

**CHRISTIAN SOLIDARITY IN PASTORAL COUNSELLING:
A KENYAN PERSPECTIVE**

BY

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DECLARATION

I declare that the thesis which is hereby submitted for qualification at the University of the Free State, is my own independent work and has not been handed in before for qualification at any other university/faculty.

Signed _____

Reverend Anne G. Wambugu

Date

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ABSTRACT

This study explored the Christian solidarity in pastoral counselling within the Kenyan context. The research was both qualitative and descriptive in nature. The design used was phenomenological. Descriptive data were from real counselling cases whose stories are included in the Appendices and their analysis in Chapter Four. Some pastors also participated in the study. The objectives, all studied within the Kenyan context were: to investigate the caring behavior of the pastors; to establish whether the pastoral spirituality of solidarity may empower pastors in pastoral care and counselling in the Kenyan context; to investigate how pastoral counselling effectiveness is affected by pastoral education, ethics and skills within the Kenyan context; finding out whether mutual growth and rapport result between pastoral workers and their sufferers through their helping relationships; to explore whether by focusing on the stories of people's experiences pastors could find an effective and a non-judgmental counselling approach that focuses on collaborative action; explore how biblical narratives and other narratives could be valuable therapeutic tools in the Kenyan context; and to find out how Kenyan pastoral counsellors/carers could rise above ethnicity and political difference in their care-giving. These were expected to give a gauge of pastoral Christian solidarity with their congregation as a measure of caregiving quality.

The study concluded that most Kenyans seek help from pastors when in crisis. However, for the hurting to experience Christian solidarity from their pastors, there is need for a practice that is engraved in biblical principles of spirituality of solidarity, ethics and professional competence. Lack of adequate training in those areas posed major threats to effective pastoral caregiving in the Kenyan Church. Importantly, the study has distinct benefits for the Kenyan Christian counselling carers. It offers a variety of counselling tools accessible to pastors and community healers. It will also contribute to the area of knowledge to counselling professionals as it brings in a rich integrated spirituality and psychological treatment.

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CHAPTER ONE

RESEARCH PLAN AND METHODOLOGY

1.1 Background to the Study

Christian solidarity in pastoral counselling is significant in the Kenyan context. This is due to the esteem accorded to the pastors by the society and their availability in responding to the issues in the community at all times. Clinebell and McKeever (2011:16) believe that the pastors' mission is both "reaching and outreaching" to persons in conflict and in trouble. In Kenya, pastors are viewed as "spiritual fathers" in tune with the Triune God and can give free services to the sufferers (Orera 2005:2). For this reason, the higher percentage of Kenyan sufferers and their care-givers seek help from the church ministers. Such suffering individuals raise questions on the sovereignty of God. They wonder how they could find joy, peace, courage and unwavering confidence in their disturbing situations. With the overwhelming crises facing Kenyan society, this ministry cannot be underestimated. As a spiritual and religious act, pastoral counselling plays a very important role in giving sense, meaning and purpose to people's lives.

The issue of pastoral counselling in Kenya is a recent idea and not much academic research has been done. Due to lack of training in counselling, pastors face real challenge in responding to the clients' issues. The ministers have a strong prayer emphasis as they serve. There is however, need to explore if they have integrated counselling skills. These include pastoral solidarity and spirituality, proper use of Scriptures as well as the use of clients' narratives. This research proposes that the absence of this would make a great difference in the minister's ability to achieve effectiveness in their care.

Admittedly, like many Africans, Kenyans are great story-tellers but regrettably, the use of such tools has not been utilized to bring healing to the sufferers and their care-givers. Yet, counsellors heal through a process of genuine dialogue with clients (Corey 2001:5). Lack of such collaborative action leaves persons in a crisis in between despair and hope where many find difficulties in progressing on into the open-ended future with hope and faith. Clients' circumstances and sorrow may sometimes not be removed and that their condition may remain unchanged, but if Christ the Lord of lives is brought into individual's grief and gloom, hope is created. To see God and understand that His love never changes; to know that even His dare dealings with His people is of their deepest spiritual gain, is to be able to say in the midst of bereavement, sorrow, pain, and loss, "The Lord gave and the Lord has taken away; blessed be the name of the Lord"(Job 1:21). In light of the fact that the church is a healing agent on planet earth, integrated counselling should be an integral part of church ministries. Similarly, to have a balanced use of the Scriptures in the healing process is a liberating move. This work demands a particular caliber of pastors – ones that demonstrate capacity to be in solidarity with the sufferers and at the same time ones with proper interpretation/use of Scriptures.

The term "solidarity" has its roots in Latin (*solidare*) meaning "to join together firmly" or to make solid or to make firm (Stjerno 2005:53). For the purposes of this research, solidarity indicates common feelings and sympathies toward something, which may induce common action. Solidarity has been defined as a type of relation of interaction characterized by the mutual participation of two people in one another's biography. This can be elaborated as the readiness to feel one's way into the suffering of others, and to subordinate one's own needs to others (Hoezle 2004:47). Besides, Christian solidarity is derived from the biblical command

to love one's neighbor (Hoezle 2004:55). In therapeutic terms, the one characteristic of an effective counsellor is the quality of presence. This is solidarity with the counselee.

This is also emphasized by Kottler (2010:14) when he says that; “for better or for worse, no matter how the client behaves the therapist feels an obligation to be available, understanding and compassionate”. After all ” If practitioners possess wide knowledge, both theoretical and practical, yet lack human qualities of compassion, caring, good faith, honesty, realness and sensitivity, they are merely technicians” (Corey 2001:5).The literature reviewed and in particular Chapter Two of this study highlights and recommends such qualities as vital for all pastoral/Christian counsellors.

Besides, the researcher envisioned that pastors would be more effective if they were to combine their spiritual nurture with modern findings from scientific research on human dynamics. Such combinations would afford the pastors to use more collaborative approaches whereby the person consulting a counsellor plays a significant role in mapping the direction of the journey. The traditional view of a pastor is one who is well-placed and well-rounded. Under this kind of guise, pastors are expected to fix all manner of problems. The researcher proposed that most times pastors approach their clients as victims who are devoid of inner resources to help themselves. Additionally, they may not take time to listen to the stories of their counselees because they are already prescriptive in their treatment. The church communities in Kenya and pastors are often quick to provide the authoritative answers to the sufferers. Although the words provided by the pastors are from the Bible and are authoritative enough, not understanding the clients would lead to misapplication of the Word of God or the inability of the counselee to embrace the Word at an empathic level.

An example would serve to illustrate the point. Karega (not his real name) had just been diagnosed with an advanced throat cancer that had already affected other internal organs. In particular, his upper gut system was already badly affected and completely blocked. He died one month after an operation that revealed how bad his cancer was. As a Christian, he understood the prognosis given by the doctors and began to embrace death as inevitable. His stories in those last days were about his readiness to go, his desires for his children after he has left and appreciation of the people who had supported him in his lifetime. Stunned by the news, church ministers and congregants flowed into his house to see him. More importantly, they came to pray for his healing. What was evident was a clear disconnect between the dying and the ministering persons. Listening to the man would have been more refreshing to Karega because pastors would have been able to identify his attitudes, his desires, his fears and his aspirations (Corey & Corey 2003:42). They would have been able to walk with him through ‘the valley of the shadow of death’ (Ps 23:4) in a more meaningful way. Instead, it seemed those who brought support projected their own anxiety about releasing one of their own that was being snatched by death. On the other hand, Karega tended to be proactive in his dying, putting structures in place and releasing important information to aid significant people in his life. Therefore, the ministry accorded to him tended to be quite irrelevant.

Upon his death, the pastors got into a frenzy of organizing the funeral and the status they wanted to accord the man in his death. Meanwhile, the wife would repeat the story of the death of the man to whoever would care to listen. She recounted the story over and over in the days that followed. The ministers would have helped Karega’s wife to integrate the meaning of her experience to allow her to experience closure. Even worse, the children who had screamed heavily when the father had called them and explained to them about his imminent death, were not engaged at all. The primary school going children’s stories about

how they experienced their father's death were totally lacking. Therefore, an opportunity to gain understanding of their need was missed. Years later, the oldest son, who was 10 years old when his father died, was having problems at school which were traced to having not gotten over the father's death. Allowing the concerned to tell their stories would have enabled them to process their experience deeply. The displayed lack of perception of the ministers, and their lack of skills in managing the delicate issues of their members was the interest of this study.

Part of skilled helping as stipulated by Egan (2002:181-185) is listening to the clients' stories with one's emotions and intellect to be able to understand deeply the frame of reference of the client. The skills require that the helper direct the exploration of the story in a way that enables the client to gain new adaptive perspectives of their problem situations. Today, modern counselling recognizes the significance of professional and spiritual contents in counselling. Nichols (2011:220) has stated that, today, therapists are finding it a crucial aspect of therapy to explore the spirituality of individuals, recognizing that it helps them connect with life meaning and answer questions about God. We in the Church strongly affirm the biblical position that a human being only finds rest when they find it in Christ (Mt 11:28). It is of interest to align what is being revealed through scientific exploration of human behavior with the infallible Word of God in providing help to God's people. The study was therefore geared towards constructing models of therapy usable by Kenyan pastors that take into account basic researched understanding of human beings. The study recognizes readily available tools that the Church has, such as biblical founded-therapy that can be used in pastoral counselling settings in Kenya (Miller 2003:199-200). The research proposes that counselling skills and education can be a means of making pastors have greater capacity to execute the helping process more effectively. The everyday tools of a pastor, the Bible and

prayer, can be strengthened in ways that make them more effective for their counselling and caring work.

1.2 The Researcher's Motive and Interest

Becoming a helper and identifying with the hurting has always been of great interest to me. Since childhood, my peers looked up to me to nurse and give first aid wherever and whenever need arose. I grew up with a dream that lay down in my heart to be a nurse and care for the afflicted and the needy. To my surprise, no door opened up for me to train as a nurse. Initially, I trained as a teacher and worked with the Kenya Government for several years. Admittedly, preaching and counselling duties were always assigned to me. As a trained first aider, I helped the injured, the afflicted and visited the sick in different hospitals in Kenya. Helping with the paraplegic patients, HIV and AIDS infected and affected individuals among others brought a sense of fulfillment. Additionally, counselling with the prisoners, church members and people from all walks of life has been rewarding and has always been a real learning process.

Subsequent years of training and ministry as a theologian, Christian educator, clinical counsellor; and the work of a lecturer, pastor and counselling supervisor/consultant, have made me realize how valuable the healing/caring ministry is to the church and to the community at large. The meaning of *pastor* in the old French is *pastur* literally meaning “to act as a shepherd” (Harper 2005:6). Different authors see the functions of a pastor as proclamation, teaching, healing, administration, supporting, sustaining, reconciliation and bringing solidarity to individuals and groups (Elmer 2002:686; Byne 2006:2; Louw 2004:7). Listening to the stories of sufferers has been fascinating and at the same time extremely overwhelming. It is clear that the sufferers do not care about what the ministers may have in terms of education or even possession until they portrayed a caring attitude toward the

sufferers. As a people helper, I concur with Dau (2005:2) that being a participant in suffering is being in a living solidarity with the sufferers as well as a belief in a God of love who gave his Son for me. Christian counsellors would follow the example of Christ who is our “wounded healer” (Nouwen 1997:156) and strongly so, He identifies with our infirmities (Heb 4:14-16).

