical constructive mode. The researcher believes that he can substantiate this viewpoint looking back at the research process thus far. He reviews some of the main components to prove his point below.

5.10.1.1   Public theology (Chapter 2)

By "public" (see Section 1.1) the researcher understands theology to be relevant to the world and its needs. Public theology interprets what could be true about God and God's relationship towards humanity, society and the world (Breitenberg 2003:58; Koopman 2003:3-19).

As discussed in Section 1.1 public theology tries to make a transformative and redemptive impact on society. It also relates to the relationship between theology and, for example, the institutions, organisations, associations and movements of civil society which, independently from the state and economy, strive to enhance the quality of life, satisfy the needs and foster the interests of people, change the nature of society and build a common good that allows a life of quality for all (Koopman 2003: 3-19; Laubscher 2007:243).

The public theology perspective played a very important role in this research, leading to the development of a model that can help to combat the effects of HIV/AIDS by establishing a home-based care programme for orphans through the chaplaincy.

5.10.1.2   Biblical anthropology (Chapter 2)

For theology it is important to understand what the Bible says about humankind. According to Louw (1999a:192-193), Biblical anthropology implies an image of a human being, manifested in sin, grace, repentance, rebirth and the power of reconciliation. The biblical image of humankind presupposes that humans are dependent on God and should be understood from the perspective of a relationship with God. It again involves the question about how Scripture understands humankind. Bezuidenhout (2005:70) sees a human being, based on a Biblical-pastoral definition, as a created, physical, religious and psychological being, although a human being always acts as a totality. He argues that the *imago Dei* ('image of God') is the most all-encompassing approach in the Biblical-pastoral view of human beings.

Spirituality was clarified in this study with reference to the synthetic, stereometric and perspectivist aspects. A person can be distinguished according to these three facets. "Your spirit enables you to have contact with spiritual things. Your soul gives you access to your emotions and thoughts. Your body has to do with the reality of your five senses" (Shirer 2008:60).

In a pastoral anthropology, the focus is on human beings from the basis of a relationship with God (Louw 1999a:156). It is about the understanding of humankind in terms of recovery, as well as guidance in his search for life purpose. Rice (1991:21) says that many people have become serious in their search for a living and vital relationship with God, because they feel empty. In this confusing world, people seek the assurance of God's closeness and trustworthiness. The pastoral meaning in this study involves transforming hopelessness into hope with orphans who have lost their parents. Care can be facilitated by knowing there is hope after the death of a parent, and that through the facilitation, hopelessness can be transformed into hope. This is also true of other models, but Louw's model is already a compilation of other theological models. In this study, the researcher highlighted the relevant perspectives regarding Biblical anthropology as quoted and integrated where applicable in the text.

5.10.1.3   Pastoral care and pastoral therapy (the ABDCE-model) (Chapter 3)

The functions of pastoral care and pastoral therapy were explored to ascertain their connection with hope and care. There are many questions with regard to these concepts, and these are discussed in detail in Chapter 3, because they are so central to this study,

In the research process, the researcher had to understand clearly what orphans go through. Therefore he had to ask the crucial question: *What are the needs of orphans?* Many orphans feel despondent and experience personal uncertainty and feelings of sorrow and pain after the death of a parent. The orphans can experience feelings of dejectedness. Through the different processes of pastoral narrative therapy, attentive listening and responding to the unique stories of orphans (through externalizing and unique outcome processes), the therapist assisted three orphans to digest such experiences and come to terms spiritually with what happened to them.

These processes correspond with the questions of the co-researchers, which result from their experience. It implies their search for answers that can possibly give them hope again. As a Christian, the researcher agrees with De Kock (2007:55), who says that God never forsakes anyone who comes to Him for help. The researcher held onto God's promises of hope and care in Christ for these orphans. According to Gous (2005:174), the ray of hope to which people look forward with longing is the idea of seeing people reaching out to them. This longing reflects a pastoral care perspective. The researcher is glad that he thought about pastoral care and pastoral therapy and about the hope and care that chaplains can offer to orphans.

The discussion of the narrative approach (in Section 3.7) includes a discussion of different theoretical approaches (such as public theology, practical theology, pastoral care and therapy and the ABDCE model). In the narrative approach, the theories and the stories were integrated into one methodology and one end result.

As mentioned previously the methodology used in this research was the *ABDCE process.* The implication is that case studies were followed up by theoretical reflections regarding the practice-theory-practice model. In the narrative approach, the *ABDCE-process* provides guidelines for research (Müller *et al.* 2001:electronic source). It entails

the origin and course of a story in the research process, according to the A (action), B (background), D (development), C (climax) and E (end). To demonstrate how these conversations had an important impact on the research, the researcher unpacks highlights of these conversations now.

According to the researcher, there was a close link between the ABDCE model, participative action research and appreciative inquiry. The ABDCE model entails the way the researcher could analyse the stories. However, he did not do it on his own, but made use of the participants to do co-research with him and assist him in interpreting the stories. Throughout the process, the approach was that of appreciative inquiry, meaning that all analysis was done by focusing on the positive aspects of every story, thus building on hope and the creation of new meaning.

Pastoral therapy, which constitutes the main theme was discussed in this chapter. It has been pointed out that the pastoral-therapeutic conversation can be seen as pastoral therapy. Since conversation was the core of the researcher's approach to guidance, the researcher made use of the five main movements of Müller's conversational approach in Section 3.7.2 (Müller, 2000:72-103). The appreciative inquiry method was used during the interviews with the focusgroup participants in Section 5.9. The five main movements of Müller's conversational approach were used during the interviews with the orphans in Section 3.7.2. Louw (1999a:518) says that pastoral therapy has the effect that it stimulates the process of spiritual growth and promotes the dimension of spirituality. The purpose of pastoral therapy thus involves the promotion of spirituality in order for faith to grow. On the other hand, faith growth can promote spirituality. The orphans could then perceive and understand reality in a different way.

5.10.1.4   *Grieving process, narrative therapy and theological hope and care (Chapter 4)*

The applicability of narrative therapy in this research, as well as with the orphans' grieving process, was portrayed. Steyn and Van den Berg (2005:2) believe that humankind is drawn closer due to pain and suffering, which bring forth comfort and new creativity in which people can reflect together about the handling of pain and suffering. Although grief is not merely a 'series of events, stages, or timelines' (Kübler-Ross & Kessler 2005:203), the orphans experienced pain due to the death of the parent and the

search for answers very intensely. During the aftermath of their parents' deaths, the orphans experienced different stages of grieving before acceptance was reached. De Klerk (1972:126) argues that the fullness of the grieving experienced is born in the phase directly after the death of the parent. Smit (2000:20) sees the first year after the death of a parent as the most difficult. According to Van Niekerk (2002:24), fluctuating and conflicting emotions are experienced as part of the grieving process. Endres (2009a:209) argues that because of the way in which the death took place, the traumatised are flooded with intense and painful feelings during the early stages of the trauma.

Variables that play a role in the duration and intensity of the grieving process include the quality of *hope of* the particular relationship. Other variables that influence the intensity of the grieving process are, according to Smit (2000:6-7), a person's specific temperament, the duration and intensity of the relationship with the loved one, the circumstances in which the loss is experienced, the relationship with the person and the stage of the grieving process. Du Toit (2003:30-33) discusses variables such as who the deceased person was, the nature of the attachment, the circumstances of the death, the historical background of the one left behind, the personality of the bereaved, social and cultural customs, and simultaneous crises or stressors. Bereavement has many facets, and working through grief is a process that differs from one person to another. According to Kübler-Ross and Kessler (2005:29) "your loss stands alone in its meaning to you, in its painful uniqueness".

The grieving process was explored and highlighted in this study, since it was connected with this study. In this discussion, attention was paid to the loss that is experienced. It is illustrated by extracts from the orphans' stories. The purposes of mourning are shortly depicted. To explain the theme of grieving for pastoral therapy, the meaning of grief, phases of grieving and delayed grief. A narrative approach was also discussed. Social construction discourse, deconstruction, reconstruction and co-construction, as well as externalizing, are seen as important aspects of a narrative approach, and pastoral therapy was discussed. The orphans' voices were heard in their questions about their needs. The co-researchers' views on their conception of care, as well as perspectives from the literature, were presented. In the conclusion, the main points of Chapter 4 were highlighted. The narrative research process did not only identify and externalise the challenges and problems of the orphans, but definitely also offered unique outcomes for

the orphans to be able to live with hope in the future.

5.10.1.5 *Appreciative inquiry and life-giving consequences for orphans (Chapter 5)*

To bring about effective positive change in the lives of HIV/AIDS orphans, the researcher chose to link his focus of spiritual hope in theology (see Chapter 4) to the philosophical theory of appreciative inquiry. According to Watkins *et al.* (2011:33) appreciative inquiry is a principle-based intervention theory that emphasises the role of language, dialogue, and story with a particular focus on the power of inquiry in the social construction of reality. This theory of transformative change can be applied to different areas of life, either to individuals or to complex systems of organisations.

According to the researcher, the theory enriches the research process by adding different voices of important role players in the lives of orphans. These voices realistically gave different perspectives of challenges, positive life-giving development, hopes and dreams as well as practical ways and means to chart the map of orphans' lives in the future. Appreciative inquiry complements the other theories used in this study, namely narrative pastoral care, practical theology, anthropology and a theology of hope.

Appreciative inquiry can be linked to a number of ideas and traditions across a range of methodologies. Appreciative inquiry could be said to show a 'family resemblance' to different research models. It shows different characteristics that it can be related to a range of methodologies. This is not surprising, as appreciative inquiry is valued for its original and innovative approach to development, and it is this 'newness' that makes appreciative inquiry a challenge to place in existing frameworks of research (Reed 2007:46).

5.10.1.6 *Components of a pastoral care home-based programme from a public theological perspective*

In the researcher's opinion, this study paved the way to a new and effective pastoral care home-based programme inspired by a hopeful public theological perspective. Through this study, it became clear that life-giving change for devastated young orphans' lives is not only a dream but a practical reality. The components used in this

study can be effectively used in many other different scenarios where people need guidance and help for life-threatening situations.

The important components that can be used with success by practical theology in future are:

- *The public theology point of departure.*

  The researcher used public theology as a point of departure because it links the pastoral need to the pastoral needs in society. Public theology is a way to identify the resources available in broader society, for instance, the school, the church, and other.

  In this study, the researcher made use of the important theory of *public theology.* By 'public' he understands theology to be relevant to the world and its needs and the voices of the people. Public theology seeks to provide resources for people to make connections between their faith and the practical issues facing society (Charles Sturt University 2011:electronic source).

  Clegg (2006:127) gives a clear answer on the aspect of public theology by saying that public theology engages critically with Christian belief and practice in relation to public affairs. The researcher regards this statement of Clegg as extremely important to address the dilemma of supporting orphans infected and/or affected by HIV/AIDS in the SANDF. This is important because public theology plays the role of critically monitoring what effect Christian beliefs and practice have on society.

  In using the narrative approach, the researcher's focus is particularly on the background and purpose of public theology. The applicability thereof in this research, as well as with the orphans grieving process, was portrayed. In this study the narrative approach was included into the discussions of different theoretical approaches (such as public theology, practical theology, pastoral care and therapy and the ABDCE model). In the narrative approach the theories and the stories were integrated into one methodology and enabled the researcher to get to one end result.

- *Biblical anthropology view of human nature.*

  We live in a society with different anthropological views. Many of these views are

created by institutions such as the media and politics. The question should be asked what a truly authentic anthropological view should be. The researcher is of the opinion that the Bible provides all the dimensions necessary for an authentic anthropology of humankind.

The researcher founded and standardized a theological anthropology (epistemology) point of view on how orphans are approached in this research. Important concepts were discussed and the unitary conception of human was presented by means of a diagram (see Figure 2). Since this research deals with the death of a parent, it was important to explore and to highlight the concepts of death, life and life purpose.

In this research the anthropological view has been reflected. Since people are the centre of this research, an anthropological epistemology has been presented and an own interpretation and formulation of the anthropology for this study are provided (see Section 2.2). The researcher attempted to reveal who and what humankind is through the discussion of various perspectives about human beings, the reference to the synthetic, stereometric and perspectivist aspects. A person can be distinguished according to these three facets.

The researcher's perspective which, in accordance with Louw (1999a:299), can be seen as a unique approach to promote the total welfare of the person (in connection with the other perspectives), can also be seen as a contribution. The researcher's perspective involves the following:
- o The anthropological context of the person involves body, soul and spirit as a unit of thought (unity of human experience).
- o The person is, in other words, a complex being that functions as body, soul and spirit.
- o These three aspects should be able to function together in harmony.

The following view, which the researcher supports, clarifies the synthetic, stereometric and perspectivist view of humankind:
- o The synthetic view of human beings involves physiological processes, since a person can only exist in this world in the body.

- The stereometric view of human beings involves the cognitive, affective and conative processes. This refers to the essential life and the world of feeling and experience.
- The perspectivist view of human beings has to do with that part which makes a relationship between God and human feasible. It can be seen as the core of being human, since this level influences a person's physical, emotional, intellectual and social state.

Anthropological trichotomy emphasises the unit of thought of these three perspectives on humankind, which are in interaction. Since there is a connection between human beings, as spiritual beings, and pastoral care, Anthropological trichotomy is defined by means of the synthetic, stereometric and perspectivist. The bipolar approach of the study (see Section 3.1 & 3.2) is supplemented by the pastoral care perspective.