The reality of identifying with and being in solidarity with the afflicted in my experience was personally heightened from the time I thought of writing this dissertation. First, at the dawn of 2008, Kenya experienced the darkest moment in her history due to political-election disputes leading to diverse problems: ethnic conflicts, murder, rape, violence robberies, arson, and evictions (Graham Feb13, 2008). During the initial skirmishes, I lost three family members while other relatives lost all their properties. There was no time to grieve the departed or properties as there was too much that was going on. My first response to those that were in danger coupled with prayers was to rescue the living four young adults, one boy and three girls, who were in a slum that was heavily attacked with all manner of the ordeals already highlighted. Two armed policemen escorted me as I limped on crutches following a car accident. Through the fires and in the midst of gunshots and looting, the Lord protected us. For several weeks, the four youngsters lived with me in my tiny home as members of Pan Africa Christian University community which helped me to feed them until calm returned. My counselling students and I responded to the Internally Displaced Persons (IDPs) meeting psychological, emotional, economical and spiritual needs to the Kenyans who had become refugees in their homeland. We listened to the stories of the wounded: orphaned children, widows, widowers and people of all ages. We identified, empathized, wept with them and gave out some of the clothes that we wore in addition to what we had already given. It was

gratifying that many sufferers appreciated the fact that we had a moment to listen to their painful stories.

From the researcher's pastoral and counselling experiences, the pain and needs highlighted above and in subsequent sections in her family of origin are ongoing in Kenya. Some of the issues presented by people here are similarly disturbing while others are of different magnitude and really painful. For instance, the effects of skirmishes are expressed by many people. Women who were 'sexually molested or lost their husbands live in misery' (Wanzala 2011:6). Furthermore, many of the post election violence victims have never been resettled (Menya 2011:8; Macharia 2011:33; Karanja & Kibicho 2011:38; Omondi 2011:2). In their reports, Koech (2011:30) and Ngirachu (2011:10) showed the dilemma of resettling the IDP families. Some of them were rejected by hostile crowds who happened to be the occupants of the areas they were to be resettled by Kenyan government. This was echoed with tears "For how long are we going to be political slaves in this country?" cried Rose Charo an IDP (Koech 2011:30). Pastors continually understand the need to support such people and other families when their members have experienced trauma through car-jackings, various accidents, mysterious deaths, suicides and murders. An example of such an ordeal was documented when a groom was shot dead and the bride wounded in the eve of their wedding in their car (Wainaina & Wabala 2010:1, 6). Pastors also identify with the hurting through the process culminating with conducting of the burials of the deceased (Researcher's pastoral experience). Crises counselling and care for traumatized, affected and infected persons is an ongoing ministry for a Kenyan pastor.

The period that followed after political skirmishes was marked by intense pain following more deaths of my family members. My most brilliant brother Phillip died suddenly and the entire family got into denial, shock and in a frozen state. Two weeks after his burial, my adult

niece, a fine Christian, single, admirable, diligent and brilliant woman committed suicide. We wondered about what more we could have done for her? Can a Christian commit suicide? What of eternal life for those who commit suicide? Who would bury one who did away with their life? Although I have successfully counseled many suicidal patients, it was devastating to note that suicide took place in my father's backyard. Questions on guilt, forgiveness, accompanied with bitterness, blame, anger, shame and stigma surrounded our lives. Does the Church have the capacity to identify and intervene in suicidal cases in Kenya? Davison *et al.*, (2008:310) disclose that most suicidal cases are related to depression and bipolar disorders. They agree with the feelings that were quite evident in our family when they state that;

Suicide is tragic not only because a person dies unnecessarily, but also because no other kind of death leaves loved ones, friends, and relatives with such enduring negative feelings that can include distress and emotional pain, shock and disbelief, guilt, shame, anger, puzzlement and abandonment.

(Davison *et al.*, 2008:311)

There was no time to breathe or even internalize our feelings as a family. In a space of two weeks after the fifth burial, another niece, a single mother of six children collapsed and died instantly. We had no energy to face another death. Financially and otherwise we were strained. We had to take "baby steps" to do the needful. It could only be God's grace working in us and for us to continue with life. How could the orphans hope again and live normally? Who would nurture and educate them? How could their grandmother aged 75 become a mother all over again? It was not long thereafter when two of my brothers were diagnosed with severe conditions. Philip suffered a stroke while Stephen was discovered with multiple sclerosis, a "degenerating" or wasting away condition in a slow manner. Isaac on the other hand was declared to have tongue cancer. Obviously, the family continued to be numbed by this miserable news. Sadly, the three brothers passed on as the research was still in progress. The inner and the outer healing of my family, is a journey and a real process. Yet, it was a lesson on the importance of pastoral solidarity.

The experiences I have gone through as a single ordained woman pastor have also played a part in motivating this study. I am a lecturer in theology (which in my context is a discipline dominated by males), a therapist, and one who has been wounded. I investigated the power of pastoral spirituality of solidarity, identification, active listening and the power therein in responding correctly to the narratives of the sufferers. Having received such help from God and from some selected loving individuals in the ministry, I can only imagine what a task-force of Shalom the community of believers can be to the sufferers.

1. 3 Pastoral Tools in Counselling

This work proposes that the use of stories in dialogues with clients can provide incredibly resourceful tools for pastoral soul care. The term ‘story’ conveys a structured account, with a beginning, a middle and an end, which communicates drama, emotion and something about the teller and the character within (Dinkins 2000:69; Bidwell & Marshall 2011:23). Dinkins (2005:14) adds that, not only do people create stories but they in turn form the people, giving direction to their lives. In fact he states that “we live in story as fish live in the sea.” According to VanKatwyk (2003:3) attending to the personal and family stories of clients is to honor them and to enter into their most sacred place.

The stories can be direct biblical narratives or those used within communities to convey certain meanings. A therapist can also be creative in developing their own stories that can speak into the client’s situations. Both the prophets and our Lord Jesus Christ created and used narratives in counselling and teaching. Such Biblical narratives were used to create insight to the hearers. For instance, the narrative by Prophet Nathan confronting David in II Samuel 12:1–25 is exemplary. Nathan confronted David for his adultery and murder in a very respective way. Nathan created a dialogue in form of a story, rather than putting David immediately on the defense. His story engaged David’s good and moral judgement. Nathan

then said, “You are the man”, penetrating the walls of his conscience, self deceit, and hiding. This frank and timely confrontation met with no defensiveness and no excuses. Psalms 32 and 51 portray the inward dynamic of David’s repentant response to Nathan’s creative, skillful, interactive, appropriate, confrontational but respectful story. Other examples of narratives used to bring insight in different settings in the Bible include: David and Bathsheba (2 Sm 11:1-4) , the prodigal son (Lk 15:11-32) , the unforgiving servant (Mt 18:21-25), the unfaithful servants (Mt 24:45-51; Lk 12:32-48), the good Samaritan (Lk 10:25-37), lost coin (Lk 15:8-10) to mention but a few. The use of narratives to communicate to the people concerned illustrate that such stories can be used in other human settings. The researcher proposes two ways to go about this. First, the pastoral counsellor can creatively come up with stories that are culturally relevant to the client that can speak into the problem of the client. This may include real occurrences that the counsellor is aware of but it could also be fiction. This is the pattern we see with Jesus. From the examples above, Jesus often picked a narration when He sought to communicate an important truth and needed to keep the hearers from getting defensive and blocking themselves from hearing Him. According to De Beer and Muller (2009:1) a counsellor can use fictional texts in counselling. They say that “the texts are available to clients and allow them to look at their problems and circumstances in the safe context of the fictions.”

The second tools are biblical stories. Habenicht (2000:16) notes that the Bible provides many stories and instructional materials, which illuminate God’s way of dealing with human beings. For clients who take the word of God as prescriptive, the use of Bible narratives to illustrate and project the normative way of thinking and believing can be foundational in bringing transformation. Ellens and Rollins (2004:29) advocate the use of Bible stories when they say that it would give insight into the psychic life of the client. They also state that:

The Bible provides important resources for pastoral counselling offering guidance for living, characters that can serve as models for action, and images and symbols that can help clients to express their own inner lives.

Ellens and Rollins (2004:29)

No doubt Bibliotherapy is a prime example of the power that stories have to help people understand their lives, to find solutions to problems, or to cope with abuse or death of a loved one (Ricksecker 2009:23). There is a possibility of helping clients when one is able to link their problems to a relevant biblical narrative that give direction to their own circumstances and indicate God's mind, grace and compassion to others in similar situation. Guyette (2003:18-27) underscores this when he points out that clients are able to see in the Bible stories characters struggling with their own problems just like them. He proposes that the task of the therapist is to look for points of intersection between the self story and that of the Bible narrative (Guyette 2003:18-27). In this regard, Ellens and Rollins (2004:30) remarks are useful. They state that "the Bible can be seen as a mirror into which a person projects his own concepts of himself, and which reflects back with accuracy. James 1:22-24 says that the word of God is indeed a mirror. Ultimately, these authors support the use of the Bible as a tool in therapy. De Beer and Muller (2009:3) use the story of Mary Magdalene to illustrate how biblical stories can be a pattern of stories re-authored in what they refer to as transformative story. They start with Mary as hopeless desolate woman who encountered Jesus and ends as the integrated hopeful person that delivers the message of resurrection to the disciples in Jn 20: 11-18. However, Guyette (2003:19) warns of indiscriminate, inaccurate use of scriptures. He says that the greatest danger is for pastors to use the scriptures irrelevantly in their counselling work. It is important to realize that people who are suffering have an internal dialogue that seeks to understand their pain and is often not rational. A well meant scripture can indeed throw them into greater turmoil if it is not well timed. The work seeks to explore

such a structure from a belief that it could ultimately bring out great fruitfulness in a pastor's framework of counselling.

Literature also underscores the importance of stories about the dying and their family members. For example, Kleinman (1988:49)¹ in his work *The Illness Narratives*, states that “patients order their experiences of illness – what it means to them and to significant others as personal narratives”. The story that the dying tells may be the “dying person's most gracious legacy”, that significant others retell, to give coherence to distinctive events and long-term course of suffering (Anderson & Edward 2001:100-106). Thus, stories provide a basis upon which pastors can build an understanding of the unique experiences of not only people who are dying, but their family and friends as well. During the end-of life phase, people need information to help them make informed decisions about their care, their property and personal will (Anderson & Foley 2001:98). In his book *The Wounded Storyteller*, Frank (1995:234)² describes people who are ill as wounded story-tellers. That is, people who tell their stories” through a wounded body.” Illness, he maintained, requires people to learn to think differently about their lives. Stories provide the conduit for people who are living with an illness to learn “by hearing being themselves tell their stories, absorbing others’ reactions, and experiencing their stories shared”. Thus, stories enable people who are ill ”to reaffirm what they mean to each other and who they are with respect to each other”(Frank 2000:354-65).

Unfortunately, we live in a society that puts pressure on patients to go on with life. We are not comfortable with an illness story which makes us face our own mortality and the possibility of becoming seriously ill and finally die. Weingarten (2000:400) alludes to this

¹ This is a classic write-up and therefore deemed significant.

² The material chosen here contains personal testimony on suffering providing a phenomenological content.

notion: “Hearing the distress of others may cause one’s psychological distress. This is so much the case that it is natural impulse for listeners to withdraw from the conversation or to down play the sufferers’ pain. Kenyan pastoral carers would do well to help the dying and their families both emotionally and spiritually by suggesting stories of people who have left legacies of their journey through the end of life. The prayer “not my will but your will be done” is less prayed in the emphasis of healing prayer, sustenance on planet earth and ignoring the eternal healing and especially so for those who die in Christ.

Notably, stories are central to an understanding of narrative ways of working with the sufferers. The duty of a pastoral counsellor is to help the sufferers reframe their lives in light of God’s story for the sake of greater freedom (Anderson & Foley 2001:17). The Kenyan pastors would be able to capture the plot of their client’s lives and gain much insight into their issues, facilitating formation of solidarity with them. Further, in accessing their emotional states and attitudes, they would be enabled to have the sensitivity of how to navigate them delicately out of their woods. In capturing the significance of stories from a biblical point of view, Steffen says:

Stories, we tend to think, are for children. Is it not strange then, that world views are largely constructed out of, and communicated by means of, stories of one kind or another? Is it not strange then, that when God Himself wanted to communicate his truth to men and women of all cultures, times and places, He chose to do so by means of one “Big Story” – and many little stories within that “Big story” (Steffen 2006:xv).

Asking a Kenyan to tell a story about when... would seem a natural and non-threatening way to gather information about an individual, and community in which a counsellor would want to become familiar or naturalized (Author’s own experience). Like other cultures, the Kenyans “tell time and history through stories (Cox & Albert 2003:123). Significant events are significant in story-telling and “telling stories is the way to be human” (Anderson &

Foley 2001:7). Accessing the natural story-telling characteristics of the people would be a natural “goodness of fit” for both the Kenyan pastors and their wards.

1. 4 Statement of the Problem

Kenya has experienced many problems including: famine, drought, ethnic conflicts, economic challenges, political turmoil, and diseases, among others. Its culture has increasingly becoming fragmented. In the recent past, this nation experienced the darkest moment in her history. As noted above, the post-election disputes resulted in ethnic conflicts, murder, rape, violent robberies, arson and evictions. Kenya’s Internally Displaced Persons (IDPs) became refugees in their motherland early 2008 – 2011 at the dawn of their resettlement (Agina 2011:60). The Red Cross organization put a lot of efforts to give help of varying types, especially materials to the displaced persons (Briefs 2008b:4). The government too attempted to resettle the displaced persons using different strategies (Briefs 2008c:20). Despite all these efforts, many of the displaced individuals remain destitute after their livelihood was reduced to ashes through arson. Additionally, the support given was not sufficient to reach all the affected and is riddled by claims of corruption in its application (Mukinda & Lauler 2008:2). To date therefore, there is an urgent need for capable persons to walk by these individuals and families to assist them to grow and find their footing in life again. These individuals do not even have the capacity to seek professional counselling. However, many of them are members of different churches.

Frequently, there is a streak of desperation and hopelessness reported in the Kenyan media. For instance: In a moment of psychological distress individuals have killed all the members of their family and then either run away or commit suicide (Nation Correspondent 2011:8 Mosota 2010:1; Nation Correspondent 2010:48; Nation Correspondent 2010:9). Mosota (2010:4) reported of a man that slit the throat of his wife and three children in a grisly murder

while in a rage. A newly wedded couple had a row in which the man killed his wife and then hanged himself (Mukinda 2008:9). Majtenyi (2010) reported in the *Voice of America* claimed that domestic violence is on the increase in Kenya. In that report, the *Gender Violence Recovery Centre in Nairobi Women's Hospital* stated that domestic violence cases handled had risen from 299 in 2006 to over 400 women by 2008. There are other media references that have not been cited that give stories of the said violence. The increased rate of brutality and suicide is due to poverty, alcoholism, gender roles socialization, socio-cultural factors, socio-economic challenges, retrenchment crisis and losses; serious illness diagnoses among others (Majtenyi 2010). There is a cry for intervention to help reduce this waste of human life.

The author in her interaction with the Church in Kenya has also had knowledge of some occurrences of domestic violence. The violence in families portends a crisis that the pastors continue to intervene in. One wonders how it would be if the Church was equipped with able pastors who would provide tender care to these categories of people. The government hospitals provide psychiatric services for the very obviously sick. However, some of those who have committed acts that leave an entire community shocked, like murder of an entire family or deserting spouses, may have benefited from intermediary intervention. At the point their dysfunction results to such acts, it is too late to save them and their victims. The concern of this work is that there is continuous great and urgent need for effective emotional and spiritual care for the people of Kenya that need to be attended to. Often some of the people involved in the violence are from low economic cadre where accessing psychological support is very difficult because of financial limitations.

The suffering described above places a demand on the pastors to provide ministry that would bring both inward and outward healing. The populace interprets pastors as competent care-

givers to the sufferers and those around them. Ardently then, they seek help from them. Perhaps the pastors are largely chosen because of their place as “spiritual fathers” as earlier noted and the possibility that they would give free services to the sufferers (Orera 2005:2). In their extension of care, pastors enable their congregants to experience them as spiritual guardians who would provide holistic support to their ongoing struggles in daily living. The concern of this investigation is whether the pastors have the competence that they need to adequately support their members towards holistic counselling.

The research investigates possibilities for a more professional approach to pastoral counselling in Kenya. How do the clergy use the tools they have: prayers, scriptures, and the love of our Lord Jesus Christ that has been poured into their hearts (Rom 5:5)? What skills do the pastors use in their counselling work? How informed are they about human dimensions and psychology so that they are able to understand the behavior of those going through certain experiences. The study assumes that pastors are better placed to help the people because they are public servants that are associated with goodwill as servants under God. The researcher has focused the investigation on the Christian solidarity of pastors with those that are suffering. Special reference will be paid to spirituality of pastors and their solidarity with those that are suffering, their skills, education, integrity and ethics in their varying processes. It is hoped that the findings will then be useful in sensitizing the clergy on how to ensure that they handle the counselling and overall care giving ministry more effectively. This would facilitate a more effective approach to the support of the many suffering people in Kenya and allow the Church to take a more prominent place in ministering to the nation.

In traditional Kenya, cases of sexual abuse against women and children were unheard of. However, with the advent of moral decline, men and women, girls and little children have now become victims of all manner of abuse (Briefs 2010:32; Nation Correspondence 2010:

35). People also faked to be Internally Displaced People (IDPs) so that they could benefit from the free help that was being given. The Kenyan media featured those overwhelming ordeals in various articles (Gitonga 2008:7; Briefs 2008a:8; Munguti 2008:6; Mugonyi 2008:5). The persons living with Human Immunodeficiency Virus (PLWH) continued to have serious challenges accessing drugs due to corrupt channels (Onyango 2008:12). The suffering of both the affected and the infected was/is a possible source of questions about the sovereignty of God. It is possible that they could be wondering how they could find joy, peace, courage and unshakable confidence despite such pain. The existential questions raised by these people do not have easy answers, but there needs to be a care giver who can provide a ministry of comfort in the midst of their intense pain.

In addition, poverty is a burden to a majority of the Kenyans. It was noted that the population of Kenya tripled over the last few years (International Fund for Agricultural Development (IFAD) 2011). IFAD gives the cause of poverty as poor governance, HIV/AIDS but also the increasing pressure of the increased population on the natural resources. World Broadcasting Corporation (BBC) on 14th February 2008 said that some families in Kenya live on less than a dollar a day. They asserted that this poverty was a key issue in the post election violence of 2008 (Wooldridge 2008). The poverty has been noted to corrode the morality within the country because as noted by United Nations Children's Fund (UNICEF), it drives young women, especially young girls, to become commercial sex workers as explained by (Hussein 2008). The situation is made worse by the poor and corrupt way in which the resources meant to improve the welfare of the people are handled by the entrusted government officials. This situation is said to have eroded the gains made in "education, health, food, security, employment and income and widening the gap between the poor and the rich" (IFAD 2011).

Marital fidelity and stability are increasingly getting to be devalued (Nyasato 2010:16; Nation Correspondent 2010:9). Kenya is experiencing more divorces than ever before. According to Makeni (2010:9), the increasing rate of divorce could actually be higher than noted were it not for the high legal cost. There are also many children being born to single mothers today than before (Nation Correspondent 2010:35). For some of these, it is a choice, for others, they are deserted by those that they trusted would become faithful partners. An example is the story of the young lady who was brought to believe that the man she was courting was serious about the relationship with her until she got pregnant then he deserted her (Kamau 2010: 16, 26). Big churches in Nairobi have special programs for single parents.

The biblical image of marriage and family is thoroughly marred. Although the cause of this scenario is outside the scope of this work, the impact it has on the people and the need for care and nurture it raises is part of the concern of the work. In relation to the family, and in accordance to family system theories, it is not possible to affect the stability of a family without seriously impacting on the children. Nichols (2011:40-41) acknowledges that family structure plays a great role in determining the mental health of the individual members of the family. The interrelationships between members of the family and the responses by others of the members present a complex interplay that plants attitudes and emotions that could rule the responses of an individual that grew in that family during his/her entire life. It also affects the couple's well-being within that marital relationship. A disclosure of a practicing therapist (Becvar 2013:56) give the following as conditions they found to form a base for a healthy functioning family leading to mental wellness of its members:

- A legitimate source of authority established and supported over time.
- A stable system established and consistently acted upon.
- Stable and consistent shares of nurturing behavior.

- Effective and stable childrearing and marriage-maintenance practices.
- A set of goals toward which the family and each individual works.
- Sufficient flexibility and adaptability to accommodate normal developmental challenges as well as unexpected crises (Becvar & Becvar 2009:105).

It is the concern of this work that pastors can arise and nurture casualties from the various disabling situations that have been described in this country. The pastors' capacity and commitment to support the broken people of this nation, to a position of emotional and spiritual health, is the concern of this work. They could bear the anointing that is in Jesus to heal the broken hearted (Lk 4:18).

1.5 Research Goals and Objectives

At the end of the research, the researcher wanted to investigate the caring behavior of pastors within the Kenyan context. There was also a goal to establish whether the pastoral spirituality of solidarity may empower pastors in pastoral care and counselling in the Kenyan context. This study also sought to investigate how pastoral counselling effectiveness is affected by pastoral education, ethics and skills within the Kenyan context. Additionally, it was further anticipated that this investigation would indicate possible ways for mutual growth and rapport among pastoral workers and the sufferers. This included an investigation as to whether, by focusing on the stories of people's experiences, pastors could find an effective and non-judgmental counselling approach that focuses on collaborative action. Another intention of this research was to explore biblical narratives and other narratives as valuable therapeutic tools in the Kenyan context. Finally, the work purposed to find out how Kenyan pastoral counsellors/care givers could rise above ethnicity and political difference in their care-giving.

1.6 Research Questions

The following research questions were formulated for the study:

The following research questions were formulated for the study:

- 1.6.1 Is the caring behavior of pastors in Kenya informed by healing practices for them and for those receiving help?
- 1.6.2 Would a pastoral spirituality of solidarity empower the pastors to provide better services to the sufferers in the Kenyan context?
- 1.6.3 How is counselling within the Kenyan context, affected by pastoral education, skills and ethics?
- 1.6.4 Can narratives in therapy, a biblical approach to counselling that was used by the prophets and by Jesus even with the “ordinary people”, be an effective technique among Kenyans since they are open to biblical stories?
- 1.6.5 Can the shared stories between the sufferers and their pastors’ result in mutual growth and rapport between them?
- 1.6.6 How can pastoral counsellors rise above ethnicity and political differences in their care-giving?

1.7 Research Hypotheses

The following four main and two subordinate hypotheses guided the research. The study assumed that:

- 1.7.1 Pastoral caring behavior has some self defeating patterns to the caring process that do not support healing for their congregants.
- 1.7.2 Pastoral spirituality of solidarity would empower the pastors to provide better services to the sufferers in the Kenyan context.