- *Narrative pastoral care model of listening and responding to the stories of orphans.* The researcher indicates throughout the study that the stories of human beings must be taken seriously. Stories become windows of processes inside and around the lives of people who go through trauma and grief. By developing a narrative ear, eye and mind, the researcher can show how narrative processes can become strong change instruments.

According to Botha (2007:23), a type of therapy is needed that is both pastorally and client-centred. According to the researcher, a narrative approach is able to put into practice a process that can facilitate hope and care after loss. It also takes into account relational contexts and discourses with the co-construction of narratives. A problem does not have a deeper cause that must be discovered and that serves as the greater problem. Co-construction of narratives is done by continuously dealing with the co-researchers telling of a problem-saturated narrative. There is not a diagnosis, with an appropriate prescription for treatment, for that which is seen as the 'actual' problem. A narrative approach moves away from a prescriptive modernist view and rather relies on the following beliefs regarding problems:
- Meaning and purpose emerge as the therapy unfolds. According to O'Hanlon (1994:24), the narrative must build up toward a liberating conversation in

which conversational partners can liberate themselves from dominant, destructive and undermining beliefs and messages.

o Cultural requirements (context) need to be taken into account. Problems only survive and thrive when they are supported and backed by particular ideas, truths, beliefs and principles from the broader social cultural context (Botha 2007:109). There is interaction between the stories through which people live and the broader cultural stories.

o People with a problem take the prolonged continuation of the problem, and their own unsuccessful attempts at solving it, as a reflection upon themselves, one another and their relationships (White & Epston 1990:38). They make 'thin' conclusions, which they perceive as truths. This can bring about labelling, which can hinder change. This disempowers the client as a person with weaknesses, disabilities, dysfunctions or inadequacies (Botha 2007:106).

o New alternative meanings, realities and stories can be co-developed, where the client may experience a new sense of agency, freedom and self-capability (Botha 2007:106).

o Progress lies in the achievement of hope and care. According to Anderson (1993:325), change may take place as a result of the conversation. Gradually, a new story is co-created and a new reality begins to emerge (Botha 2007:111).

o A narrative approach is included in the discussions of different theoretical approaches (such as public theology, practical theology, pastoral care and therapy and the ABDCE model). In the narrative approach used in this study, the theories and the stories were integrated into one methodology and one end result.

- *Understanding the grieving process in a relevant way.*
  Grieving is an essential part of life. In all forms of life, we find the start of life, development of life, growing of life and then the ending of life. Human beings are unique in the way that they grieve about the death of loved ones. If the grieving process is not handled with care, the lives of people affected and infected by HIV/AIDS are shattered forever, in this case, the lives of HIV/AIDS orphans. The researcher indicates in this study that the grieving process is best handled when all the components discussed in the study, namely, Biblical anthropology and spiritual

hope connected to professional pastoral care, are used in guiding those who grieve. Thereby a new life, future and hope become possible for those who grieve.

In this research, the researcher focused on a definition of the grieving process and the connection with hope and care. It is necessary for a therapist to have some knowledge of the grieving process so that the therapist can support the conversational partner in a therapeutic process and can facilitate hope and care. It became clear that grieving is connected to the concept of loss, and therefore the concept of loss was addressed. Botha (2007:396) distinguishes between grief, which is experienced, and mourning. Grief refers to the body's reaction to loss and mourning after the public expression of grief (here the context plays a role). The researcher agrees with Arnold and Gemma (1994:8) that grief can never be classified, categorised or fully described. According to Worden (1993:31), grief refers to the personal experience of the loss, while mourning indicates the process that follows afterwards. To mourn is a healing process, which teaches one to accept loss and live with it. According to Botha (2007:397), a new paradigm (with the focus on meaning-reconstruction in the reaction to loss during grieving) has emerged in the theory about grief. This approach is based on the acceptance of the notion that a person's psychological life is fundamentally embedded in relationships and interpersonally oriented meaning. People are organisers of meaning and personal narratives.

Orphans' interpretation of hope and care play a role in the grieving process. Each of them has a different description of his or her problems, during the same conversation, as well as from one context or conversation to the next. The context is the whole narrative structure from which a person operates at any given moment. If there is more than one conversational partner, each has his or her own perspective. Every person experiences hope and care in a unique way and this has an effect on the way the person experiences the grieving process.

A narrative-pastoral approach to involvement in the facilitation of hope and care with people who have lost their parents can be developed and usefully applied. Pastorally, the relationship between the researcher and the co-researchers within the narrative approach lies therein that, in the light of God's narrative, conversation was entered into with the orphans. The orphans metaphorically construed the

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meaning and implication of the grieving process and conveyed this through language. Specific behaviour can only be understood by considering the full context in which it is embedded. In the pastoral conversation, the orphans' narratives were shared with the researcher and linked to God's narrative. In a reinterpretation and restructuring of their stories, change took place, which allowed the orphans to once again experience their own existence as meaningful. Conversation is emphasised in the therapeutic approach and can be seen as "conversation, …therapeutic conversation, …as an art of conversation, …dialogue …and as being discourse-sensitive through paying attention to the on-going conversation but also to the institutionalized forms of speaking…" (see Section 3.7.2).

- *In-depth theology of hope to encourage and foster faith*.

  The researcher argues strongly in the study that God always provides hope to the faithful. God tells us: "I alone know the plans I have for you, plans to bring you to prosperity and not disaster, plans to bring about the future you hope for" (Jeremiah 29:11). A Christian believer has this confidence because of the character of God, which is marked by faithfulness and steadfast love that tells us we have hope for the future (Lester 1995:66). This hope does not depend on external factors to support it but is found in the graceful heart of God who always provides in the darkness of the lives of people. To the researcher, the greatest hope that people could find in times of despair is the hope of Jesus Christ who overcomes all forms of death for us.

After collecting the significant data, this research dealt with how pastoral therapy can be used for hope and care for orphans. Capps (1995:12) is of the opinion that a therapist is a provider of hope. Intermediation of hope for a better future makes therapy meaningful and pastoral (Müller 1996:177). Pastoral therapy was used as a mechanism that offered possibilities to the researcher of finding hope and care for orphans in this study. The presupposition is that pastoral therapy plays a role in the creation of hope and care after the death of a parent. Pastoral therapy, in this research, is about an orphan's understanding of bereavement, in order to facilitate hope and care. It allows a person to focus on meaning-giving values, and emphasises the meaning-receiving life source, which helps a person to live his or her daily life gratefully and hopefully (Louw 1994:14).

Hope in the Cross has implications for the daily existence of the bereaved. Pastorally, the importance of pastoral care can be seen in the fact that it relates to Christianity and hope. Here, hope relates to care. Pastoral care deals with the future. However, the present must be considered, since it is essentially part of pastoral care. Pastoral therapy involves hope therapy to a person searching for purpose in life.

Christian orphans, due to their spiritual background, find hope and care in the assumption that there is a God who loves them and people who have their interests at heart. The presence of God is emphasised, which promotes faith growth and cultivates spiritual maturity. Hope and care involve understanding God's presence and thanking Him for His faithfulness, despite loss. Nel (2005:11) says that Christian faith offers care and hope. Christians are people who are able to mourn with hope in their hearts.

The orphans' perception and construction of their perception of life is portrayed by their voices in the form of language. In the co-researchers' questions about life, the relation with hope and care was pointed out in the verbatim fragments from their narratives included in the study. It leads to the conclusion that their focus in life plays a role in the hope and care they experience.

- *An appreciative inquiry approach to include all the relevant voices of all role-players.* The theory of appreciative inquiry provided the researcher with an excellent empowering tool to listen to many voices who paved the way for positive and appreciative insights for the future lives of orphans. However, appreciative inquiry can be used in many other situations similar to the situations of these HIV/AIDS orphans.

This type of approach helped the researcher to make use of accents within the narratively informed methodology, particularly *participatory action research* and *appreciative inquiry*. In participatory action research the emphasis is on the participation of all the different role players in a specific research project (De Vos *et al.* 2002:419). This type of research, which the researcher used, included all the participants' voices. It brings out the important meanings of all the voices in a specific narrative in a respectful way. This helped to promote the conversational

character of the research and emphasised the important perspectives in a particular narrative. Appreciative inquiry can be seen as an extension of participatory action research, but in this research the researcher took more initiative by asking appreciative inquiry questions in order that participants would think more positively. Participatory action research can be described as sharing examples of what it feels like and looks like to be treated with dignity and respect (Hammond 1996:11). Although the researcher used appreciative inquiry, the most important concept here was participatory action research. In this research appreciative inquiry was used specifically to facilitate hope for the orphans.

The conversational partners in this therapy were seen as co-researchers. They were participants in the conversation and research. A narrative researcher has subjective integrity in mind and strives for participatory observation (Müller *et al.* 2001:electronic source). In a narrative approach, the emphasis is on the action, and not on the problem. The problem, as well as the action, should be researched with a view to creating an alternative story.

The study attempted to gain insight into the way in which the orphans experience events. This led to the use of qualitative research, in order for the co-researchers to become part of the research, so that the principles underlying participatory action research could be used, where the client and the therapist speak and work together as two equally important partners. According to Freedman and Combs (1996:1), narrative therapy leads a therapist to reflect on people's lives and stories, to work with these stories, and, in so doing, to experience their life stories in meaningful and fulfilling ways.

It is not within the scope of this research to work out a detailed model for practical theology regarding a public pastoral home-based programme. The research was rather demarcated to give theoretical direction for practical use in future. However, the researcher believes he has listed all the major components that can be used to at the operational level where this may become a need.

5.11   REFLECTIONS ON THE STUDY

In this section and its subsections, a reflection on the research process as well as the therapeutic engagement it involved are presented. The feedback is provided according to the researcher's personal experience and the research participants. Since humans react to God's actions through their own interpretations, the hermeneutics is an outflow of the researcher's understanding (Gerkin 1986:110). Other reflections in the study flowed from conversations with orphans, caregivers, focus group members and data from the subject literature. It is possible that there may be other views and findings that differ from this research, but the reflections are presented in the hope that they will be valuable to orphans in their search for hope and care after the loss of their parents.

5.11.1 Reflections of the research participants

The orphans confirmed that the research process that the researcher followed had enabled him to understand what the orphans had gone through. The orphans confirmed that they felt despondent and experienced personal uncertainty and feelings of sorrow and pain after the death of their parents, but through the pastoral therapeutic sessions the researcher could address these feelings. The orphans experienced feelings of rejection, but the researcher could help them to handle this in the most effective manner. The orphans also explained that through the therapy sessions, issues and experiences were digested, and spiritually they could come to terms with what had happened to them.

The orphans expressed their gratitude for the therapy sessions because for them as orphans it was a process in which the therapist discussed their personal experiences, and through the facilitation of hope and care, brought positive change into their lives. The therapy sessions also helped the orphans to work through issues in their lives through mutual communication between them and the therapist. Deeper issues in their personal life were also exposed and discussed with the purpose of facilitating a healing experience. This was done for the specific purpose of changing their self-understanding. The orphans are grateful for the personal growth in the therapeutic process that they experienced.

Christian hope for them as orphans lies in the care that God has for his children and that is displayed in the cross and resurrection of Christ. The therapy enabled them as orphans to redefine or to revise their relationship with their problems in their lives, and to break free from a life of highly negative identity conclusions. The therapy also helped the orphans to focus on meaning-giving values, but also on the meaning-receiving source of life that can help them practically to live their lives gratefully.

The orphans also confirmed that the researcher helped them as orphans to break loose from negativity in order to enable them to live a life of thanksgiving and to have a positive outlook on life. As orphans they were like a suffering person caught up in a strong current of stormy waters and were abruptly swept away and placed somewhere where they did not want to be. All of a sudden, there were many questions without answers. These included questions about why their parents died, where they are, as well as questions about where to now. But for them, God changes sadness into hope with the assurance and the guarantee that God will look after them. These orphans, who are Christians, are now people who are able to mourn with hope in their hearts. As orphans they can be hopeful, in spite of their sadness. Hope therefore becomes their outlook and functioning in their lives, knowing that there are people who care for and love them.

According to these young co-researchers, the therapeutic conversations (based on the five movements) helped them, because their feelings were explored with them. They also began to understand the pain of their grief, after their loss. Their vision was broadened and they were helped to remember the special moments. They could identify future narratives according to which they would like to live. This created new opportunities for them to continue with their lives.

The scope that was provided by the researcher within the therapeutic process enabled them to have their own convictions and make their own decisions. They also experienced sincerity, empathy, acceptance, compassion as well as spiritual guidance during the conversations about their loss. They experienced hope and care, especially on the basis of God's promises, and they wanted to live a meaningful life and could now rebuild their lives.