1.7.3 Counselling within the Kenyan context is hampered by limitations in pastoral education, skills and ethics.

1.7.4.1 Shared stories between the sufferers and their pastors would result in mutual growth for both and rapport between them. That the pastors would be more effective if they facilitated the sharing of personal stories for more successful non-judgmental and collaborative therapy.

1.7.4.2 Narratives in therapy, a biblical approach to counselling that the prophets and Jesus used even with “ordinary people”, would be an effective technique among Kenyans as they are open to biblical stories and since they also teach and learn through stories.

1.7.5 Kenyan pastoral counsellors can rise above ethnicity and political difference in their care-giving.

1.8 Conceptual Framework

The research was built around pastoral caring and therapy provision within the context of pastoral solidarity with their clients. Being a qualitative study, there were no statistical comparisons of variables. Rather, the themes were used to identify the effect of various characteristics on the major aspect of investigation – Christian solidarity in pastoral caring. The major variable in the research is care. Care in this work refers to the support the members received from their pastors when faced by various challenges in their everyday life. It is further evaluated through the impact it had on the recipients of the said care. Care then included all the attributes involved in giving the support including; emotional, physical, environmental, intellectual and material. The work assumed that in Kenyan context, the community looks up to pastors for every kind of care when faced with life challenged.

The work also views care as contingent to a number of pastoral characteristics, the absence or the presence of which is a major part of investigation of this work as it reveals how different

people were impacted. This include a structure of caring behavior that is supportive of healthy practices in caring, solidarity of spirituality of the pastor, pastoral education and skills, pastoral virtue, handling and impact of the stories originating in the caring relationships, use of pastors of narratives, and pastoral ethnicity. The above are the attributes that are used to unravel the quality of care that is given by the pastors in their care and therapy delivery. The dependent variable is the outcome of the caring process. The positive side of the characteristics of the pastors, described above, was assumed would result in positive outcomes. The negative ones would result in negative outcomes. The work sought to highlight conditions that resulted in the various outcomes in the caring cases of the sample of the participants used.

1.9 Definition of Terms

This section provides definition of terms as used in this work. Some of the words are used differently from their conventional use to align with both the Kenyan context and the professional counselling language.

1.9.1 Story and Narrative

The words story and narrative are used interchangeably. A story in this work is taken to represent a narration that brings out the plot of an individual's life with all the events, in their sequence across time as understood by the story-teller (Morgan 2000:5). In defining narrative in pulpit ministry, Janse Van Rensburg (2003:56) says that it is the artistic arrangements and telling of the events in such a way that the story has its ultimate effects in its sermonic context. In narrative therapy, the art lies in the skill of the counsellor in eliciting the story in a way that it brings clarity and insight of issues in session. This in turn leads to healing as they are assimilated. Just as Janse van Rensburg adds that the plot of the story adds charm and

seductive power to entice the listener to become involved, the plot in the client's story brings engagement and connection between the counselee and the counsellor.

1.9.2 Therapy and Counselling

Therapy and counselling are two other words that are used interchangeably in the study. In the context of the work, they refer to two people engaged in a dialogue, one who is suffering and another providing support with the aim of alleviating the suffering. In a hermeneutic approach, the sufferer also becomes involved in the healing process, participating by listening, telling, attending, doing, waiting, praying, discerning. The therapist provides compassionate care which requires an "inner disposition to go with others to the place where they are weak, vulnerable, lonely, and broken" (Nouwen 2001:67-70). According to Thayer (1984:288)³, the Greek word *therapia* with the verb *therapeuo*, which is translated as to heal, cure or restore to health, also refers to service rendered by one to another. Patterson and Welfel (2000:19-21) define counselling as an interactive process characterized by unique relationship between the counsellor and client leading to satisfying life adjustments through change of behavior, beliefs, emotional distress and making important life decisions.

1.9.3 Solidarity

The term solidarity means "to join together firmly" (Stjerno 2005:53; Kelly 1998:46). This reflects the skill of therapy seen in the term empathy – understanding another's experience as if it were your own, without losing the 'as if' quality (Patterson & Welfel 2000:46). In pastoral counselling, the word empathy is also used interchangeably with the word compassion. In taking all these concepts into account, the term solidarity would therefore

³ This old reference is deemed appropriate because we are dealing with the root meaning of the word therapy from traditional Greek.

reflect an emotional connection with the client and a deep understanding of the dynamic interplay within and without the client's life.

1.9.4 Spirituality

Frame (2003:3) identifies the components of spirituality to include one's values, beliefs, mission, awareness, subjectivity, experience, sense of purpose and direction, a kind of striving towards something greater than oneself. On the other hand, Frame, quoting the Association for Spiritual, Ethical and Religious Values in Counselling, notes spiritual tendency to be love, meaning, hope, transcendence, connectedness, and compassion. According to this approach spirituality includes creativity, growth, and the development of a value system (Frame 2003:3). In this study, spirituality was taken to include all the above constructs as expressed in the biblical perspectives. It entails a transformation in the life of the individual to conform to the biblical calling and service.

1.9.5 Ethics

According to Welfel (2010:3-4), counselling ethics pertains to having 'correct combination of attributes, skills, and character to alleviate human distress as promised.' In professional counselling, ethical practice is undergirded by the principle of seeking the client's interest and effort to protect the client from harm. Corey (2001:44-49) describes this to involve: empowering the client to give informed consent, maintaining confidentiality, and putting the client's needs above that of the counsellor. Ethics then has to do with decisions and behavior that spells out what is good, right, obligatory and/or virtuous. In this study, ethical pastoral counselling was considered as that which displays moral integrity, trust and compassion. This would encompass the good and the obligatory as mentioned by Sanders, and the professional guidelines as indicated by Corey. The study assumed that spiritual fathers are led by the Spirit of God and therefore, they produce the fruit of the Spirit of God, against which there is no

law (Gal 5:22-25). Kraft (1991:20-25) indicates the importance of Christians to be committed and to abide by the ethical standards approved by God.

1.9.6 Sufferer

The word “sufferers” in this work is also used interchangeably with clients and counselees. Dau (2005:9) defines suffering as the disruption of inner human harmony caused by physical, mental and emotional forces experienced as isolating and threatening our very existence. The sufferers in this study are clients or pastoral wards and their care-givers who experience pain or struggle with any aspect of life that unsettles them.

1.9.7 Collaboration

Collaboration is another word used in this work defined by *Webster’s Collegiate Dictionary* (Webster 2004:243) as the “act of working together, to produce a piece of work.” In this research, the construct is taken to imply a close cooperation between the counsellor and the counselee which is void of prescriptive help. It gives the image of shared healing journey between the two. Both are involved in the process of working towards a better resolution to the challenge in the client. Regarding the collaboration between the care giver /counsellor and the client, Kottler (2010:71) points out; “We are partners in a journey.” The client is not simply a recipient but an active processor, actor and assimilator of the healing work.

The definitions given serve the purposes of this study but not without limitations and shortcomings as it is always the case with definitions. This dissertation is no exception as far as limitations are concerned but it is an endeavor to investigate counselling methods in a particular context – “Kenyan context” – and with a particular method.

1.10 Qualitative Methodology and Rationale

Interpretive/qualitative method was employed for this research. Qualitative research was chosen because the methodology assumes that valid understanding can be gained through accumulated knowledge acquired first-hand by the researcher(s). The method was perceived as a means of extracting meaning in those that had experienced help from pastors and church settings. Mugenda and Mugenda (2003:201) recommend qualitative method as one that allows respondents to construct meaning out of their experiences. The researcher hoped that through this, the respondents stories will yield information that will lead to conclusive data about pastoral performance in counselling in the Kenyan context. The qualitative methodology is described in detail in Chapter Three.

1.11 Sampling Procedures

In the selection of the subjects, three purposeful strategies in sampling were combined. Namely: (a) Purposive sampling, (b) network or snowball sampling and (c) quota sampling (Breakwell *et al.*, 2000:99; Winston 2003:94). The strategies were particularly useful, first, because data was only collected to the saturation point (purposive). Second, in accordance to snowballing, useful people who had reliable data were used to access it and third there was a limited predetermination of the number of participants that would be engaged in the in-depth collection of the relevant information. Known individuals (small sample) of target population introduced members from the population who had the required characteristics to the researcher. In theoretical sampling, groups of people who were most likely to provide the theoretical insight were drawn: For example: in a study of unwanted pregnancies the respondents would be approached from local clinics. In this respect, our subjects were drawn from counselling centres where individual therapy was done and from the centres where the respondents or the relatives of sufferers went for any other kind of support. Ethical issues

were observed and no information was released without the consent of the clients. Clients' identity was concealed and their centre of treatment undisclosed to maintain confidentiality.

The target population of this research was all church going people who had sought help from their pastors with varying difficulties. The selected clients were drawn from various churches in Kenya, notably, mainline churches like Church of the Province of Kenya (CPK) and Presbyterian Church of East Africa (PCEA), Pentecostal churches and African Independent churches. Ten representative respondents involved in church care were picked to answer the research questions raised in the research study. A group of university students were engaged to discuss pastoral counselling from their perspective and five pastors were selected for two sessions of a focused group discussion. To fill in the picture, three pastors were interviewed and materials from the print media were sampled to extract the public evaluation of pastors. The case histories used have been summarized in Chapter Four and analyzed in Chapter Five.

1.12 Scheduling

This study will be divided into five chapters. Chapter One serves as the introduction to the work. It will provide insight into the main assumptions that undergirded the research work and the hypothesis that the researcher worked with. Significantly, it gives the motivation of the study in the first three sub-section of the study. The chapter also captures the research design, the target population and the sampling strategies that were be used in this study. The chapter finally lays out the structure of the whole work in this section.

Chapter Two focuses on the literature that was consulted in the pursuit of the subject of this research. Much work in literature review will be done in this chapter to aid the researcher in the data collection, analysis and in drawing final conclusions in the subsequent chapters. Since not much work has been done in Kenya in this area of study, the literature that was

used to understand pastoral attributes and calling were mainly from a global view. The literature addresses pastoral characteristics, spiritual giftedness and various qualities that were underscored and discussed since they are evidently relevant to those that care and give therapy. Such qualities include compassion, integrity, pastoral ethics, patience, listening among others.

The researcher also used relevant theological texts to support this study. Such literature include those written on pastoral/Christian counselling, pastoral care, Christian morality, pastoral ethics, pastoral spirituality/solidarity, pastoral theology, and other references in biblical hermeneutics. The researcher used a diaconological approach and therefore made use of biblical principles as it is imbedded in some scriptural references. In the light that the biblical writings are the basis of Christian moral life and practice, such were not ignored in this study. This life is a response of God's work and salvation. It is a life that the examples and legacies of the prophets, Jesus and Paul inspire, instruct and give counsel. As per Dau (2005:8) points out; 'this life is a life of faith in the midst of the reality of suffering and evil'. This study also included biblical narratives applicable in bringing healing in the Church community. The researcher collected the highlighted materials from various Kenyan theological Colleges and Universities, Acts Seminaries of Trinity Western University (Canada) and mostly from the University of the Free State, Bloemfontein, South Africa.