The researcher explained what the process for the study was to the orphans in a simplified way. It was explained that they were co-researchers in the research process and what steps would be followed in the research story. The researcher explained to them that the narratives which they shared with the researcher are linked to God's narrative in the pastoral conversation. The main objective of the study, namely to facilitate hope and care with the orphans, was explained. The terms pastoral care and pastoral therapy were explained to them, as well as the role that each plays in the facilitation of hope and care. The grieving process was explained. It was pointed out that it is a normal response to the loss of a parent and that every person deals with it in his or her own way. The narrative-pastoral approach for the facilitation of hope and care was clarified. The value of their contribution, with regard to their questions about life and perspectives from the literature, was discussed. The use of a conversational model, with regard to the five major movements, was explained in terms of each co-researcher's moving through the emergency narrative, past narrative, obscured future narrative, retold past narrative and imagined future narrative. The researcher also explained Browning's model (Browning 1991:34-39) of circular movement between practice theory practice which formed the basis of the way in which conversations with the orphans were defined. This process was explained to the orphans by means of their conversations about life. The sessions held value for the research since it clarified the opinions of the orphans about the therapeutic set-up of this study.

5.11.2 Reflections of the multi-professional team focus group

The focus group feedback session confirmed that this research drew upon the resources of pastoral care and support systems. Therefore this research programme interprets what could be true about God and God's relationship towards orphans, humanity, society and the world. The focus group confirmed that the research was relevant to the orphans' needs and helped them to be faithful to their faith convictions. The focus group were positive that the research enables the church to be the church once again and therefore fulfil its public role as a servant towards the community. This research, from their point of view, is a way of speaking about the reality of orphans and God's will for them in this world.

The focus group also mentioned that it is important to note that this research suggests what a multi-professional team (a chaplain, social worker, nursing sister and

psychologist) must do to bring hope to orphans in their despair regarding HIV/AIDS. They emphasised that the chaplaincy is not just about communicative acts of faith, but also about bringing possibilities of hope to orphans by using other professions that are at their disposal.

The focus group were positive that the purpose and structure of this research is to interact with the orphans. It becomes the primary object of the whole of the multi-professional team to act in the interests of the child. The focus group felt that it is important for them to know that the only way to solve the problems of HIV/AIDS orphans is to communicate acts of hope and care to these orphans so that God can become relevant to them in their world of despair and confusion.

In their opinion, a pastoral home-based care programme can build a military community in which members can support one another. In this instance, a multi-professional team (a chaplain, social worker, nursing sister from the sickbay and psychologist) can work together through the many complexities of the lives of these orphans by creating a welcoming and inclusive place where the orphans can seek advice and can find hope and care in their situation. The focus group was positive, because a programme like this will enable and mobilize the chaplaincy to be like a sanctuary in which the wounded orphans can find rest when they are buffeted by life's storms. This research also showed them how to render help to orphans. It can help an orphan to work through the grieving process and to deal with the pain due to the death of the child's parents, and the search for answers which may be experienced very intensely during this time of loss. The focus group mentioned that orphans can experience different stages of grieving before acceptance is reached. The multi-professional team can assist the child where necessary in this process. They believe that a home-based care programme can also be helpful because when death occurs, those who are left behind and traumatised are flooded with intense and painful feelings during the early stages of the trauma and may then need the multi-professional team to assist them where necessary.

The researcher feels that some critique of the suggested programme is important, and that constructive criticism can overcome any shortcomings in the long run. The social worker (see Appendix G), for instance, was positive towards a home-based care programme, but pointed out that without proper resources such a programme was unlikely to function optimally. It is important to realise that such a programme does not

necessarily require a lot of money, because it can be done in a very simple way. It will only ask more of the time of the multi-professional team (the chaplain, social worker, nursing sister at the sickbay and psychologist) to get involved in a pastoral home-based care programme.

5.11.3 Reflections of the caregivers

The caregivers' experiences of being witnesses of these tragic occurrence were not only very disturbing for them, but challenged them to think in what way they could be involved more constructively with these orphans. These events had such an impact on them that they wonder how they could ever provide enough hope and sufficient care to these orphans. The fact that this programme can offer care and hope for a better future makes this research meaningful and valuable in the eyes of the caregivers. This research once again reminded them that as caregivers of the orphans and family to the diseased parents of the orphans, they still have a responsibility towards the community when their family members became infected and affected by HIV/AIDS. More than ever, these orphans will need extended family support in the future in the form of caregivers.

The caregivers agreed that this research can contribute towards the spiritual and pastoral support of HIV/AIDS orphans, and can help with activities of daily living when need arises among these orphans. This research can also add value to the spiritual comfort of these orphans, including taking the initiative to involve the caregivers in spiritual growth through worshipping and praying together. The caregivers were also of the opinion that this research can make a difference because of the counselling and pastoral care impact that this research had on the lives of the orphans in a home-based care programme. Such a programme can work towards behaviour change and encourage better health-seeking behaviour among these orphans.

The added value of the multi-professional team helping the orphans to come to terms with the infection and to adopt a positive living attitude definitely impressed the caregivers. They said that this can make a huge difference in the lives of orphans. The caregivers also mentioned that this programme can offer pastoral support to orphans and their families in difficult circumstances when the caregivers need professional support to enable them to help the orphan in the best possible way.

The caregivers further expressed the view that this programme can help orphans to assess and talk about what their life has meant to them through their belief systems, and can help orphans to accept the need to talk to their family members about their own condition and future plans. The research that the researcher conducted was a very good pastoral journey for the caregivers, together with orphans. The caregivers could see hope in the eyes of the orphans, in spite of their suffering. The research enabled the caregivers and the orphans to draw closer, due to pain and suffering of the past, which the researcher addressed during the pastoral therapeutic sessions. They could see how the engagement brought comfort in which they could reflect together about the handling of pain and suffering in the lives of these orphans.

This research also showed the caregivers that a pastor is in a special position to facilitate hope, love and care immediately to the orphan in need. He is also able to act as the link between Christ and an orphan who feels rejected. Furthermore, the caregivers believed that the presence of a group of professional people dedicated to the needs of these orphans is of the utmost importance for working with caregivers to ensure a better tomorrow and future for the child.

5.11.4 Reflections by the researcher

This was a narrative study that has a beginning, middle and an end. The researcher's experiences of orphans losing their parents gave rise to his involvement with the research project, which was largely conducted at the homes of the orphans. The study has its roots in children who are infected and/or affected by HIV/AIDS who find themselves in an instant crisis after the loss of both parents through the pandemic. In such a crisis, the normal support systems for young children fall away as they lose their parents, home, spiritual, psychological, physical, economic and social support systems in a very short space of time.

In such a situation there seems to be no future left for such orphans, and that is what drew the researcher's attention during two hospital visits at 3 Military Hospital (see Sections 1.2 & 1.3.1). The thought of children experiencing how their parents become ill and die of AIDS and then also becoming orphaned and growing up increasingly at risk of HIV infection themselves was heartbreaking. Being a witness of tragic occurrences was not only very disturbing, but challenged the researcher to think about how he could

be pastorally involved with children who lost their parents. We must always remember that a therapist is a provider of hope. Intermediation of hope on a better future makes therapy meaningful and pastoral.

Not long after the researcher's first encounter with children who had lost both parents, a pastoral home-based care programme was decided on by the researcher which could meet the spiritual and pastoral needs of orphans**.** Strengthening the existing faith of orphans was a wonderful opportunity, and helping the orphans in their spiritual growth to boost the spiritual aspect of their lives was a privilege. This played a great part in encouraging the orphans to have a positive view of life. It also reassured the orphans that this kind of research can change their lives together with the lives of other orphans. It was life-enriching to see their faces and to give them the assurance that they are not alone in this dilemma, but that there are professional people that want to meet their needs in a very practical way. It was also helpful to be able to give them the assurance that other role players had been identified such as the social worker, the sister at the sickbay and the psychologist, to bring life-changing support to them.

Telling them that this research can offer pastoral support by helping them as orphans to cope with their feelings was very fulfilling. The researcher could see first-hand how the death of their parents gave rise to an opportunity in their lives as orphans towards spiritual and religious support. Looking back, the researcher could see how great a difference the research made in their lives, as did praying together and reading from the Scriptures. This plays a great part in encouraging an orphan to have a positive view of life.

It was a wonderful opportunity to work together with these orphans to reconstruct their 'real life' with a positive outlook for the future. This type of research enabled the researcher to take a closer look at a person's inner, subjective reality and, in particular, at how a person makes meaning of some aspect of his or her experience. As an engaged participant, the researcher was also touched and enriched. The researcher can look back and could see how he discovered that this study changed him in many different ways due to his personal experiences, specifically when he was confronted by these orphans affected and infected by the human dilemmas of HIV/AIDS.

The study provided the researcher with an opportunity to listen to the orphans' stories of loss and he walked a stretch of their road with them. It enriched his life and gave him more understanding for others. An important task was to let the orphans realise that they are unconditionally accepted, despite their thoughts and feelings. During the facilitation process, self-research by the researcher was also necessary in order to gain understanding. In the process, the researcher became more aware of other people's life story and got to know himself better. The research also helped him to live by fixing his hope in God.

The narrative approach became clearer to the researcher in the light of the conversational approach proposed by Müller (2000:72-103), and he realised the value thereof in pastoral therapy. The interpretation of the research procedures and outcomes was influenced by the researcher's theological, scientific and philosophical positioning. The researcher's own theology determined how he saw pastoral therapy.

There are many positive outcomes to reflect upon, but one key result was the acceptance of the hope in Jesus Christ by the orphans, their caregivers and the multi-professional focus group. The acceptance of hope in Jesus Christ is part of the convergence point, salvation, change, renewal, recovery and growth of a person in Christ, based on God's grace (Louw 1999a:15).

The researcher values the caregivers' contributions and regards them in a very serious light. The researcher could only walk together with them and listen with a sensitive ear and present different perspectives along the road (Endres 2009a:210). If it was not for the caregivers' opening their homes and seeing the potential for change, not just for the sake of the orphans in their care but also for future orphans, then the study would have not been possible. Their openness towards this research provided hope for a new understanding of orphans and the future of these orphans and others like them.

The contribution of the focus group cannot be forgotten due to the respect that they showed towards the research. Their sincerity, honesty and valuable contributions added much to this research. During the focus group discussions, they remained focused, showed understanding and listened to the caregivers' stories. The therapist was continuously aware of their own position with regard to the outcomes of this research in a particular context.

It is also necessary to extend gratitude towards the researcher's supervisor and his fellow study leader for their contribution towards this research. During the conversations with them, the researcher was in a position where he could ask for any advice he needed to continue. The direction of both these members of the research 'team' was inspirational and uplifting, helping the researcher to move forward with this research. This does not mean that the researcher had no knowledge, but it implies that in difficult times, when the researcher needed expert advice, they were there for him. Their empathy and approach are greatly respected, and because of their input and contributions, this research could reach its true potential. There was good communication between the researcher and the experts, as well as appropriate communication via telephone and e-mail, which was of the utmost importance. The fact that the experts were always available and willing to listen to the researcher was very supportive and remains one of the greatest contributing factors towards the success of this research.

5.12   REFLECTION AND SUMMARY

In this chapter, the researcher positioned himself within qualitative research as a process. Behind all of the phases of the study, the biographically situated researcher can be found. This individual enters the research process from inside an interpretive community that incorporates its own historical research traditions into a distinct point of view. This perspective led the researcher to adopt particular views of the 'other' who is studied. At the same time, the politics and the ethics of research also had to be considered, for these concerns permeate every phase of the research process (Denzin & Lincoln 1994:11).   The researcher complied as far as possible to the ethical requirements of qualitative research by requesting written permission for the research from the orphans, caregivers and focusgroup members. The researcher also shared all the findings with the research participants involved before the research results were submitted.

In this chapter, the researcher gave empirical evidence of how orphans, whose lives have been destroyed by the death of their parents, could regain their lives and future hope. He indicated that it is not only some vague theological ideal that could change orphans' lives, but that by integrating theological hope with practical interventions, innovative realistic solutions could become a reality for the orphans in future.

It was impressive that so many role players (including the orphans themselves) could be included meaning-making for the orphans by using all the public and private structures available. In effect, a 'safety-net' for real future development was created for each orphan according to his or her specific needs. This way the researcher believes the orphans can look forward to the future with the reassurance that they are not alone on their journey, but that God and the instruments provided by Him in His plan are with each of them on their future journey.

In this chapter, the researcher, together with all the role-players, reflected on the research process followed here. Everybody involved indicated how the research made sense to them and how it contributed to new life-giving opportunities to each orphan. It has become clear that the co-researchers experienced hope and care according to each one's unique needs. Each orphan had his or her own experience of the grieving process. These differences are mainly due to context, family, background, relationships, culture and gender. Yet it caused all three the conversational partners to think more about their lives and what the future holds. The journey through grief became a journey of a discovery of the self, personal potential and others in the encounter with life (De Beer 2007:68). The necessity for pastoral care and pastoral therapy, in order to bring about hope and care, was pointed out. In the process, the relationship between pastoral care and this study was explored and clarified. It was found that the conversational partners' problem-saturated, dominant stories can be externalised and deconstructed in order to create space for an alternative discourse. This alternative discourse is not only built upon unique outcomes, but also on the imagined future narrative. In this case, an important unique outcome was the hope that was experienced. The imagined future narrative dealt with the re-unification of life, and God's prodence.

The narrative-pastoral process was directed toward a realistic acceptance of the loss, in order to guide the orphan individually, through empathy, toward hope and care. Care implies communication, and communication implies care, as it mitigates the loneliness of suffering (Du Toit 1990:8). The orphans' narratives were open-ended, since their life journeys were not concluded. This fits in with the postmodernist approach of this study. It can be said that their memories will go on a forward journey with them. It also became clear to the orphans that there continuity in life, even without the physical presence of one's parents.

In connection herewith, it can be said that the experience of the loss of a parent can, by God's grace, deepen a person's faith and make life more meaningful through the experience of hope and care. In line with Van Wyk (2006:83-84), it is the researcher's view that it is God's will with people that they should be whole and complete in every facet, whether as individuals, families, communities, or the broader social, national or international context. In Christ, people can become what God intends them to be. By believing in Christ and following His example, people can become that which God has planned for them. Stories of hope are formed in the process, to help the conversational partners to continue with their lives in a meaningful way. Hope places the 'looking forward to' back in our lives (Nel 1999:107). People can then also experience healing in Christ and make a difference in the lives of others, despite the loss and grief they experienced. We are all called to place our hope fully in God (1 Peter 1:13). It is hoped that the conversational approach will contribute to a greater understanding of orphans who need hope and care in order to resume their lives. Hope can make the difference between a life without meaning and a life with meaning (Bartlett 2007:24). Pastoral therapy may lead to hope and care, again facilitating purpose and meaning in orphans' lives.

At the end of the study, the researcher had a very positive conversation with an important role player in die Defence Force, namely Brigader General Moremi, who is the Senior Staff Officer of Social Welfare in the SANDF. When the study was explained to her, she was very excited and expressed support for the home-based care programme. She gave the following reasons for her support: it is important for the government to ensure that families who take care of vulnerable children are well looked after. Furthermore, the community that takes care of vulnerable and affected and/or infected children must get help from non-government organisations to ensure that medical care and education is in place. Through this programme, community values will be enhanced and emotional support will be given to these children affected and/or infected by HIV/AIDS. When the researcher reflects on these reasons, it brings a positive closure to him knowing that this research will be supported within the context of the SANDF.

CHAPTER 6

A REFLECTION ON THE RESEARCH PROCESS

6.1 INTRODUCTION

In Chapter 2, the researcher positioned himself theologically and gave an anthropological exploration of the research. The whole matter of public theology and its importance for the study were also described comprehensively. Thereafter, the theological connection was pointed out by the discussion of theological perspectives for a pastoral anthropology. Practical theology was explored and explained as a suitable point of departure for the study. Postmodernity was also discussed as a paradigmatic approach and operational framework for this research.

In Chapter 3, adopting a strong positioning within the practical theology, the researcher gave a description and explanation of narrative pastoral care and the therapy that he uses in the study. The researcher then concentrated on the concepts of pastoral care and pastoral therapy. Pastoral therapy and the five movements of Müller's discourse approach (Müller 2000:72-103) were fully discussed.

In Chapter 4, the researcher discussed the concepts of the grieving process in relation to HIV and AIDS orphans, linked it to narrative therapy and a focus on theological hope and care. The researcher then explained his own understanding of the grieving process and the connection with hope and care. The discourses of hope and care, including some of the questions and ideas of the co-researchers presented verbatim, come into focus here. Thereafter, the researcher looked briefly at hermeneutics and pastoral therapy, including a presentation of a narrative pastoral approach that can be used in order to facilitate hope and care among orphans.

In the previous chapter, the researcher started by describing the empirical, qualitative research in this study in the light of a postmodern narrative approach by analysing all the research findings, and made the relevant deductions and conclusions, developing a proposal for the outlines of a relevant public pastoral home-based programme for orphans infected and/or affected by HIV/AIDS in the SANDF. In this chapter, a reflection is presented on the research process, as well as the therapeutic involvement concerned.

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The involvement with the orphans was seen as a participatory process in which the therapist worked in co-operation with the orphans, together with other role-players. It involved a dialogical process of contact and encounter within the pastoral conversation. The function of the researcher was that of a facilitator of the orphans' articulation of their own stories of loss and mourning. Through dialogue, an attempt was made to understand and explore problems that affected them. Fragments of the orphans' stories were quoted verbatim, because in the telling of a story, every detail is significant. Their narratives involves the verbalisation of the orphans' stories of loss and grief, as well as hope and care.

The problem was identified according to the researcher's personal experience, and research expectations were set (see Section 1.6). Since human beings react to God's actions through their own interpretations (Gerkin 1986:110), the hermeneutics of the Bible is an outflow of the researcher's understanding of Scripture. Other interpretations in the study flowed from conversations with co-researchers and with data from the subject literature, as it is possible that this research differs from other views and findings. This study was done with the hope that it would be valuable to orphans in their search for hope and care, after the loss of their parents.

Metaphorically, the starting point of the research was an awareness of the problem and the finishing point (the desired outcomes of the research), and in between, the research story continued.

6.2 THE RELATIONSHIP BETWEEN THERAPIST AND CONVERSATIONAL PARTNERS

The role of the researcher in this study was twofold: firstly, as a therapist and, secondly, as the collector of primary data and inquirer. This is in line with the idea that a "therapist remains part of a continuing learning process" (Botha 2007:57). Scientific theoretical research, as practised in narrative-qualitative research, develops to a climax in which the end result cannot be previously determined, but is rather the product of an intense process of dialogue and interpretation within the co-researchers' social constructs (Fourie 2008:59). By means of the outline below of dialogue, trustworthiness, importance of support, Scripture and the pastorate, a glimpse is given of how the narrative research process evolved.

6.2.1 Dialogue

A narrative-pastoral therapist should facilitate conversation in such a way that a connection can be found with the spiritual intelligence of the client, in this case, the orphan. Throughout this research, conversation or dialogue was used as an agent of change or, as in this study, as a mechanism to facilitate hope and care. Lester (1995:127) emphasises that change is always future-oriented. The stories of the orphans, which tell of the circumstances that they experienced as the result of problematic circumstances, were changed through dialogue and conversation between the researcher and the orphans. According to Botha (2007:7), therapy, including pastoral therapy, is not meaningful unless it brings about healing or relief. In this research, dialogue was therefore used to bring change in the orphans' stories, which enabled them again to find hope and care after the loss of their parents.

Such new stories arose within the conversation as an outcome of the dialogue between the therapist and the conversational partners. Throughout this research, the therapist was a co-researcher and construer of the orphans' stories. According to Freedman and Combs (1996:88-89), "[e]ach bit of construction can be responded to with an infinite number of questions, each of which would lead in another direction". A new understanding and meaning, or story, which is unique to a particular conversation, was brought to the fore during this research. During the dialogue, the therapist's most important therapeutic instrument was the questions that he asked. Each conversational partner's emergency story was told, and the therapist facilitated the telling on the basis of questions. The narrative form is related to the mindset that is formed through contextual experiences (Müller 1996:3). According to the narrative approach adopted in this study, conversational questions were asked from a 'not knowing' position. This implies the following:

- The therapist does not work with structured or previously formulated questions based on a given methodology. As the conversation progresses, questions are formulated – thus, from the telling of the orphans' stories, a next question arises.
- The supposition is that the therapist does not know the "actual" story, but still has to hear it. Questions are not set to speculate, or to test suspicions or assumptions about what the 'actual' problem is.
- The emergency story usually conveys the dominant problem, which must be changed. By setting questions, possibilities are opened for re-description and new

descriptions. In the continuum process of telling-question-exchange, a new story takes shape.

According to Louw (1999a:310), the art of the pastoral conversation is learnt by obediently listening to the voice of God. In the moment of quietness before God, the right words are born. In this study, dialogue played a major role within the research process of the researcher, and the interactions and conversations contributed towards the success of this research.

6.2.2 Trust

In this research, the therapeutic situation of the orphans' stories was the realities in which they live, and these illustrate the future they are heading towards. For this study, the imagined future-oriented story resulted in acceptance of hope in Jesus Christ, which was part of the convergence point, salvation, change, renewal, recovery and growth of the new person in Christ, based on God's grace (Louw 1999a:15).

Conversational partners' stories were seen by the researcher as narratives about their lives and were viewed in a serious light. A therapist can only walk together with a client and listen with a sensitive ear, and present different perspectives along the road (Endres 2009a:210). Only possibilities are spelled out. The story behind the story will eventually come to light. At the same time, the relative openness of the orphans' self-narratives provided hope for a new understanding of the self and the future. Trust implies involvement in respect of sincerity, honesty and confidentiality from both the conversational partners and the therapist. During the conversation, the researcher stayed emotionally balanced and focused, and showed understanding and listened to the conversational partners' stories. The therapist was continuously aware of his own position with regard to power relations in a particular context.

Trust played a significant role between the researcher and the orphans, as well as the caregivers and members of the focus group. The results of this research could not have been obtained if it were not for a strong relationship that was created between the researcher and the co-researchers through the trust that was established since the start of this research.

6.2.3 Importance of support

It is necessary for the conversational partners to recover their equilibrium, and the self that existed before the trauma (Botha 2007:455). During the conversation, the therapist maintained a position of 'not knowing' and was not aware of other stories that suited a conversational partner the best. A position of 'not knowing' only means that the therapist did not possess knowledge of the orphans' stories. It did not mean that the therapist has no knowledge or skills. Nolte (2007:38) says that people must be seen as experts of their own life stories, and should be approached with compassion and empathy with their need and inner woundedness. In following this approach in this research, the orphans were always respected, and it was assumed that their potential for becoming whole was vested in themselves. The therapist's expertise was found on the terrain of conversation. In the conversation, it is the researcher's task to facilitate the conversational partners' telling of a personal story of loss (Oates 1997:19).

Stories develop during a conversation. Endres (2009a:201) argues that a therapist, as co-construer of a traumatised person's narrative, can listen sensitively to the narrative. He adds that a therapist should not give any advice, but should ask questions from a standpoint of 'not knowing'. In cases where the conversational partner insists on information from the therapist, only tentative possibilities are offered in support. The choice from these possibilities always stays the choice of the conversational partner. The therapist is seen as the facilitator of the conversation, which should result in the construction of an alternative narrative. The therapeutic process involves good communication between a therapist and conversational partner, as well as appropriate communication skills, which are of the utmost importance (Egan 1994:91). In this case, the fact that the therapist was available and willing to listen to the orphans' stories was also supportive.

The researcher is thankful for all the support that he received from his co-researchers. The caregivers were willing to ensure that the orphans are available for their therapeutic sessions. The caregivers together with the orphans were willing to participate in the success of this study. The members of the focus group approached for their professional inputs during this study worked hand in hand with the researcher to find ways to support these orphans.

6.2.4 Scripture

According to Louw (1999a:427), therapy refers to help and service that results from the sacrifice of Christ's love and God's mercy. The actual narrative nature of the orphans' Christian faith contributes to the fact that the orphans' narratives and God's narrative can be related to each other. In the pastoral conversation, the orphans' narratives as shared with the researcher showed that these narratives are linked to God's narrative (Ganzevoort & Visser 2007:100). This can only be successful if the researcher's own narrative is interwoven with God's narrative (De Beer 2007:61).

The context in which the orphans were placed, and God's intention with it, could be looked for in Scripture. The Bible does not offer a master narrative or solutions to human need, but bits of information from which a new narrative can be created in the dialogue between the therapist and the conversational partner. Knowledge of the Bible does not place the therapist in a position to know the answers to problems people experience. Furthermore, the therapist did not play the role of interpreter of the Bible, who passes on interpreted truths to a conversational partner. One always understands only in part what another person's view of Scripture and of God entails. Therefore the researcher attempted to influence and change the orphans' concept of God. This change took place when an orphan was confronted with promises from Scripture. In therapeutic narratives, the focus was on the link between faith in God and the quest for meaning (Louw 1999b:253).

According to Moltman (1974:33), exposure to God's faithfulness is the only way to generate hope. Scripture is a very powerful tool that the researcher could use in his conversation with the orphans, helping them to change their concept with regard to who God is. The Word of God also enabled the researcher to help the orphans to look at their circumstances and their future from the right perspective of God's Word.

6.2.5 Pastoral care

According to Ganzevoort and Visser (2007:22-29), pastoral care involves assistance, compassion, spiritual care and church activity. The purpose of pastoral care in this study was to help the orphans to come to an understanding of themselves and of others, from a perspective of the gospel, in order that they can understand the purpose

of their existence (Bons-Storm 1989:9). The orphans' life stories and God's narrative were the focus. The pastoral care had an educational function since it was aimed at personal enrichment and the faith growth of these believers (Clinebell 1966:214). However, the therapist maintained openness in the understanding of, and approach to, pastoral care. This understanding was an inconclusive and uncompleted process. The researcher's understanding of pastoral care remains a process in progress.

The therapist was always willing to let go of his understanding and knowledge and especially to be willing to learn from the conversational partners. The therapy used must therefore be distinguished from other therapies. The therapeutic pastorate was seen as events that take place by means of language (Kotzé 1994:37). Therapy took place in the form of a conversation. Story telling, and listening to stories that involved a diversity of narratives, was important. Within the narrative approach a fusion takes place between God's story and mankind's story (Louw 1999a:23). It involves processes that eventually lead to hope and care. For Moltman (1974:189), hope deals with God's promises.

The researcher always reminded himself that God's promises show that His love and care for these orphans is so important in their lives. At the end of this research, these promises eventually became like a shining light for these orphans struggling to get to terms with their own lives.

From the preceding discussion it has become clear that a narrative pastoral conversation can be seen as a mechanism for facilitating hope and care. To reflect on the orphans' experiences and the value that the therapy holds for them, the researcher now focuses on the emergence of the orphans' narratives.