In addition to theological and counselling literature, meta-theological writings also contributed to this research. These books included those on Psychology, Cultural Anthropology, Religious, Sociology, Anthropology, Philosophy and Ethics. Reading such literature helped the researcher in understanding the communication skills of the clients, behavior patterns, attitudes, beliefs, values as well as the aspects of human relations. The focus in researching from such literature in particular viewed the clients in relation to

pastoral/Christian caring and counselling. Additional and valuable information that contributed to this study was gathered by the researcher from various theological, religious, psychological and counselling journals. Such materials were particularly chosen in light that the content was relevant to the topic of study. In addition, dissertations and symposium papers were consulted where they were deemed relevant to this research. Selected newspapers were particularly useful in getting contemporary issues that highlight the Kenyan scenario. The literature was handled under the following major sub-headings that was included in introduction, pastoral duties and caring ministry, pastoral compassion and solidarity, pastoral spirituality and maturity, pastoral ethics, and finally pastoral counselling model. These sub-headings were constructed according to the hypotheses that guided this research. Some of these sub-headings were further discussed under more sub-headings for greater details.

Chapter Three is a discussion of the methodology used for the qualitative part of the research. It seeks to bring out the clarity of the way data were collected, analyzed, and finally how conclusions were drawn from the data. The chapter also engages in the justification of the choice of the methodology used for this study. This entails the unique reasons for the choice and the measures taken to ensure the integrity of the results. The author also puts in this chapter details of the efforts put in place to ensure that the research adheres to ethical practices in researching as outlined by the Internal Review Board that checks on ethicality of researchers dealing with human beings in America (Leedy & Ormrod 2010:101-105).

Chapter Four presents the data collected for this study. The approach used was largely open interviews that were geared towards unearthing information that could be used to test the hypotheses and answer the questions raised at the beginning of the study. The approach allowed the respondents to participate in depth as they shared their stories in a non-

judgmental environment. All the cases were analyzed and evaluated according to the pastoral attributes that were under investigation. In line with the qualitative approach, the chapter contains captured thoughts of the researcher's own conceptualization on the emerging themes. It also contains the summary of emerging pastoral care traits that the researcher deciphers from the data. Three sources of informants were used. First were the various people who have had an encounter with the pastors as recipients of care or observers of the usefulness of their care qualities. Their subjective experience of these pastors care-giver is seen as indicators of how pastors are experienced. Second the media was used as a gauge of the public opinion of the pastoral input into the national healing process. Third, some selected pastors were identified and either involved in an interview or in a focused group discussion. The evidence adduced from these three sources combine to give the researcher the information used to conclude this work.

Chapter Five is the last chapter in this research. The chapter engages in a discussion seeking to rationalize the researcher's conceptualization of pastoral Christian solidarity as expressed in their caring practices in Kenya. The discussion is patterned in sub-topics that seek to answer the research's questions posed at the beginning of the work. The discussion forms the basis of the conclusion of the study. The work also proposed a structure for a Christian counselling methodology for Kenyan context as a result of the data analysis done in this study. It covered a systematic approach to client work among pastors and a proposal of the tools and skills the pastors may use in this work. An integration of healing from biblical perspectives with that from modern science in a measure was included. The starting of help for all who seek pastoral care was always viewed as the completed work of Christ as our "Wounded Healer". Our healing model begins with the cross of Christ. Biblical narratives are also appraised as significant tools for pastoral model of counselling. The case of Prophet

Nathan and David is underscored among others. Third, the integrated work on narratives is recommended. These are biblical stories, the sufferers' stories and the pastoral skills in using them to bring therapy to the Kenyan sufferers. The work concludes with a recommendation from the data for further studies. The recommendations are a reflection of what needs to be explored but could not as a result of the limitations in this study.

CHAPTER TWO

PASTORAL MINISTRY EXPLORED

2.1 Introduction

This chapter discusses Kenyan pastoral counselling in the light of their biblical mandate, call to the ministry, skills and characteristics in their caring work. The focus is his/her pastoral duties, solidarity with clients, spirituality, skills, ethics and how all these translate into the ability to give therapy. Pastoral caring ministry differs from that of a secular counsellor in that it originates in and is shaped by the revelation of God in Jesus Christ (Peterson 2000:5). According to Rodgers (2010:13), the theology of pastoral care is in the person and work of Christ. Stott (2002:116) correctly asserts that fundamental to all christian leadership and ministry is a humble, personal relationship to the Lord Jesus Christ. Without union with Christ, “all things are cast back upon us, and every issue depends on the pastor’s ability to work his or her skills successfully” (Purves 2004:6). Apart from the pastor’s experience of God’s call to Christian service, biblical character qualifications are inevitable. Mike (2009:136-137) notes that a theological understanding is reflected through experiencing theological transformation on a personal level. These experiential understandings serve as a foundation for both interpersonal and intrapersonal ministry foci. Thus, the teaching of a minister according to Carson and Moo (2005:169) must radiate from Jesus Christ.

The Bible outlines different capacities to serve God according to the designation and the gifts of the Holy Spirit. For effective outreach, ministers need to surrender the Church to the working and the gifts of the Holy Spirit (Bowen 2007:161). He decries the concept of ministers’ reliance on a reasoned scientific mind rather than the gifts of the Holy Spirit (Bowen 2007:191). The Spirit of God enables a minister to serve God according to His design and purpose. Blackaby and Blackaby (2001:42) allude to the fact that it is the working

of the Holy Spirit in the life of the minister that makes his work spiritual. In agreement, Ephesians 4:11-12 indicates that the gifts or empowerments are endowed on the Church servants to support it towards maturity and stability. There is need for pastors to allow themselves to be vessels of the Holy Spirit as they endeavor to serve. Personal capacities are only useful as spiritual tools if one is fully yielded to the Holy Spirit. The research explored whether this is a normal pursuit among Kenyan pastors.

At the same time, Gehman (2005:21) emphasizes that no one should go into ministry without experiencing a definite call from God. He further indicates that ministers should know their unique calling so as not to imitate others (Gehman 2005:21-27). A common scenario in Kenya is one in which men and women of God found churches and become their overseers after a season of successful evangelism (Researchers observation). Others become pastors because they experience people's validation of their own giftedness or charisma within their church where they had been working under another pastor. They interpret the acclaim from the congregants to mean that they have a calling on their own life and often dissent to establish their own congregation out of a fraction of the church they had been helping in before.

In light of calling and giftedness, Dawn et al., (2000:242) indicate that pastors and teachers are gifts given to the church by Jesus Christ. Ephesians 4:11 gives the picture of different men and women gifted differently working together to bring about a complete ministration within the body of Christ. These are the teachers, the prophets, the apostles, the evangelists and the pastors; they are all useful in making complete the ministry of the Church (George 2005:71-74). Evidently, a pastor should have certain key characteristics that make him unique and distinguish the expression of his/her ministry. His role within the church has been described by (Busenitz 2005:79-80; Cowen 2005:57; Scheidler 2005:139) as one of

equipping faithful people for the work of service so that each believer can partake of the responsibility of caring which logically must include counselling. This work will seek to establish whether the men and women who serve as pastors in Kenya demonstrate the Holy Spirit gifting as a signature from Him that they have been set apart for that ministry. Spiritual gifts are recognized as important in the execution of pastoral ministry because “called and gifted pastors are able to impart spiritual gifts” (Währisch-oblau 2009:81). This potential being God given is a precursor for them to be set apart.

2.2 Pastoral Counselling

2.2.1 The Shepherd Character of Pastoral Counselling

The Greek word *poimēn* translated as pastor in scriptures connotes a shepherd (Schooley 2000:1). This embraces the meaning of nourishing, nursing and giving direction to the flock of Jesus Christ. The function of pastoral care as that of shepherding the flock is an age-old view. Leeming *et al.*, (2009:403-404) argue that all the actions of the care-giver should be understood from shepherding perspective. This is a unique ministry in the field of healthcare or cure of soul. It embodies the identification of the suffering Christ with our human predicament. Here, the shepherd seeks out the sheep to care for them. Prime and Begg (2006:157-167) set out the work of the pastors to be proclaiming the word, instructing, admonishing, exhorting privately and publicly, censuring and enjoining brotherly corrections. By implication, pastoral work has attributes of care and direction giving. While agreeing that pastors are shepherds who guide and feed the flock, Cowen (2005:9, 72-79) describes the ministry of a pastor as that one of wise counsel, correction, admonishment, encouragement, and consolation. It is observed by Winston (2009:26) that to minister words of comfort, consolation, encouragement and counsel in such a way that others feel helped and healed is a God given ability.

“Shepherding in some degree is present in everything done by the pastor.... A group meeting, a sermon, or a letter may contain as much shepherding intent and effect as does a bit of personal counselling” (Leeming *et al.*, 2009:403). These authors draw our attention to the dynamic nature of pastoral calling and gifting that enrolls them as healers in their own congregations and is implied by the role of shepherding. The thrust of the ministry involve caring for the poor and the sick (Thomas 2004:55). Although counselling is an attribute of shepherding, Patrick *et al.*, (2009:12) reveal that pastors give priority to other pastoral duties over that of counselling. The ministers define themselves as pastors first and counsellors second.

2.2.2 Pastoral Counselling Challenges in Kenya

The broad roles of the Kenyan pastors present a major challenge to their effective counselling. So far, the discussion has highlighted that pastoral ministry entails guiding, teaching, caring and healing. There is need to ask how all the attributes of these duties are effectively combined in one person – “the pastor”. Benner (2003:18) observes that most pastors counsel within the range of other duties. They do so in the limited time left over by the other ministerial responsibilities. Traditionally, counselling has not explicitly been described as one of the prime pastoral ministries. Pastoral counsellors only exist in very few congregations within the Kenyan setting. The Kenyan pastoral care scenario is made complex by the congregants who go to their pastors to have their problems fixed and divine power used to demolish their strongholds (Orera 2005:2-3). The members seek for advice, solutions and direct interventions. The idea of being made to work on their problem where pastors can perceive dysfunctional styles of life may not augur as spiritual.

The inability to combine pulpit ministry with counselling in effective measures of each is a real challenge. It fails to recognize the contention of Kotzé and Kotzé (2001:7) and Kotzé

(2002:18) that dispensing pastoral therapy has a broad benefit to the church. They also state that “pastoral care is not care for but rather care with people.” Clinebell (1984:374) solution to this is a recommendation that pastors adopt effective short-term crises counselling. This method often produces long-term beneficial results which majority of the pastors would need to provide. Clinebell (1984:374) also states:

There is no inherent reason why extended counselling could not be a part of the pastor’s work if he or she were trained, had the time, and not in the process step out of his or her role as a pastor. That is extended counselling is not inherently foreign to pastorship, but in a practical sense it is rarely wise or appropriate for most pastors to engage in it.

Both short-term crisis and long-term supportive interventions are important. Pastoral psychotherapy is a form of depth counselling or long-term counselling. It is useful in helping people increase self-understanding and “produce basic intrapsychic changes or growth”- needed by church members (Clinebell 1984:373). By nature pastoral counselling is often brief and crisis centered. Chaplains and pastors do not have the luxury of committing to long-term therapy even if they have the skills and training to do long-term work. Time availability is a challenge due to several roles that the pastors fill (Wicks & Parsons 2003:12). Although VanKatwyk (2003:49) agrees with the above thought on brief pastoral counselling, he recognizes that long-term therapy has better durability of benefits than brief methods of pastoral counselling. The general agreement among the authors is that long-term therapy has greater impact but they seem to question the ability of pastors to combine that with the other responsibilities they hold.

2.2.3 Pastoral Counselling and Dual Relations

Wilson (2003:80) discourages pastoral psychotherapy but for a different reason. He states that for a minister to double up as a therapist and as a pastor is to court failure. Wilson’s contention centers on: the multiple relationships the pastor has with church members; the interrelationships of each person and his/her problem(s) within the church; and the view of

the congregants about what and how they should receive from their pastor (Wilson 2003: 80-81). The pastor deals with these dynamic relations while balancing his every action to have a ministering and caring effect on the entire congregation. Doebling (2006:18) terms this problem in pastoral care as fusion, which occurs when caregivers become too immersed in care-seeker's experiences. It is suggested that pastors provide initial intervention to their clients while long-term therapy is done by other people (Wilson 2003: 81-82).