6.3   EMERGENCE OF THE ORPHANS' NARRATIVES

The orphans' narratives offered access to the reality which is behind the narratives. Their narratives can be compared to an onion which must be peeled layer by layer in order to find the deeper meaning. Their narratives are merely hints that must be followed by the therapist, in order to get to the core of the narrative. The reality is about the story behind the story. A continuation of discourses on the pastoral-therapeutic

approach, narrative-pastoral therapy and pastoral therapy in the five conversational movements is important and is subsequently discussed.

6.3.1 Pastoral-therapeutic approach

The orphans were experts on their own lives and their narratives enjoy priority. The therapist was not the interpreter, but a patient, respectful and curious listener. Faith in the client's ability to change, and the effect of conversation, language and stories on both the therapist and conversational partners constitute the core of narrative therapy (O'Hanlon 1994:28). These aspects relate to a pastoral-therapeutic approach, which was informed by social constructionism. The relation to the approach involved the role of language and narratives in the orphans' lives. Language is not neutral, but creative. The orphans created realities in which they live by means of their language use. Reality was portrayed by means of the narratives they told each other.

Raw data of the orphans' experiences were woven together in order to form a meaningful whole, or a narrative. This corresponds with Morgan's view of the narrative, which she describes as a thread which weaves together events in a specific order, and over a period of time, in order to form a story (Morgan 2000:5). The meaning we have already given to experience, namely our told narratives, again influences the way in which we make further interpretations and create new narratives (De Beer 2007:17). Each narrative that was told is, in this sense, also a future narrative.

It is thus about the *actual* and the *eventual*, which again reflects the pastoral care perspective in this research. The narrative becomes the route of the future for the orphan. This also applies to the narratives of the person as an individual (self-narratives). Thereby a person's humanity is structured and narratives about the self were experienced. The narratives which the orphan told about themselves formed their identity. However, the person was continually busy with the reformulation of self-narratives and coming up with new descriptions. Morgan (2000:8) writes that a person's life consists of manifold stories. It creates the impression that the self is always in process, as narratives unfold. "We have always known that life is a process and that we are continually in the act of becoming" (Jackson 1957:25).

There are also the broader stories of the culture in which a person lives (Morgan 2000:9-10). The context in this research, in which narratives were told, makes certain narratives possible and discourages others. "This context contributes to the interpretations and meanings we give to events" (Botha 2007:16). The dialogical aspect in this research was formed according to narratives, which are social creations.

6.3.2 Narrative-pastoral therapy

Great progress was made in this research in the achievement of hope and care through narrative pastoral therapy. According to Anderson (1993:325), change may take place as a result of the conversation. "Gradually, a new story is co-created and a new reality begins to emerge" (Botha 2007:111).

The problem that was dealt with was the problem as told by the conversational partner. The person has placed the problem within the self through internalised conversations (Morgan 2000:18). According to Botha (2007:23), a type of therapy is needed that is both pastorally focused and client-centred. In the researcher's opinion, the narrative approach was able to put into practice a process that can facilitate hope and care after loss. It also takes into account relational contexts and discourses with the co-construction of narratives. A problem does not have a deeper cause that must be discovered and that serves as the greater problem. Narrative pastoral therapy was done by continuously dealing with the conversational partners' telling of the problem-saturated narratives. There was not a diagnosis, with an appropriate prescription for treatment for that which was seen as the 'actual' problem. In this research, the narrative approach moved away from a modernist view of prescriptiveness and rather relied on the following beliefs regarding problems:

- Meaning and purpose while the therapy unfolds. According to O'Hanlon (1994:24), the narrative must build up toward a liberating conversation in which conversational partners can liberate themselves from dominant, destructive and undermining beliefs and messages.
- Necessity of cultural requirements (context). "Problems only survive and thrive when they are supported and backed by particular ideas, truths, beliefs and principles from the broader social cultural context" (Botha 2007:109). There is an interaction between the stories through which people live and the broader cultural stories.

- The orphans' experiences. People with a problem take the prolonged continuation of the problem, and their own unsuccessful attempts at solving it, as a reflection upon themselves, one another and their relationships (White & Epston 1990:38). They make "thin" conclusions, which they perceive as truths. This can bring about labelling, which can hinder change. "This disempowers the client as a person with weaknesses, disabilities, dysfunctions or inadequacies" (Botha 2007:106).

- Needs of the orphans. "New alternative meanings, realities and stories can be co-developed, where the client may experience a new sense of agency, freedom and self-capability" (Botha 2007:106).

6.4   THE VALUE OF THE RESEARCH

6.4.1 Contribution made by this study

The foreseen impact of the intended research, for example, in which respects it contributes in a new way toward the field of study, how it affirms or questions conventional views, how it contributes to existing debates, and what consequences the application of this new knowledge could have in society, are discussed. In this study, the following aspects are seen as contributing, and are subsequently pointed out:

- The basic, theological presupposition of the study can be seen in the discourse that maintains that a pastoral care perspective emphasises God's identification with human suffering, through the Cross and resurrection of Christ, and provides hope to people who experience grief.

- The researcher's perspective which, in accordance with Louw (1999a:299), can be seen as a unique approach to promote the total welfare of the person (in connection with the other perspectives), can also be seen as a contribution. The researcher's perspective involves the following:
  - o The anthropological context of the person involves body, soul and spirit as unit of thought (unity of human experience).
  - o The person is, in other words, a complex being that functions as body, soul and spirit.
  - o This triad should be able to function together in harmony.

- The following view, which the researcher supports, can be seen as making a contribution, since it clarifies the synthetic, stereometric and perspectivist view of human beings:

- o The synthetic view of humankind involves the physiological processes, since a person can only exist in this world in the body.

- o The stereometric view of humankind involves the cognitive, affective and conative processes. This refers to the essential life and the world of feeling and experience.

- o The perspectivist view of humankind has to do with that part which makes a relationship between God and human beings feasible. It can be seen as the core of being human, since this level has an influence on the physical, emotional, intellectual and social state.

The findings of the study emphasises the unit of thought of these three perspectives of man, which are in interaction.

- Pastoral care is based on God's promises. In order to grasp the content of this hope, and the meaning of the cross, theology has to interpret the promises from the standpoint of the crucifixion of Christ (Endres 2009a:317).

- Restructuring can help the orphans think differently about their loss. When the orphans have been helped to attach meaning to their unique outcomes, it can quite probably result in a rich description of an alternative dominant story (Morgan 2000:52; White & Epston 1990:16).

- Pastoral therapy, in essence, links therapy to a theological matter. It contributes to the distinction that can be made between psychological and pastoral meaning. In conjunction with the hope of the Christian faith, pastoral therapy plays a very important role. Pastoral therapy covers the total area of the orphans' experiences, needs and expectations and joins with the expectations by stirring hope in people's hearts. The meanings of the concepts pastoral care and pastoral therapy are interwoven. Pastoral care and pastoral therapy can therefore be seen as a theology that relates to hope and care.

- Pastoral care, pastoral therapy, hope, care, grieving and narrative therapy are like gears that fit together to influence the functioning of the total person of the orphans. Their meaning is interwoven, but each gear also turns by itself.

- Hope and care are again intertwined with pastoral care and pastoral therapy. Hope always contains an element of the future. This implies expectation and anticipation, which are based on God's promises and faithfulness, which establish hope. Care arises from faith in the promises of God which are linked to the crucifixion of Christ.

6.4.2 Outcomes

The outcomes of this study are based on information provided by the conversational partners. This led to a better understanding of the research story. The research expectations, as stated in Chapter 1, led to the interpretation of the outcomes in the study. The researcher again realised the importance during the study of the approach that the client is the expert. Therefore the following outcomes are of great importance.

Firstly, the orphans' interpretation of hope and care plays a role in the grieving process. The conversational partners gave different descriptions of their problems and their interpretations of hope and care after the loss of a parent. These differed during the same conversation, as well as from one context or conversation to the following. The context is the narrative structure from which an orphan operates at any given moment. In this research, there were three orphans, and each had his or her own perspective. Every orphan experienced hope and care in a unique way, and this has an effect on the way the child experienced the grieving process.

Secondly, it was assumed that pastoral therapy can play a role in the creation of hope and care after the death of a parent. Pastoral therapy, in this research, was about entering into a dialogue with the orphans' own understanding of bereavement, in order to facilitate hope and care. Such an approach not only allows the orphan to focus on meaning-giving values, but also emphasises the meaning-receiving life source, which helps a person to live gratefully daily and die hopefully (Louw 1994:14). The pastoral therapy process once again made the orphans realise that there are people that care for them and who want to bring hope to their lives, in the form of the caregivers and the members of the focus group. Their outlook on life has changed positively through the pastoral therapy process.

Thirdly, hope in the Cross has implications for the daily existence of the orphans. The importance of pastoral care lies in the fact that it relates to Christianity and hope. This research has once again made the orphans realise that hope relates to care in the form of God's sending people to them to take care of their daily needs. Furthermore, this pastoral care in the form of God's people has a tremendous impact on their future. However, the present must be considered, since it is also essentially part of pastoral care. Pastoral therapy involves hope therapy to these orphans in searching for their

purpose in life. This played a major role in creating hope and care for the orphans. It can also change the way that they think about their lives, their community and the church.

Fourthly, the Christian orphans, due to their spiritual background, can find hope and care from the supposition that there is a God who loves them and people that keep their interests at heart. The importance of the presence of God through people who love them was emphasised, which promotes faith growth and cultivates spiritual maturity. The orphans once again acknowledged the importance of hope and care and its role in helping them to understand God's presence and thank Him for His faithfulness, despite their loss. Nel (2005:11) says that Christian faith offers care and hope. According to Smit (2000:11), Christians are people who are able to mourn with hope in their hearts. These orphans could once again grasp the wonderful assurance that there is hope within a hopeless world, because God is with them and He takes care of them through caregivers and other people that want to help them to make a success of their lives. Due to their Christian background, only God and God alone can strengthen the orphans in their need. That is the significance of the crucifixion.

Fifthly, the orphans' perception and construction of their conception of life is portrayed by their voices in the form of language – the conversational partners' questions about life, and the relation with hope and care, are revealed in the verbatim fragments of their narratives cited in the study. The conversations led to the conclusion that their focus on life plays a role in the hope and care they experience. The orphans once again realised that it is vital to maintain a positive outlook towards the future, focusing on the positives and not the negatives.

In the last place, a narrative-pastoral approach for involvement in the facilitation of hope and care with orphans can be developed and usefully applied. Pastorally, the relationship of researcher with the narrative approach lies therein that, in the light of God's narrative, conversation was entered into with the orphans. The orphans metaphorically construed the meaning and implication of the grieving process and conveyed this through language. Specific behaviour can only be understood by considering the full context in which it is embedded. In the pastoral conversations, the orphans' narratives were shared with the researcher and linked to God's narrative. By re-interpreting and restructuring their stories, change took place, which allowed the

orphans to once again experience their own existence as meaningful. Conversation is emphasised in the therapeutic approach and can be seen as "conversation, …therapeutic conversation, …as an art of conversation, …dialogue …and as being discourse-sensitive through paying attention to the ongoing conversation but also to the institutionalized forms of speaking…" (Kotzé & Kotzé 1997:35).

Again this research showed God's presence through people that care for other people. This research also showed the significance of the use of the principle of appreciative inquiry. By making use of this principle, new life and new meaning could be brought into the lives of the orphans through the participation of the caregivers and members of the focus group. Therefore it is once again of the utmost importance that a pastoral home-based programme in the future is developed by the chaplaincy of the SANDF, taking into consideration this research to meet the needs of the orphans in a very practical and unique manner.

6.4.3 Limitations of the study

Firstly, this study reflects the thought patterns of three orphans on the loss of their parents. Since the voices of only three co-researchers (two girls and one boy) are heard in this research, no generalisations can be made.

Secondly, the research does not explore more boys who have lost their parents. This is important, since authors such as Cleiren (1993:54) and Corr, Nabe and Corr (1994:405) argue that gender plays a role in the grieving process.

Thirdly, the study only involves research done on Christian orphans from a Zulu background, and other cultures and religions are not explored.

Fourthly, there is a concern that can be raised here if the parents were not Christians. What hope and care can then be offered to the orphan left behind? This is a matter that can be researched in further studies on the topic.

Fifthly, it could be deduced that the candidate is inclined to the classical linear paradigm of doing practical theology. When theologians move from the beauty, power, hope and the resurrection of Christ Jesus of the cross (historical/biblical theology) and

then bring those truths into conversation with public theology themes such as life, death and anthropology (systematic theology) in order to apply the truths to public pastoral theology, this could be regarded as classical linear theology.

This however was not the intention of the researcher because he chose strongly to align himself with a postmodern epistemological and methodological paradigm throughout the thesis. The epistemological paradigm used by the researcher is consistent *with post-modern research methodology*. Postmodernity, which presupposes, amongst others, subjective integrity, restrictiveness of language and the mystery of understanding (Van den Berg 2006:168-171), is used as framework for this research. According to Geyser (2003:30) post modernity is used to refer to the new culture situation, which follows on modernity. According to De Beer and Van den Berg (2008:48), post modernity admits the influence of context(s) as embodied in the meaning of events and circumstances for the individual (Janse van Rensburg 2000:35).

This study is founded in practical theology and researched from a postmodern paradigm, with social constructionist discourse as epistemological point of departure and narrative pastoral care/therapy as the counseling method in assisting these HIV/AIDS orphans. In a broader sense theologically the study is grounded in a public theological orientation and holistic Biblical anthropological paradigms are explored to give meaning to the broken lives of people.

A limitation of this thesis could be that a thorough comparison between the mentioned classical linear paradigm of doing practical theology in relation to public pastoral theology versus postmodern epistemological and methodological paradigm of doing theology in relation to public pastoral theology was not investigated. This could be a very interesting and important area to further research (as a scientific article or another thesis).

The researcher wants to state clearly that while he respects the classical linear practical theology, paradigm, he believes we live in times where theology moved to a much more postmodern approach where theology collaborates with other scientific approaches dealing with the human condition. Such a broader theological perspective is important in order to make a sensible contribution to public pastoral theology.

In the context of this thesis it is especially important to place this research in a postmodern public theology. The world of the HIV/AIDS orphan of today is a world of postmodern challenges that cannot be answered by classical linear answers of doing practical theology. It needs broader and open perspectives.

6.4.4 Principles of assessment of the research

When evaluating this study, the researcher must make sure that the criteria of validity, authenticity, currency and sufficiency were followed regarding this research. Validity means that the activities of the research mirrored the actual conditions of the performance of the research as closely as possible. According to the research (and research participants) this research can be regarded as valid. Regarding authenticity it can be clearly stated that the research study is the researcher's own work. With regard to currency the bibliography showed that recent research material was used in this study. Regarding sufficiency there are limitations, but what was presented was sufficient to conclude the research and provide strong findings that can be used in the future.

The researcher must be careful not to follow an own agenda, but to keep in mind the thought patterns of the conversational partners. The researcher attempted to decrease this possible limitation by documenting the interviews by citing some excerpts of the conversation verbatim.

6.5   SUGGESTIONS FOR FUTURE RESEARCH

The literature shows an increasing awareness of the possibility that men and women grieve in different ways (Cleiren 1993:54; Corr *et al.* 1994:405; De Beer & Van den Berg 2008:46; Smit 2000:6). More studies will have to be done to explore the dynamic development and course of thought patterns in boys and men. These studies are crucial in order to understand why and how men's experience differs from the grieving process of women and to develop guidelines for therapy.

According to Smith (2002:182), all life stories are embedded in a particular cultural context. Mourning and grieving reactions are thus closely related to the life and world view of the individual and his or her group (De Beer 2007:4). These involve the particular beliefs, customs, ideals, norms, values, practices, traditions, culture and

religion of the individual and his or her group (De Klerk 1972:144). Studies to determine hope and care across cultural boundaries can also be valuable.

Studies to determine what hope and care can be offered to non-Christian orphans can also be considered for future research. The theme of *loneliness,* which came through clearly and which the orphans experienced, can also be explored in a further study. The aspects discussed below could also be addressed in further research.

6.5.1 Developing an inclusive narrative pastoral care and therapy practice at home for HIV/AIDS orphans

Developing such a practice will require the following steps:
- creating narrative pastoral care and therapy practices that will respect the knowledge of the children involved;
- developing an eco-spiritual pastoral care and therapy practice for chaplains of the SANDF or others enabling them to do effective care and counselling with orphans;
- exploring and co-authoring creative practices of doing narrative pastoral care and therapy practices which will help orphans to integrate into a home and society; and
- examining the characteristics and the definition of pastoral care and pastoral counselling and its role in cultural, moral and religious life.

6.5.2 The use of narrative stories in pastoral counselling with orphans affected and infected with HIV/AIDS in the SANDF

This would involve
- using a narrative approach study which examines and explores the stories of the orphans for orphans' resilience in the future;
- using a narrative approach that can help chaplains to use stories and other methods for healing and coping mechanism for orphans;
- using a pastoral approach that can help orphans to find their resilience and grow into a more meaningful life, a life of wholeness; and
- building a practical method for practical theology and counselling in dealing with challenges with orphans in the SANDF.

6.5.3 The use of the untold stories of orphans in military communities infected and/or affected by HIV/AIDS, about care and/or the lack of care

These stories could be useful in various ways:

- They could provide a holistic understanding of orphans in military communities, infected and/or affected by HIV/AIDS, and specifically about their experiences of care and lack of care.
- They could reveal ways and means of addressing the needs of orphans in the SANDF with the chaplaincy taking the lead.
- Previous research on the stories of orphans can be researched in such a way that new policies can be created and that existing military policies can be changed to improve the lives of orphans in the SANDF.
- The SANDF can be challenged to look more into the needs of caregivers and the orphans infected and/or affected by HIV/AIDS.

6.6 PERSONAL EXPERIENCE OF THE RESEARCHER

The study provided the researcher with an opportunity to listen to orphans' stories of loss and walk a part of the road with them. It enriched his life and gave him more understanding for others.

An important task was to let the orphans realise that they are unconditionally accepted, whatever their thoughts and feelings are. During the facilitation process, self-research by the researcher was also necessary in order to gain understanding. In the process, the researcher became more aware of other people's life story and got to know himself better.

The research also helped the researcher to live by fixing his hope in God. The narrative approach became clearer to the researcher in the light of the conversational approach of Müller (2000:72-103), and the researcher realised the value thereof in pastoral therapy. The interpretation of the research procedures and outcomes were influenced by the researcher's theological, scientific and philosophical positioning. The researcher's own theology determined how pastoral therapy is viewed. He benefited from obtaining a broad academic theological background.

This research also contributed towards the researcher's better understanding of the importance of the anthropological grounding of human beings within a theological context. This research also brought greater clarity for the researcher on the aspect of pastoral care and pastoral therapy within a narrative perspective.

This research also helped the researcher to deal better with the aspect of human suffering and how to find a positive focus through hope and care in Jesus Christ in the lives of orphans infected and/or affected by HIV/AIDS. Nothing in the world can compare to the positive change, joy and the fulfilment that this research brought into the lives of these orphans, caregivers, the members of the focus group and the researcher.

The importance of the appreciative inquiry model as well as the five movements of Müller (2000:72-103) were once again the contributing factors towards the success of this research. The support that was rendered by the researcher's two study leaders, caregivers, members of the focus group and the orphans were beyond measure.

6.7   CONCLUSION

It has become clear that conversational partners experienced hope and care according to each one's unique needs. Each orphan had his or her own experience of the grieving process. These differences are mainly due to their context, family, background, relationships, culture and gender. Yet these differences led the orphans' caregivers, the members of the multi-professional focus group and the researcher to think more about the orphans' lives and what the future holds for them. The journey through grief became a journey of discovery of the self, personal potential and others in an encounter with life (De Beer 2007:68).

The necessity of pastoral care and pastoral therapy, in order to bring about hope and care, was pointed out. In the process, the relationship between pastoral care and this study was explored and clarified. It was found that the conversational partners' problem-saturated, dominant stories can be externalised and deconstructed in order to create space for an alternative discourse. This alternative discourse is not only built upon unique outcomes, but also on the imagined future narrative. In this case, an important unique outcome was the hope that was experienced. The imagined future narrative dealt with a re-unified life, in God's presence.

The narrative-pastoral process was directed toward a realistic acceptance of the loss, in order to guide the orphans individually, through empathy, toward hope and care. Care implies communication, and communication implies care, as they enhance the loneliness of suffering (Du Toit 1990:8). The orphans' narratives were open-ended, since their life's journeys are not concluded. This fitted in with the postmodernist approach of this study. It can be said that their memories are on a forward journey with them. It also became clear to the orphans that there is a continuity of life, even without the physical presence of one's parents. The therapeutic process ran according to the five movements of Müller (2000:72-103), during which the researcher was not the expert, but the co-researchers were the experts of their own narratives. Conversations were conducted from a position of not-knowing.

In this context, it can be said that the experience of the loss of a parent can, by God's grace, deepen a person's faith and make life more meaningful through the experience of hope and care. In line with Van Wyk's (2006:83-84) argument, it is the researcher's view that it is God's will with people that they should be whole and complete in every facet, whether as individuals, families, communities, or the broader social, national or international context. In Christ, people can become what God has intended them to be. By believing in Christ and following His example, people can become that which God has planned for them. Stories of hope were formed in the process of the research, to help the conversational partners to continue with their lives in a meaningful way. Hope places the 'looking forward to' back in our lives (Nel 1999:107). They can now also experience healing in Christ and make a difference in the lives of others, despite the loss and grief they have experienced. We are all called to place our hope fully in God (1 Peter 1:13).

The conversational approach may contribute to a greater understanding of orphans who need hope and care to resume their lives. Hope can make the difference between a life without meaning and a life with meaning (Bartlett 2007:24). Pastoral therapy may lead to hope and care again facilitating purpose and meaning in the orphans' lives.

The importance of the proposed public pastoral home-based support model for orphans affected and/or infected in the SANDF cannot be emphasised enough for the future. This study has made a large contribution towards the establishment of such a model

and will make an impact in the lives of orphans and families in the lives of the Department of Defence, as there is not yet such a model in the SANDF.

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APPENDICES

Appendix A: ETHICAL GUIDELINES - DEPARTMENT OF PRACTICAL THEOLOGY
(14 June 2011)

An informed consent letter/form is a legal document to safeguard the Department of Practical Theology and its researchers from possible legal action upon dissemination of research results.

Researchers are required to subscribe to a code of ethics that respects the co-researchers' rights, facilitates communication in the research field and leaves opportunities for further research.

In embarking on research projects involving humans and society, the researcher should carefully scrutinize all ethical issues. The principles of ethical propriety, upon which most of these guidelines are based, encapsulate simple considerations of e.g. fairness, honesty and openness of intent. Certainly, no person should be asked to cooperate in any research that may result in a sense of self-denigration, embarrassment, or a violation of ethical or moral standards or principles. Every researcher should fulfill the commitments made to those who assist in the research endeavor. No research should ever be conducted under circumstances in which disclosure of the aims and purposes of the research cannot be set forth - preferably in writing. Nor should any subject be lured into cooperating in any research endeavor without knowing fully what participation in the project will involve and what demands may be made on that subject.

Suggested content: Informed consent letter/form

An informed consent document needs to contain the following information:

1. A **heading**, which must include the name and address of the department and institution, the researcher(s) name(s) and contact details. (It must be on a letterhead)
2. **Title** of the study.
3. **Purpose** of the study.
4. **Procedures**: explanation of the procedures to be followed and their purposes; nature of activities such as clinical tests and filling in of questionnaires; time required; schedule of participation; duration of study, etc.
5. **Risks** and discomforts, e.g. medical risks; fatigue.
6. **Benefits**: any personal or societal gains. This also includes financial gain or lack thereof.
7. **Participants' rights**: participation is voluntary; they may withdraw from participation in the study at any time and without negative consequences.

8. **Confidentiality**: the assurance that all information is treated as confidential; that anonymity is assured; that the data would be destroyed should the subject withdraw. All persons having access to the research data must also be identified.
9. The subject's (or in the case of a minor, the parent's/guardian's) **right of access to the researcher** must be established, and the means clearly delineated, in order for clarity on any issue be sought, should doubts arise.

General guidelines

The informed consent letter/form:

- must be on letterhead
- needs to be written in a style or register which is clear, simple and unambiguous to lay persons;
- should include no exculpatory language through which the subject is made to waive, or appear to waive, any of his/her legal rights, or to release the institution or researcher from liability for negligence;
- requires the signature of the subject (or the parent/guardian in the case of a minor) and that of the researcher, as well as the place and date of signing and it must be filed by the researcher;
- should be given to each subject.

Appendix B: CONSENT FORM

Telephone: 012 674-4460
Fax: 012 674-4471
Enquiries: Cpln P. Roos

Department of Defence
Defence Works Formation
Private Bag X 161
Pretoria
0001
                    June 2012

TITLE: A PUBLIC PASTORAL CARE HOME-BASED PROGRAMME SUPPORTING ORPHANS INFECTED AND/OR AFFECTED BY HIV/AIDS IN THE SANDF: A PRACTICAL THEOLOGICAL ENGAGEMENT

1.   PURPOSE

I am Chaplain Pieter Roos from the SANDF, currently studying at the University of the Free State, Bloemfontein, South Africa. I am a doctoral student and am currently conducting research on pastoral counselling to orphans in the SANDF in the Gauteng province. The aim is to explore and see how the chaplaincy of the SANDF can offer pastoral counselling and help to orphans who are at risk in this pandemic disease, as HIV/AIDS is infecting and affecting all of us. I hope this study will benefit all of us from the government's side, the NGOs, the church and society as a whole. This problem needs to be seriously addressed and responded to. I hope that through the contributions and cooperation of various people that research will be successful and beneficial.

2.   PROCEDURES

Participants give their consent for the information in this questionnaire to be used for research purposes. The issue of confidentiality regarding the information revealed has been clearly explained to me. The participants understand that their personal details will remain anonymous and that they may withdraw their participation from this research at any point in the process. This research is being undertaken in partial fulfilment of the requirements for a PHD in Practical Theology (with specialization in pastoral counselling). The aims of the research are:

2.1   To identify which ways of assisting them can be most helpful to reach orphans.

2.2   To examine and evaluate the applicability of a public pastoral care home-based programme supporting orphans infected and/or affected by the HIV/AIDS in the SANDF.