2.2.4 Pastoral Counselling Skills and Competence

Another challenge and ministerial limitation experienced by pastoral counselling in Kenya relates to skills and competence. Having emphasized how significant the call of God is to shepherd hood, skills and competence cannot be ignored. The pastor will need to address the multitude of expectations from the parishioners with great discernment and care. Congregations generally rely on educational institutions to provide these specialized pastoral preparations (Wilkins 2005:127-131). This writer also notes that pastors need initial, vocational and continuing education. Hamm (2006:92) observes that the calling is important but professional training is needful for specialized duties such as counselling and financial management. No doubt pastoral education would encompass several disciplines to prepare a well-rounded helper. Good and effective counselling is a result of training. It is important that every minister and other church workers have effective training in interpersonal skills. Ultimately, success in ministry requires some degree of skills in every function (Polk 2007:16). Training has a role in sharpening that which is God's gifting and calling upon the life of an individual. Even natural potentials like teaching and instructing are made better by training. The Kenyan pastors who are trained go through a curriculum that gives them theological and biblical competence. This serves to give pastors the ability to situate their soul care ministry firmly in the scriptures. As well, integration of psychology and scientific

knowledge with biblical competence enables them to go beyond the explicit agenda of scripture without losing the inspired word (Johnson 2007:198-197).

In the same concept of integration, McMinn and Campbell (2007:269) assert that Christian workers need to understand enough theology to help clients filter through their theological and psychological perspectives. Christian psychology properly integrated with theology has the effect of bringing freedom, enjoyment and happiness in God (Charry 2001:132). Literature warns that pastoral caregivers must not provide care beyond their expertise. In particular, Doehring (2006:61) insists that pastors take contracts to manage crisis counselling and supportive care. The high demand for counselling in Kenya calls for inclusion of counselling skills and psychological studies in pastoral curriculum for competence. The absence of this in the current curricula stands as a great challenge to pastoral counselling. A middle way to handle this would be delegation to competent others. Currently, an increasing number of trained counsellors are members of Kenyan urban churches. Such can provide valuable help to the hurting as resource personnel needed for teamwork in the congregational counselling. According to Tippie (2003:4) some pastors' attitude that it is their obligation to counsel their congregants despite their competence and training is dangerous. In such a situation, the pastors should acknowledge their limitations and refer or delegate the cases to those that are professionally trained (Tippie 2003:4-6). The Kenyan congregations look to their pastors as the ultimate choice for caring when in crisis. Delegation would need to call on the pastors to build confidence in other endowed members of their congregations.

2.2.5 Pastoral Duties and Structure Challenges

Another challenge faced by typical Kenyan pastors relate to the level of engagement with their congregants. The pastor could be a financial rescuer, called at night when a family has a sharp disagreement, run his vehicle as an ambulance when there is an emergency, or rally

family and friends for funeral arrangements. Borrowing from the model of Jesus Christ, pastoral care includes; loving the flock, caring, counselling, praying, visiting, crisis ministry and many more (Polk 2007:16). Obviously, Kenyan pastors do crisis interventions by responding to all manner of crises in and outside the church settings. This reflects a dynamic engagement with the congregational woes that involve pastors' energy, time, resources and capacity. A case study from the researcher's experience illustrates this point well:

In 2005, a pastor and his family in the outskirt of Nairobi city were forced to look for a residential home away from the church locality. The congregation 'used them' for nearly every need they had and called upon them any time of the day. They had people in their home all the time and the pastor was called to attend to crises very frequently. Concerned and enlightened professionals advised and facilitated their movement to distance their residence from the church to safeguard their family privacy.

There is need to structure pastoral role within the ministry. The position of the pastor is viewed by Evans (2009:3) as attitudinal where he embodies his office and roles. The pastors' actions and patterns are regarded as authentic simply because he is the pastor. Prime and Begg (2006:18) view a pastor as a general person with no distinctive descriptions or specific mandate. His roles and duties are unstructured. This suggests role confusion in pastoral ministry. Pastors are drawn into any matter as congregants pursue help as evidenced in the rural churches in Kenya. Helleman (2005:3-4) spells out that the original pastoral work in Africa was borrowed from the early Western missionaries. Of significance is the streak of imperialism that accompanied the process of church establishment in Kenya. This together with the patterns of leadership and model of African chieftain poised church leaders as rulers and solvers of problems rather than servants (Jn 13:15-17). In this context, church members are socialized to hold their pastors as able to deal with every problem. They turn to them for every manner of need. In principle, the pastor can be understood through duties and various roles accorded to him. These include preacher, intercessor, mediator, shepherd counsellor, administrator, teacher, scholar, evangelist, spiritual guide, reformer, priest, and

musician/worshipper (Evans 2009:3; Benner 2003:18). Typically, pastoral care could be said to be the encompassing term for all that the pastor does. The concern of this research is the way Kenyan pastors manage boundaries, burnout and their resources to meet the needs of the families and their congregations. There is need for pastors to have self-care from burnout and disruption of their family processes. These constitute basic instructions given to beginning counsellors.

It is noteworthy that delineation of a biblical ministry for the Kenyan pastoral work is necessary to safeguard the pastors from being broken by the work or crippling their members (Mt 20: 25-28). Pastors who are enmeshed would not have the capacity to give autonomy to their client's or have independence of mind and emotion to work with their clients to resolution (Corey & Corey 2003:255-256). Those who act as bosses of their churches are distant and unreachable. They have no capacity or the willingness to be in touch with their flock because that is not the way they feel motivated to experience their role (Lk 22:24-27). This lack of empathy will be discussed later. These extremes are defeating to the goals and purposes of the church as a caring unit. A middle ground would be a pastoral relationship with appropriate distance but which can be experienced as warm, interested and accepting.

2.2.6 Importance of Equipped Team Workers

Building teamwork with capable congregants would greatly support the pastors. In Kenya, most pastors are isolated as the sole workers in the church. Wring (2005:192-193) regards the pastors' calling as a gifting that serves in the same capacity and in collaboration with the elders. Referring to Acts 20: 17, 28 and 1Peter 5:1-2, he asserts that pastoral ministry needs to be a team ministry. An effective model of pastoral care as "team work" is illustrated in the narrative of the four men who carried the paralytic to Jesus in Luke 5:18-25 (Wicks & Parsons 2003:314). Building on 1 Corinthians 12 and Ephesians 4:12, Prime and Begg (2006:58-

59) see caring as a ministry that is given to the church as a whole. They contend that locating caring in the tasks of the pastors denies the church its main “privilege and responsibility.” Limiting care to pastors only is unfair to them and an inconvenience to the church. Seamands (2005:32) sees the need for: “authentic Christian communities ... where the heart of God is home, where the humble and wise learn to shepherd those on the path behind them, where trusting strugglers lock arms with others as together they journey on.” He admonishes pastors to create a healing community. Colliver (2011:1) also advances the significance of small groups in the church as caring units. This is would be commendable to Kenyan setting when enriched with modern Christian psychotherapy.

Church community can minister one to another when individuals are equipped with competence skills. In Ephesians 4:12, the role of pastors is to equip members to maturity for the purposes of taking personal responsibility and to nurture others. The whole church grows in interpersonal, supportive and life skill abilities. The pastor identifies other resource trainers. Rinck (2000:1) provides the following guidelines for such training endeavor:

- Equip a team and draw on many members' gifts. Asking pastors to care for all the needs of a congregation limits what can be done.
- Build a solid base of trained listeners. They can provide pastoral care and refer the hurting to professionals when problems warrant.
- Educate members in daily living skills through classes in communication, anger management, and emotions in the family.
- Offer support groups or small group Bible studies led by lay people. Hurting people need support systems and friends.
- Be prepared for problems to pop up. Once people know it is safe, they start telling the truth about their pain.
- Have a list of qualified Christian professionals to whom you can refer difficult cases.
- Be patient. It takes years to develop a solid base of empathic lay ministers. But it will be worth the effort when needy people find hope and healing. (Rinck 2000:1)

Wimberly (2002: 51-55) describes "corporate or congregational" counselling as a unique care. Here, the care of an individual is a function of the total community rather than of the pastor or a specifically designated person with specialized skills. When care is placed within

the church, the pastor's role becomes that of facilitating the entire work. The pastor works within his capacity of physical energy and resources as he incorporates the diversity of the gifted and skilled within the church. In Kenya, congregational support has worked well in cases of initial intervention during bereavement. The pastor leads the entire congregation in consolation, while participating in both material support and arrangement for the funeral. In this case the entire church is a support system. However, this kind of support is only given within the first few days after death. The church assumes that the bereaved can move on without further help (Researcher's own observation). If the bereaved get stuck, they consult their pastor and the trend of him/her being engaged alone sets in. This research seeks whether it is possible to work out and implement a support mechanism that engages the capable members for other kinds of felt needs within the church.

2.2.7 Characteristics of Effective Pastoral Counselling

Pastoral care meets people in their pain, functions with deep concern and sincere sympathy. Pastoral functions identified by Louw (2008a:75) include holistic healing that is physical, psychological, relational, contextual and spiritual. Spiritual healing relates to salvation in the Christian context. Louw adds other pastoral functions including:

- Sustaining: Acquisition of hardiness to persist even in difficult situations.
 - Guiding: The empowerment of people to make wise choices.
 - Reconciling: Breaking barriers to bring re-union through forgiveness.
 - Nurturing: Facilitating growth and maturity through caring models.
 - Liberating: Bringing change from bidding behavior.
 - Empowerment: Educate congregations to deal with crises in manipulative situations.
 - Interpreting: Ability to integrate biblical narratives and people's stories.
- (Louw 2008a:75-77)

The above constructs from Louw have valid application in Kenya situations as follows:

- Sustaining: there is need to train people in the church to be resilient in the face of the many challenges facing the Kenyans.

- Guiding: There is need to empower and give people autonomy to make wise choices rather than receiving prescriptive advice from those perceived as “authority”.
- Reconciling: Authentic forgiveness is needed in Kenya to break gaps of enmity created in political arena and otherwise, between individuals, tribes and church and state. The Church is looked upon to preach the needed peace.
- Nurturing: Those in the Church that come from disabling backgrounds need to find training for change and growth into maturity through different caring models.
- Liberating: Many that seek counselling from pastors carry psychological, emotional, spiritual and behavioral bondages that they need deliverance from.
- Empowerment: This is a necessary tool to reduce hopelessness and dependency in and out of the Church.
- Interpreting: The pastor’s hermeneutical capacity to assist people link the stories of their lives with the gospel narratives is key. In Kenya, in the midst of disillusioning circumstances, people need to be helped to understand their issues in the light of their experience of God.

Those pastoral functions are therapeutic in nature, intended to foster change, to promote human spiritual health and maturity. According to Potter (2007:4) the secular therapist emphasis is valuable; but doesn’t go far enough to meet the model of soul care. He adds that biblical soul care involves deep relationship that demonstrates respect, warmth, empathy, commitment, accountability and personal responsibility. For this reason, a Christian therapist must have total unconditional commitment to his clients (Potter 2007:4). Pastoral care functions “can be used as the context for life space counselling, that is, the use of therapeutic skills within a person's own life setting” (Stone 2001:188). This implies the pastoral deliberate effort, skill to integrate care and therapeutic input in all his interactions with his people. Hence, the pastor has to be skilled in therapeutic communication, be in touch with his people and have a thorough knowledge of their everyday life’s encounter. Stone (2001:189) explains that the nature of the setting is a diffuse as opposed to the intense focus of the counselling room.