2.3   To investigate and provide an adequate model for pastoral counselling and for practical theology as a whole in working with orphans in a, military context.

2.4   To examine and provide adequate approaches for pastoral counselling using narrative methods for the well-being of the orphans in the SANDF, Gauteng province.

3. RISKS

There are no risks involved for any of the participants regarding this study.

4. BENEFITS

There will be no financial benefits for the participants contributing towards this study. The only benefits for this study are to do thorough research to change the lives of orphans affected and infected by HIV/AIDS in the SANDF in the future.

5. PARTICIPANTS' RIGHTS

Conversations will not be recorded, and will only be documented with the participants' permission for research purposes. Participation in the study is voluntary; every counsellee has the right to withdraw at any stage and without negative consequences. The researcher will seek the necessary permission from all who are concerned with the orphans, whether the parents or guardians.

6. CONFIDENTIALITY

Confidentiality is assured to all concerned in the research. The information obtained will be treated confidentially. Anonymity will be ensured at all times. The data for a given participant will be destroyed if that participant withdraws from the research. The researcher will be the only one who has access to the research data. With prior consent, the researcher will take notes. Participants are assured that the information collected during the project will be securely stored in a locked drawer of a cabinet in the researcher's desk and will be destroyed after the conclusion of the research.

7. GENERAL

The participants have the right to consult with the researcher if there are any doubts that may possibly arise in the research, and to contact the researcher if the need arises.

Signed: _____   **Date:** _____
(Caregiver)

Place: _____

Signed: _____   **Date:** _____
(Researcher)

Place: _____

Appendix C: QUESTIONNAIRE FOR ORPHANS

Session One:

<div style="border:1px solid black; padding:10px;">

To be completed by the researcher:

- Date questionnaire completed: _____
- Name of orphan completing questionnaire: _____
- Unit: _____
- City: _____

</div>

Child's assent:

Discuss the research fully with the child before asking him/her to sign giving informed assent.

I give my consent for the information in this questionnaire to be used for research purposes. The issue of confidentiality regarding the information I reveal has been clearly explained to me.

I understand that my personal details will remain anonymous and that I may withdraw my participation from this research at any point of the process.

Child to sign here: _____
Date: _____

Child's biographical information:

To be completed by researcher sitting individually with each child. The information is to be obtained in a conversational manner with the child, with the first goal being to put the child at ease and to establish rapport and trust.

Child's name: _____

Surname: _____

Date of birth: _____

Age: _____

Gender: _____

School: _____

- Grade: _____

- Home language: _____

- Religion; which church do you go to? _____

Primary caregiver's information:

Parent/Guardian's name: _____

Relationship to child: _____

Contact details: _____

Child's Life Circle:

Who are the important people in your life? Who are the people who love you a lot and care for you? Provide name and/or relationship to the child:

_____

_____

When did your parents die?

  □ How long ago: _____

Do you know what made your parent die? If so, can you tell me what it was that made them sick or made them pass on?

_____

_____

Do you feel comfortable about speaking to your friends about your parent's/parents' death?

_____

Do you feel comfortable about expressing your feelings about your parent's/parents' death?

_____

How do you feel about your parent's/parents' death? How has this affected your life?

_____

Do you know other children who, like you, have a deceased parent? If so, are they your friends?

_____

Child's Support Circle and Feelings:

Who do you go to when you feel there is no hope for the future and that nobody cares anymore? Name the person and their relationship and the reason.

_____

_____

When you feel something strongly in your heart, is there somebody with whom you can share how you feel? If yes, who is this person? If no, can you try to explain why not?

_____

_____

Who do you go to when you feel sad or upset? Name the person and reason.

_____

_____

Who do you go to if you need food or clothes?

_____

_____

Are there issues that you are scared or ashamed to discuss with adults? If this is the case, are you prepared to tell me what these issues are?

_____

_____

Can you tell me why it is hard to talk to adults about these things?

_____

_____

Do you think there will always be somebody to look after you? If so, tell me about them? If not, tell me why not?

_____

_____

I think we have spoken about many things today. May we meet again a bit later today or another day so that I can ask you some more questions? Thank you.

Scale of feelings:

Please shade the chimney according to how much you think you are feeling these things: 1 means not at all and 9 means very much. Then put a star in the box according

to how you would like to be. There are no right or wrong answers. Use the number to show us how you think about yourself now and how you would like to be.

Always							
Very often							
Often							
Sometimes							
Never							
	Anger	Grief	Happy	Sad	Tired	Scared	Worried

Reynold's Depression Scale:

Directions: Here are some sentences about how you might have been feeling over the past two weeks or so. Read each sentence and decide how often you feel this way. Decide if you feel this way: Almost never, sometimes, a lot of the time or almost all the time. Tick the answer that describes how you really feel. There are no wrong or right answers.

		Almost never	Some-times	A lot of the time	All the time
1.	I feel happy.				
2.	I worry about school.				
3	I feel lonely.				
4.	I feel my parents don't like me.				
5.	I feel important.				
6.	I feel like hiding from other people.				
7.	I feel sad / angry.				
8.	I feel like crying.				
9.	I feel that no one cares about me.				
10.	I feel like playing with other children.				
11.	I feel sick.				
12.	I feel loved.				
13.	I feel like running away.				
14.	I feel like hurting myself.				
15.	I feel that other kids don't like me.				
16.	I feel upset about things.				
17.	I feel life is not fair.				
18.	I feel tired.				
19.	I feel I am bad.				
20.	I feel I am no good.				
21.	I have trouble paying attention in				

		Almost never	Some-times	A lot of the time	All the time
	class.				
22.	I feel sorry for myself.				
23.	I feel like talking to other children.				
24.	I have trouble sleeping.				
25.	I feel like having fun.				
26.	I feel worried.				
27.	I get stomach aches.				
28.	I feel bored.				
29.	I feel nothing I do helps anyone.				

Thank you!

Note: After the above semi-structured questions, the researcher will follow up with open-ended narrative discussion with the orphan on a relative effect of this dominant story on his/her life and what possible unique outcomes may have arisen (landscape of action and identity questions).

TITLE: A PUBLIC PASTORAL CARE HOME-BASED PROGRAMME SUPPORTING ORPHANS INFECTED AND/OR AFFECTED BY THE HIV/AIDS IN THE SANDF

Self-introduction

I am Pieter Roos from the University of the Free State, Bloemfontein, South Africa. I am a doctoral student and am currently conducting research on pastoral counselling to orphans in the SANDF in Gauteng province. The aim is to explore and see how the chaplaincy of the SANDF can offer pastoral counselling and help to children who are at risk in the HIV/AIDS pandemic, which is infecting and affecting all of us. I hope this research will benefit all of us from the government side, the NGOs, the church and society as a whole. This problem needs to be seriously addressed and responded to. I hope that with the contributions and cooperation of various people that this research will be successful and beneficial. I would like to ask your permission for all that I will be doing in this interview. Some of the conversations may be recorded with your permission and then documented for research purposes. Confidentiality is assured to all concerned in the research. The participant has the right to withdraw at any stage. I will seek the necessary permission from all who are concerned with the orphan, whether these are the caregivers.

INTERVIEW FOR THE CHURCH LEADERSHIP AND CLERGY

- What has the church done to help the orphan living with HIV/AIDS?
- Is pastoral ministry (pastoral counselling) available for this orphan?
- What more can be done from the side of the church for the orphan?
- What is the church's involvement or engagement with other organisations working with the orphan? (for example, the government and NGOs around the home of the family member).

INTERVIEW FOR THE CAREGIVERS

Part 1: The first phase of the research

- What are the aim and the goal of the organisation?
- What kind of services or assistance are you giving to the orphan?
- What problems are you facing at your home?
- What do you think can be done by the SANDF and the church (chaplaincy) for you to improve services for the orphan?
- What do you think the church or pastoral counsellors and SANDF can do to help the orphan?

Part 2: The second phase of the research

- How helpful was the research to the orphan?
- Did the research have an impact on the orphan?
- What can you say about the orphan's attitudes/feelings after the research was completed?
- What could you say about the orphan's resilience after the research was completed?
- What change, if any, can you see/notice as a result of this research in the life of the orphan?

Appendix E: INTERVIEW FOR THE ORPHANS

Section I
- What do you think we should do to help children with HIV/AIDS?
- Who is close to you, or who takes care of you?
- What are some of the problems or needs that you face as an orphan?
- Are you comfortable when you hear people talk about HIV/AIDS?
- What do you think the church and SANDF needs to do to help you as an orphan?
- What have you liked and what has been helpful to you as an orphan?
- What kinds of activities do you like at school/church/or at home?
- What is your favourite thing to do?

Section II

Rank in order of decreasing importance the thing you like most:

☐ Sleeping
☐ Stories
☐ Playing
☐ Music
☐ Studying
☐ Reading
☐ Eating
☐ Writing
☐ Drawing
☐ Watching TV
☐ Fighting

What do you feel about your life? (Name the feeling you experience here.)
☐ Happy
☐ Sad
☐ Angry
☐ Lonely
☐ Depressed
☐ Ashamed
☐ Guilty
☐ Low/down
☐ Bad

Section III

Resilience questionnaire

	QUESTION	SKILLS, ABILITIES & OPPORTUNITIES
1.	Do you feel comfortable about speaking to your friends about your parent(s)' death?	Communicating emotional issues?
2.	Do you know what happened to your deceased parent(s)?	Knowledge of one's situation?
3.	Do you feel comfortable about	Managing feelings?

	expressing your feelings about your parent(s)' death?	
4.	Do you know other children who also have a deceased parent? If so, are they your friends?	Seeking trusting relationships?
5.	Do you think there will always be somebody to look after you after your parent(s)' death?	Relying on trusting relationships?

Note: After the above semi-structured questions, the researcher follows up with an open-ended narrative discussion with the orphan on how he/she is coping in general (a narrative discussion).

Appendix F: FORMAT OF FOCUS GROUP INTERVIEW

On 16 April 2012 the focus group for the three orphans took place at the School of Signals at Wonderboom Military Base. The appointment was scheduled for two and a half hours. The process that the researcher followed was the following:

a.   Appreciative inquiry focus group interview

b.   Background

c.   Overview of Chapter 1 - 4

d.   A public pastoral home-based care programme for orphans living with HIV/AIDS

e.   Feedback from the interviews (orphans): Andile

f.   Strong points, challenges, opportunities and tendencies in Andile's life

g.   Feedback from the interviews (orphans): Thandi

h.   Strong points, challenges, opportunities and tendencies in Thandi's life

i.   Feedback from the interviews (orphans): Tshepo's life

j.   Strong points, challenges, opportunities and tendencies in Tshepo's life

k.   Feedback from the interviews (caregivers): Andile

l.   Strong points, challenges, opportunities and tendencies in caregivers' lives regarding Andile.

m.   Feedback from the interviews (caregivers): Thandi

n.   Strong points, challenges, opportunities and tendencies in caregivers' lives regarding Thandi.

o.   Feedback from the interviews (caregivers): Tshepo

p.   Strong points, challenges, opportunities and tendencies in caregivers' lives regarding Tshepo.

q.   The five original principles of appreciative inquiry:
   - the constructionist principle
   - the principle of simultaneity
   - the anticipatory principal
   - the poetic principle
   - the positive principle
   - the overarching principle of wholeness

r.   Semi-structured appreciative inquiry interview for focus groups

s.   Sharing stories on the things that enhance life for the orphans

t.   Core life-giving factors

u. Three wishes / dreams

v. Future propositions

The social worker (see Section 5.8.3) acted as the scribe and all the conversations were noted. The important feedback which the researcher received from the five questions was the highlight of the feedback of the focus groups and is as follows:

Question number 1: What could a positive focus be for our appreciative inquiry regarding the lives of the three orphans in this research?

a. Effective handling of the grief process is important – acceptance of the loss and the continuation of the process after the parent.

b. The fact that the caregivers made a choice and decided that they are willing to live in a relationship with the orphan demonstrates the aspect of Ubuntu and shows care and support.

c. It is important after the grieving process to facilitate empathy, unconditional positive regard, congruence (discipline play a big part) and conformation.

d. Caregivers need to be provided with parenting skills in order to enable the caregivers to help the orphan to adapt more easily to a new home, but also with the development of the child in his teenage years.

e. The orphan should be helped to be part of a support group where family unity can take place.

f. The orphans should be assisted to obtain their goals.

g. The caregivers should be assisted with financial and medical support.

Question 2 (Part 1): Sharing stories of the things that enhance life for the orphans. <u>Best experience</u>: Let us share stories of what could be regarded as the best times in the lives of the orphans:

a. That there is a home, warmth in the house and people making a difference in their lives (home, church and school).

b. That the home gives the child a sense of belonging.

Question 2 (Part 2): Sharing stories of the things that enhance life for the orphans. <u>Values:</u> What are the things that we could identify the orphans' value most deeply about:

a. **Themselves as human beings**: They are optimistic in the sense that they want to become a fashion designer, medical doctor and a businessman.

b. **Their own abilities and talents**: The orphans are driven. The fact that Thandi has diabetes is not preventing her from wanting to become a medical doctor, and in spite of poor schoolwork, Tshepo still wants to become a successful businessman.

c. **Their support systems**: The children are grateful for the support systems of the house, the church, school and friends.