2.2.8 Types of Pastoral Care

Apart from pastoral counselling, literature shows that there are many styles of pastoral care behavior. There are two forms of pastoral counselling practiced currently: a brief, time limited form that is problem solving or solution focused and a long-term form that is often psychoanalytically oriented and focuses on personality change (Moon & Benner 2004:173). The bulk of professionals are trained to provide individuals and family counselling to work in different settings and using different approaches of psychotherapy. Kuhn and Bennet (2003:211) assert that social workers, psychologists, psychiatrists, nurses and pastoral counsellors are employed in a variety of settings from mental health agencies to Churches. Different approaches and techniques in helping are used according to their training. The approaches range from traditional long-term therapy to solution focused strategies. The clergy who have training in pastoral care and counselling provide short-term pastoral counselling (Moon & Benner 2004:173). Pastoral psychotherapy is practiced by those with formal supervised training in counselling and are certified and licensed.

Perry (2001:14) differentiates between pastoral psychotherapy, spiritual counselling, pastoral care ministries and spiritual christotherapy. He says pastoral psychotherapy tends to involve longer-term therapy and in some instances it is difficult to distinguish from psychotherapy. Spiritual counselling addresses a wide range of concerns including spiritual seekers and troubled individuals. It is based on development of the client. It is also based on conversations focusing on spiritual, psychological, moral and somatic dimensions (Perry 2001:14). The main thrust of spiritual christotherapy is healing that facilitate psychological and spiritual maturity. Its goal is ‘spiritual and psychological conversion or transformation’ that seeks to bring greater meaning in life. Perry (2001:17-18) notes that “many people have

began to pursue spiritual journey to deal with old feelings, attitudes and habits that seem to undo their progress” and has proved to be vital in dealing with life’s problems.

Spiritual direction is another approach to ministry. It includes; “spiritual guidance, spiritual friendship and spiritual companionship” (Moon & Benner 2004:172; Johnson 2007:601).

Moon and Benner (2004:72) view spiritual direction as the application of theology to the life of prayer. Johnson (2007:600) adds that spiritual direction is called cure of souls and seeks after the direction of the Holy Spirit in a given psychological and spiritual situation. Life of prayer and seeking after the Holy Spirit are significant in spiritual guidance (Moon & Benner 2004:172). Johnson (2007:601) contends that it differs from psychotherapy and pastoral counselling because it focuses on spiritual health and well-being rather than symptom reduction or problem solution. It includes instruction, prayer, prescription of rituals and other spiritual practices. A trained director is involved who guides or companions another person – the directee. The director listens to life story of the directee with sensitivity to the movement of God in his/her daily life. The relationship in “Christian spiritual direction is triadic, involving the director, the directee and the Holy Spirit.” The “relationship between director and the directee is primarily a mutual collaboration” (Moon & Benner 2004:173). These authors also explain that directions with psychological problems are referred for psychotherapy. Moon and Benner (2004:173) suggest that spiritual direction does not require special training but suggest that some scholars think specialized training in various areas of theology and psychology are helpful and essential.

Osmer (2008:33) is an advocate of care of soul through spirituality of presence which he describes as spirituality of attending to others in their particularity and otherness within the presence of God. The key term here is “attending” or relating to others with openness, attentiveness, and prayerfulness. According to Osmer (2008:33), it is required that

congregational leaders develop high skills of spirituality of presence. He however notes that the attending practiced by caregivers have the great advantage of opening up “possibility of an I-Thou relationship in which others are known and encountered in all their uniqueness and otherness, a quality of relationship that ultimately depends on the common-creating presence of the Holy Spirit.” Every caregiving experience is a witness to the love of God. Gula (2010:11) identifies three features of covenantal relationship that biblical witness should portray. The caregiver must be motivated by love, respectful of freedom, and the relationship built must be held together by trust. This is contrary to what Osmer (2008:33) he cries the care giving practices in the church when he notes that:

We are so busy that we become completely task oriented, relating to people solely in terms of the job we need to accomplish. We are occupied, listening with half of our minds. We fail to notice, like in the story of the Good Samaritan leave alone stopping to help. Yet the society of poor people stripped with poverty mental illness, drug addicted... (Osmer 2008:33).

In those words, the importance of care that encounters the people ministered to in depth has been underscored. The formation of a healing relationship has been spoken of by Cormier (2011:21-22). The difference in the call by Osmer and that of Cormier is that the Christian care giver has a spiritual spring from within that allows them to connect and guide the helpee at different levels of human experiences. The care giver works by attending to what is going on in the lives of people. Osmer (2008:34) contends that spiritual leaders cannot lead when they fail to attend in the particularity and otherness of their clients. Furthermore, he insists that leaders will fail to have positive influence if they do not struggle to overcome their own tendency to not listen, to rush to judgment and not to ignore the suffering of others in their midst. Struggling with these kinds of issues lies at the heart of spirituality. “Ultimately, the descriptive empirical task of practical theology is grounded in a spirituality of presence

(Osmer 2008:34) This study explored to what extent the Kenyan pastors are equipped to engage in a counselling process and in a respectful manner.

2.3 Pastoral Compassion and Solidarity

2.3.1 Pastoral Compassion and Solidarity Defined

The subject of Christian counselling/pastoral care can never be complete without the analysis of primary virtues in the spirituality of a Christian therapist. In his work, Louw (2008a:281) notes that a “virtue refers to the disposition or attitude that moves an individual to sustain practices, which enable the agent to accomplish moral good. It motivates people and brings about integrity.” Furthermore, sound values in the life of a pastor/counsellor are part and parcel of spiritual health. Such virtues would be very valuable tools if employed by pastoral/Christian counsellors in Kenyan setting. This section explores the importance of pastoral solidarity as a virtue in his/her counselling and caring ministry. While solidarity may have various meanings and applications such as social solidarity and social reforms, for the purposes of this study, the researcher uses solidarity in terms of identification with the sufferer to bring healing. For this reason, the researcher investigated solidarity in terms of empathy under “therapeutic terms” and solidarity as compassion in biblical terms. Evidently, the terms at hand are also used interchangeably. The writer starts with the meanings of compassion and solidarity. Biblical solidarity, namely; Christ’s solidarity and *koinonia* solidarity in the body of Christ are discussed as they are of vital importance in this research.

According to Leeming *et al.*, (2009: 164) the word compassion has its etymology from Latin “com” - (with, together) plus “pati” - (to bear, suffer). Thus, compassion combines the act of personal suffering with an act of solidarity. Leeming *et al.*, (2009:164) description of compassion is “deep feeling for and understanding of misery or suffering and the concomitant desire to promote its alleviation.” In addition, Sanderson (2009:164-165) describes

compassion as " the capacity to be attracted and be moved by the fragility, weakness, and suffering for another." Regarding Biblical compassion, Sanderson (2009:164) expounds that the Hebrew word for compassion *rehamim* refers to the womb or uterus. Just as the womb is the source of biological human life, God's compassion is the womb, and the place of birth is the vehicle of compassion. Psalm 103 names compassion as paternal attribute of God. Isaiah 46:3–4 portrays God as a mother bearing the house of Israel (Sanderson 2009:164).

Christ chose to demonstrate compassion with the suffering. Not only did the manner of Jesus' dying involve immense pain and suffering, but the context in which he lived was also one of hardship and anguish. His low social status and His deep compassion for the poor and the oppressed led Him to participate in the pain of harsh daily living (Nolte 2003:51). Evidently, the suffering of Christ on the cross for humanity is an indication that compassion destroys suffering by suffering with and on behalf of those who suffer (Nolte 2003:67). No doubt compassion is one of the virtues of spirituality that indicates sensitivity (Louw 2008a:281). This divine solidarity provides a sense of comfort, support and a sense of not being left alone in the midst of despair. Such aspects are crucial for those who are faced with desparation of suffering (Nolte 2003:56). According to Matthew 11:29, portraying Christ's gentleness is also the reason why his followers should learn compassion from Him (Yolanda 2003:728). Louw (2008a:281) describes compassion as the virtue of unconditional love and the willingness to become involved. Also, compassion is part and parcel of empathy; the capacity to enter, understand and respond to another's frame of reference (Engler 2003:374).

The cross is a symbol of solidarity and compassion for victims of violence, but also a symbol of judgement for violators (Nolte 2003:58). Like Christ boldly faced the cross to rescue humanity, solidarity and compassion fiercely resists the forces of evil that seek to deform or destroy human life. It is notable that compassion is supportive and strengthening effect.

Ramsey and Anderson (1998:220) observe: “to the victim who experienced helplessness and betrayal, compassion offers love’s empowerment and courage to resist the dehumanizing consequences of victimization.” Such sound values are part and parcel of spiritual health that Kenyan pastoral counsellors would need to cultivate. Compassion can thus be understood as willingness to risk suffering in solidarity with another or others, accompanied by the desire and commitment to remove the cause of the suffering. It goes beyond sympathizing with another’s pain; alleviation of pain or suffering is the ultimate goal.

Compassion arises through our courage to stand beside those who suffer, recognizing them as God’s beloved and through whom we see our own vulnerability. Ultimately, it is the exercise of love that honors the integrity and dignity of each life irrespective of status or ethnicity. Compassionate care requires an “inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken” (Nouwen 2001:67-70). The implication for Christian care givers is encountering the suffering of the broken as they give support. It means one cannot raise those who are in the valley of pain and sorrow without being confronted by the pain themselves. Just like Christ in compassion incarnated to reach us, we too must incarnate to reach His world.

How then can solidarity be viewed? As noted in the first chapter of this research, the term “solidarity” is derived from the Latin *solidare*, meaning to ‘join together firmly’ (Stjerno 2005:53). Solidarity is an entire union of interests and tasks in a group: community of interests, objectives, or standards. It is also a quality or state of being in solidarity (Webster 2004:251). Solidarity in general terms means a relationship or a series of relationships on the basis of common goals. There can be many factors that forge the solidarity of people into community. Solidarity is a form of sociality and common life. In Acts 16:5 we read, "The churches were continually strengthened (being made solid) in faith." These biblical terms are

related to the common life of the people of God. Again, Jesus Christ is the perfect example of solidarity with the sufferers. He died being publically scorned, mocked and disgraced. It becomes clear that “the earliest Christian message of crucified messiah demonstrated the solidarity of the love of God with the unspeakable suffering of those who were tortured and put to death cruelty...” (Nolte 2003:1). Since God conceals Godself in the cross and suffering, the only path by which to know Him is through trusting in the promise of His love and grace even in the midst of suffering. This spells hope for those who suffer. It implies God’s closeness and solidarity with the sufferers. God is with the sufferers and He prefers to be revealed in their suffering (Nolte 2003:4).