Core life giving factors: What do you think are the core life-giving factors in the lives of the orphans? And what life-giving themes could we identify?

a. There is effective parenting.

b. They have role models.

c. They have a family (relatives willing to take over the roles of the orphans' parents).

d. There is a positive influence on their lives.

e. Every orphan has the opportunity to go to school.

f. There are positive influences on their lives.

g. All have access to health care.

h. The church is there to render spiritual motivation and care.

Three wishes/dreams: If you had three wishes/dreams for the orphans, what would they be?

a. That every orphan goes to university.

b. That every orphan stays on the moral path.

c. That all the orphans can come onto the SANDF medical scheme.

d. That caregivers be assisted where possible to ease the financial burden.

e. That each orphan reaches his or her own goal in life.

f. That each orphan develops healthy relationships.

g. That each orphan moves effectively from dependency to interdependency.

h. That every orphan reaches his or her acceptance phase.

i. That the SANDF recognizes me as a foster parent.

j. That everyone has the opportunity to reach their full potential.

k. That the caregivers will be assisted caregivers with information to make the teenage phase easier.

Future propositions: As a group discuss and propose (in writing) your dream picture and practical realisation of a preferred future for the three orphans.

a. That Tshepo be assisted to go to a special school to further his schoolwork.
b. That the skills of the Tshepo's caregivers be strengthened so that they will know how to love and support him.
c. That Tshepo to be sent for Teddy bear therapy.
d. That finances to be obtained for special therapy sessions for Tshepo.
e. That individual therapy and family cohesion is possible for Thandi.
f. That Thandi be assisted to continue to work hard in order to reach her goal.
g. That the caregivers be more involved in the schoolwork of Thandi.
h. That Thandi be able to join the SANDF to further her studies through SAMHS.
i. That Andile be motivated to continue to work hard.
j. That Andile gain experience because in future she wants to work at a fashion house.
k. That her caregivers also be more involved in the schoolwork of Andile.

Appendix G: FEEDBACK OF THE REFLECTIONS OF THE FOCUS GROUP

I hereby kindly request that you write a reflection of your own experience about what it meant to you to participate in Chaplain Roos's research on HIV/AIDS orphans. Also comment on how you think it can contribute to the lives of orphans. A reflection of one A4 page would be greatly appreciated.

Feedback from the Social Worker

I experienced the process as a very good way of collecting valuable information about the orphans and the foster parents. All the role players that were involved contributed very much to the insight on each foster home's situation and circumstances. The different professionals involved in the focus group could explain exactly what role they could play in helping the 'foster system' to reach its potential. The needs of the children as well as the foster parents were put on the table. To be able to utilise the process into a possible programme in this organization is leaving a lot of challenges on the table. Definitely, the foster child and foster family [would] benefit from a home-based care programme from the organization, but [I] can't see what benefit it will leave [for] the organization to get involved with such a programme. The organization will be giving out human resources that the organization [has] a shortage [of] and the demand might be too big on the organization, whereas the child might reach their full potential because of all the time, energy and effort [that have] been put into their lives.

Feedback from the Nursing Sister at the Sickbay

[I was] enlightened and surprised. I was surprised in a naïve way, as I did not ever consider the fact that our members are affected in that way by HIV/AIDS. How could they not, they are part of the society. I was very invested in the prevention of HIV/AIDS as well as the curative aspect thereof, but realised that rehabilitation and in this case(s) rehabilitation post-HIV/AIDS is an area that needs attention from society as a whole, particularly the health care sector. It opened my mind to the possibilities of pastoral care in the Department of Defence and in society at large. The experience highlighted the role of counsellor of the pastor/reverend, etc. within the specific setup. As I experienced one [foster] parent to be particularly emotionally affected, [I found another] [foster] parent was a bit removed and distanced from his role within this child's education. It

[such a programme] can potentially improve the children's lives, as there are more people looking out for these children. With a pastor, there is usually a congregation behind [him or her]. The possibility of a bigger support group for the children and their 'parents' exists.

Feedback from the Psychologist

In my experience the participatory role in the research was that the intention is service delivery and assistance towards orphans with HIV/AIDS and adoptive parents. This intention in principle is admirable and elicits respect. I had some concern with regard to the multi-professional team contributing on aspects not within their professional role and that there is a lot of focus on 'positive' aspects in the case study. I think that also focusing on problem areas may further assist in effective care giving. The potential of this research holds great value and opportunities or those in need. Multi-professional team contribution and input to orphans can be of significant importance in optimising the medical, family, social, psychological and spiritual wellbeing of orphans. It can assist with regard to a support system and guiding body to facilitate these families towards self-actualization. If this programme is applied [in a] person-centred [way] it may bring great relief and support to these families. The adjustment process to a new system can also be eased.

ABSTRACT

A PUBLIC PASTORAL CARE HOME-BASED PROGRAMME SUPPORTING
ORPHANS INFECTED AND/OR AFFECTED BY HIV/AIDS IN THE SANDF:
A PRACTICAL THEOLOGICAL ENGAGEMENT

The rationale for this study was a desire to assist some of the alarmingly high number of orphaned children (especially in Sub-Saharan Africa) who are infected and/or affected by HIV/AIDS, and who find themselves in an instant crisis after the loss of their parents as a result of the pandemic. In such a crisis, young children's normal support systems are often stripped away.

This study is grounded in practical theology. It adopted a postmodern paradigm, with social constructionist discourse, as its epistemological point of departure, and narrative pastoral care/therapy as the counselling approach chosen to assist HIV/AIDS orphans. In a broader sense, theologically, the study is grounded in a public theological orientation, and holistic Biblical anthropological paradigms were explored to give meaning to people's broken lives.

The study argues for a wider community-oriented approach to assist HIV/AIDS orphans to (re)build their lives with hope and faith by assisting them in being (re)integrated into normal society with the maximum possible support systems available to them, using a home-based care approach, rather than institutional care.

Methodologically speaking, qualitative research methods were used in the study, because qualitative researchers emphasize the value-laden nature of scientific inquiry. They seek answers to questions that emphasise how social experience is created and given meaning. In this study, the following proven research methods were used: participation action research methods complemented by scientifically designed case studies, questionnaires and focus groups. Three orphans who had lost their parents due to HIV- and AIDS-related illnesses agreed to participate in the research as co-researchers. They entered into conversation with the researcher. Later, focus group work was added, involving various caregivers and a multi-professional team.

As a result of this study a unique public pastoral home-based programme supporting orphans who are infected or affected by HIV/AIDS has been created within the context of the South African National Defence Force (SANDF) and led by the SANDF Chaplaincy. This programme can easily be expanded to other contexts outside the military.

The unique feature of this study was that researcher made effective use of participation action research methods in all stages of the research process. The orphans were regarded as co-researchers from the beginning and their input was seen as significant to the eventual outcome of the research. Because they could participate throughout the research process, their social constructions of being infected and/or affected by HIV/AIDS were regarded as essential indicators of how they gave meaning to their lives.

In order for the co-researchers to move from dominant 'problem-saturated' life stories to new alternative stories of hope and meaningful life, the research process involved interactive collaboration with different role players. The use of a public theological orientation and holistic Biblical anthropological paradigms as the basis for the research made it possible for other co-researchers to be invited into the process. After interacting with the orphans through scientifically designed case studies and questionnaires, various care givers, including multi-professional care personnel, took part in Appreciative inquiry focus groups. In a very short time, these discussions elicited alternative and preferred life options that assisted the orphans in mapping the direction of exciting new life scenarios.

The key outcome of this study is its demonstration of how the underlying value-based Biblical-anthropological hope orientation adopted by the researcher can be applied in a contextual narrative pastoral approach to assist HIV/AIDS orphans. By making use of different methods, such as Biblical pastoral care and narrative therapy, Appreciative inquiry focus groups with key public and professional role players, and other qualitative scientific analysis, the study succeeded in developing guidelines for a useful public pastoral care home-based programme for the military, as well as in broader society.

OPSOMMING

Die rasionaal vir hierdie studie was die begeerte om van die onrusbarend hoë aantal weeskinders (veral in Afrika suid van die Sahara) by te staan wat besmet is en/of geaffekteer is deur MIV/VIGS en wat hulself in 'n onmiddellike krisis bevind na die verlies van hul ouers as gevolg van die pandemie. In so 'n krisis val jong weeskinders se normale ondersteuningstelsels dikwels weg.

Hierdie studie is gegrond op praktiese teologie. Dit het 'n postmoderne paradigma, met sosiale konstruksiediskoers, as sy epistemologiese vertrekpunt geneem, en narratiewe pastorale sorg/terapie is gekies as die beradingsvertrekpunt om MIV/VIGS-weeskinders te help. In 'n breër teologiese sin is die studie gegrond op 'n openbare teologiese begronding en holistiese Bybelse antropologiese paradigma om betekenis te gee aan mense se gebroke lewens.

Die studie bepleit 'n wyer gemeenskapsgeoriënteerde benadering om MIV/VIGS-weeskinders te help om hul lewens te (her)bou met hoop en geloof, deur hulle te help om te (her)integreer in die normale samelewing met die maksimum moontlike ondersteuningstelsels wat beskikbaar is, met behulp van 'n tuissorgbenadering, eerder as institusionele sorg.

Metodologies gesproke is kwalitatiewe navorsingsmetodes gebruik in die studie omdat kwalitatiewe navorsers die waarde-aspekte van wetenskaplike ondersoek beklemtoon. Hulle soek antwoorde op vrae wat beklemtoon hoe sosiale ervarings ontstaan en hoe daaraan betekenis gegee kan word. In hierdie studie is die volgende bewese navorsingsmetodes gebruik: deelname aksie navorsingsmetodes, aangevul deur wetenskaplike ontwerpte gevallestudies, vraelyste en fokusgroepe. Drie weeskinders wat hul ouers verloor het as gevolg van MIV/VIGS-verwante siektes het ingestem om as mede-navorsers deel te neem aan die navorsing. Hulle het in gesprek met die navorser getree. Later is 'n fokusgroep gehou, en die insette van hulle omgee ouers en 'n multi-professionele span wat betrek is, is bygevoeg.

Op grond van hierdie studie is voorstelle vir 'n unieke openbare pastorale tuisgebaseerde program binne die konteks van die Suid-Afrikaanse Nasionale Weermag (SANW) gemaak, onder leiding van die SANW Kapelaanskap, om

weeskinders te ondersteun wat geinfekteer en/of geaffekteer is as gevolg van MIV/VIGS. Hierdie program kan maklik uitgebrei word na ander instansies buite die militêre omgewing.

Die unieke kenmerk van hierdie studie was dat die navorser gebruik gemaak het van effektiewe deelname aksie navorsingsmetodes in alle stadiums van die navorsingsproses. Die weeskinders is van die begin af as mede-navorsers beskou, en hul insette is gesien as beduidend tot die uiteindelike uitkoms van die navorsing. Omdat hulle kon deelneem dwarsdeur die navorsingsproses, is hulle sosiale konstruksies van hoe dit is om geïnfekteer en/of geaffekteer te wees deur MIV/VIGS beskou as noodsaaklike aanwysers van hoe hulle betekenis aan hul lewens gegee het.

Ten einde vir die mede-navorsers om vanaf dominante probleem-deurdrenkte lewensverhale te beweeg na nuwe alternatiewe verhale van hoop en 'n sinvolle lewe, het die navorsingsproses interaktiewe samewerking met verskillende rolspelers behels. Die gebruik van 'n openbare teologiese oriëntasie en holistiese Bybelse antropologiese paradigma as basis vir die navorsing het dit moontlik gemaak om ander mede-navorsers te nooi om aan die proses deel te neem. Na die interaksie met die weeskinders deur wetenskaplike ontwerpte gevallestudies en vraelyste, het verskeie omgee ouers, asook 'n multi-professionele span, deelgeneem in waarderende ondersoek fokusgroepbespreking. In 'n baie kort tyd het hierdie gesprekke aanleiding gegee tot alternatiewe verkose lewensopsies wat kon help om die weeskinders in die regte koers te plaas vir opwindende nuwe lewensmoontlikhede.

Die belangrikste uitkoms van hierdie studie is dat dit kon demonstreer hoe die onderliggende waarde-gebaseerde Bybels-antropologiese hooporiëntasie in 'n kontekstuele narratiewe pastorale benadering toegepas kan word om MIV/VIGS weeskinders by te staan. Deur gebruik te maak van verskillende metodes, soos Bybelse pastorale sorg en narratiewe terapie, asook waarderende ondersoek fokusgroepe met verskillende openbare en professionele rolspelers, en ander kwalitatiewe wetenskaplike ontleding, het die studie daarin geslaag om riglyne vir 'n nuttige openbare pastorale sorg tuisgebaseerde program vir die weermag, sowel as in die breër samelewing, te ontwikkel.

KEYWORDS	SLEUTELWOORDE
HIV/AIDS orphans	MIV/VIGS weeskinders
Practical theology	Praktiese Teologie
Public theology	Publieke teologie
Pastoral care	Pastorale sorg
Social constructionist discourse	Sosiale konstruksie diskoers
Narrative pastoral care/therapy	Narratiewe pastoral sorg/terapie
Home based programme	Huis gebasseerde program
Qualitative research	Kwalitatiewe navorsing
Participative action research	Deelnemende aksie navorsing
Parent	Ouer