Solidarity encourages relationship building and collaborative action between the therapist and the client (Corey 2001:4,320,332,359 & 435). Long before Louw (2008a), Kelly (1998:57) had observed that the virtues including, acceptance, patience, respect and capacity for listening foster human solidarity. Louw (2008a:282) describes parallel qualities of charity, fortitude, trustworthiness, fidelity, integrity and humility. He discusses them as profound spiritual virtues vital for every care-giver standing in solidarity with the sufferer (Louw 2008a:282). He defines these virtues as follows:

- Charity: As a virtue in spirituality, charity reaches out to the needs of others. It enables one to curb self-centeredness and become engaged with the suffering of others.
- Pastoral integrity/sincerity: This portrays the aspects of trust and reliability which are fundamental aspects of identity of a care-giver. The ethical issue of confidentiality is at stake. It is therefore important that anybody involved in health care should have vestige of pretense. Hypocrisy, deliberate deception and pretence that you are one thing when you know you are something else, should be condemned.
- Fidelity/faithfulness: This is an aspect of true friendship and a concern for the wellbeing of the other. It describes reliability and should be understood as closely associated with trustworthiness.
- Patience: It describes a very realistic stance in life. This denotes the ability to wait in order to understand. It refers to the action of responsibility as an indication that one is prepared to make space for the rhythm of time, the limitations of life, the shortcomings of the other and the imperfection of creation.
- Trustworthiness: As a spiritual virtue, trustworthiness designates a combination of a sense of justice, an acceptance of accountability and an attitude of integrity. This

encompasses the practice of honesty, fairness, truthfulness, loyalty, dependability and humility.

- Fortitude and courage: The virtue ensures steadfastness in difficulties and constancy despite discontinuity and discrepancies of life. It is linked to courage as the virtue of boldness. It represents the inner strength of the soul and provides the strength to endure. It prompts people to right action and to behave with confidence in the face of possible risks and failure (Adapted from Louw 2008a:282).

Solidarity is not a feeling of vague compassion or shallow ‘distress’ of misfortunes of so many people. On the contrary, it is a firm and persevering determination to commit oneself to common good. Chung (2006:12) emphasizes that “‘because of’ or ‘for the sake of’ is a language about others and to others.” This language is about solidarity. Here, let it be noted that solidarity in the form of “together-with” demands the virtue of self-emptying. It is obvious that to be in solidarity with the sufferers is to express agape love. How true it is that the deep longing for humanity is to love and to be loved. The apostle Paul offers us an important clue for understanding the profound meaning of the expression of love and solidarity: “For you know the generous act of our Lord Jesus Christ, though he was rich, yet for your sake he became poor, so that by His poverty you might become rich” (2 Cor. 8:9). There is no other way the pastor counsellor would help the afflicted in Kenyan context but by taking the footsteps of the savior and in identifying with the sufferers. Genuine satisfaction comes in those moments when acceptance, so often talked about, is actually experienced.

An illustration would be useful here. Joel (not his real name), aged 10 years, a Kenyan, suffered a lot of physical assault from both his mentally ill mother and his foster father in his younger years (5 years and below). Finding his pain unbearable, Joel ran away to live with his aged maternal grandmother. He continually manifested a very distrusting attitude and a fear of punishment. He was a poor performer in school, never engaging in the learning process. He had been in nursery and class one for a total of four years without being able to learn to read write or even say either the numerals or the alphabets. All concluded that he was mentally retarded. A maternal aunt however noted that the boy had sound and logical arguments in all his other communications. Thus, the aunt took him and put him in remedial teaching for one year in which he achieved from nursery to the end of class two competences. Among the aversive characteristics of Joel was a low motivation to sit down and do any schoolwork. He escaped working by running away from his aunt’s place and sleeping out sometimes for several days. He had braced himself for the reprimands he got for this habit. Joel,

however, connected very well with the caring aunt's husband (uncle) because of his constant expression of hope and belief in him, plus a daily hug that communicated acceptance. Surprisingly, Joel showed an extraordinary excitement when a friend of the family held him close to the chest after a day of running away from home. He even slept off, losing all his characteristic hyper vigilance. At the end, the friend told him he was a good boy and he was going to take him out for lunch once he had shown evidence of working hard at school.

The point of the above story is the response of the boy to perceived love and unconditional acceptance. With time, the running away habit ceased. Although Joel struggles with the ability to sit down and work, he tries hard. The beneficial impacts of solidarity in helping relations cannot be underestimated. The sufferers feel loved unconditionally accepted; hopeful, un-judged, comforted, elevation of isolation caused by suffering, instillation of courage to find meaning in their suffering and change is experienced therein. These benefits are also well-illustrated by the theology of the cross. Louw (2008a:284) urges pastors to cultivate compassion and sensitivity towards their flock. Voyles (2009:129-131) on the other hand insists that pastors must love their counselee the way Christ exemplified in His love for the people. Crab (2005:31) asserts that the ministry of the helpers by providing their presence that lends to connection is of high value. He says; "The power lies in connection, that profound meeting when the truest part of one soul meets the emptiest recesses in another and finds something there, when life passes from one to the other." One of the biggest challenges in spiritual development is loosening the bonds of egoism, and instead, fostering concern and compassion for others. This transformation in the life of a counsellor contributes towards greater productivity. This kind of solidarity is best portrayed by Christ in His earthly ministry. A discussion of this brings out a clearer portrait of solidarity.

2.3.3 Christ's Example of Solidarity with People

Explorations of some vital biblical themes portray rich theological resource in fostering discussion and commitment to the praxis of solidarity. The right place to begin investigating the words “solidarity and compassion/empathy” is to look at the incarnation theology. The theology of care is found pointing the way of understanding how the divine and the human meet in our time. According to Habets (2009:82), incarnation is to be understood as a great move on the part of God, in which He comes as a man and acts as man, all for human kind. The same note is echoed by Nouwen (2006:12) that God came to share our lives in solidarity, entering with us into our problems, confusion and into the state of the many questions that we raise. The gospel of John identifies the Word as Jesus who is the Word of God since the beginning, beside the Father. The Word is equal to the Father. Jesus Christ alone is the *Imago Dei* in its fullness – the Alpha and the Omega, the incarnate Son of God (Habets 2009:148). As Moinar (2009:137) emphasizes, in incarnation, God actually took our human nature without ceasing to be God. God became human in the sense that he assumed a complete body, soul and mind without ceasing in any way, to be God the Son begotten of the Father before all worlds.

On the other hand, the most outstanding messianic image of the Old Testament is the suffering servant in Isaiah 53. The suffering servant is par excellence the image of solidarity. The Davidic image of Messiah is secondary to this servanthood, for David is a servant of God to serve the justice of God, that is, to protect the people, their God-given life and rights. In the Synoptic gospels, Jesus identifies with the suffering servant, which is a corporate concept of the suffering people. The suffering people aspire and struggle for the justice of God and this is their supreme service. The meaning of solidarity between the Messiah and the people is two-fold. One meaning is the vicarious sharing of suffering. Jesus cannot be the Messiah of

the people without sharing their suffering. Jesus illustrated his solidarity on behalf of those who suffer by sacrificing himself on the cross (Nolte 2003:65). In the words of Habets (2009:58), at the cross, God meets the sufferers and triumphs over the enmity entrenched in human existence once and for all in Jesus Christ. What this means is that God is a God of solidarity with those who suffer. That is why Nolte (2003:55) visualizes the cross of Jesus as a display of love in solidarity.

McCruden (2008:68) asserts that the sacrificial activity of expiating sins is likened with Jesus' solidarity with, and the concern for the faithful. Nolte (2003:65) remarks; "God suffers and even dies because of the evil of the world." This portrays God's utter solidarity with, and love for those who suffer unjustly. Some theologians consider the cross to be the ultimate test of Jesus "love for the oppressed" (Nolte 2003:65). A comforting thought is brought out by Nolte (2003:55) when he alludes that it is in this silent suffering with the victim(s) that God demonstrates His radical solidarity with the plight of suffering, oppression and abuse. The other bond of solidarity in the story of the suffering servant has to do with the nature of the political authority of the Messiah, who is the centre of solidarity. Jesus declared his Messiahship as the suffering servant making Himself the last and the servant of all (Mk 9:35). Nouwen (2006:22) highlights that God became our servant as recorded in Philippians 2:6-8. This thought is beyond human intellect and emotional grasp. It was complete reversal of the political authority of the existing order of the Roman Empire, and of all political hierarchies, the ruler becomes the servant of all the people. It was indeed contrary to common human practice. As Nouwen (2006:24) states, "we understand conditional solidarity, but we do not understand solidarity that has no limit."

In the New Testament, the synoptic authors teach that Jesus entered human history as God's anointed Son (Mt 3:17, Mk 1:11, Lk 3:22), announcing that time was fulfilled and God's

reign was at hand (Mk 1:9-14). According to Wills (2006:84) God's heavenly reign is demonstrated by the personal presence of Jesus. For example: "Where two or three gather together in my name, there I am in their midst" (Mt 18:20). As indicated by Wills (2006:85) Jesus performed the works of the predicted Messiah; "the blind men see, lepers are cleansed, deaf men hear... (Lk 7:22, Mt 11:4-5). McMinn and Campbell (2007:46) state that, "This Christ who redeems is God incarnate, the eternal word who existed in the beginning with God (Jn 1:1-4), through who everything was created and is sustained" (Col 1:1-17). Jesus inaugurated the reign of God as an era of righteousness and peace; long anticipated by faithful Israel. In word and in-deed, He exemplified the central component of the covenant by trusting God alone and living life as though God now reigned and no one else had power.

In the John's gospel (Jn 10:11), Jesus regards himself as the good shepherd, who lays down his life for the sheep in contrast to the unfit shepherds (Clinton and George 2002:715). He declares that there is no greater love than this that one lays down one's life for one's friends. This is the true example of solidarity of Christ with the suffering and struggling people. Christ "emptied himself, taking the form of a slave, being born in human likeness, and being found in human form, he humbled himself and became obedient to the point of death — even death on a cross." This is the Christology of solidarity with the slaves, the vast majority of the people in the Roman Empire. God is always in solidarity with the marginalized (Newlands 2006:11).

The solidarity of Christ with the people is not merely in the form of the suffering servant; but Christ's being is the incarnation of God among the people. Emmanuel (God with us in Mt 1:22-23) is the name and being of Christ (Nouwen 2006:13). This means that Christ is God among the people. John 1:14-15 states that the word became flesh and dwelt among us. "The Word made His dwelling among us" (Bowman *et al.*, 2007:137). Dwelling among the people

is to have a common house or abode. In contemporary words, the solidarity of Christ with the people is His continued abiding presence. I will not leave you alone but I will send you another who is like me (Jn 14:18-28).

Christ's solidarity with the people is notable in His resurrection against the forces of death. "The resurrection of Jesus means that suffering and death no longer have the final word" (Nolte 2003:55). The story of the cross is one of pain and victory. The resurrection is good news because of solidarity and the loving compassion that God showed on the cross. According to Newlands (2006:11) Jesus Christ in His life, death and resurrection shows us the character of God as a God of unconditional love, peace and justice. Christ is the crucified God and the executed God, always in solidarity with the marginalized. He is the source of hope and compassion of humanity. In His incarnation, He manifests the character of God in the created world while in resurrection through the lens of the cross Christians proclaim victory over death (Heb 2:14-15). The sufferers can declare; "We are afflicted in every way, but not crushed; perplexed, but not driven to despair; persecuted, but not forsaken; struck down, but not destroyed; always carrying in the body the death of Jesus, so that life of Jesus may also be manifested in our bodies" (2 Cor 4:10).

From the above understanding, the theme of Christ in solidarity with the suffering is the crux of ecumenical mission. A poor industrial worker discovers Jesus as a fellow worker and the sick find him to be their real friend. Poor women welcome his company as their help. He is a friend of all and shares the plight of all manner of victims. According to Nouwen (2006:13) God's compassion is anchored in the most intimate solidarity. It is a solidarity that allows us to say with the Psalmist (Ps 95:7), "This is our God and we are the people he pastures, the flock that He guides." In this respect, the concept of solidarity has been very important among the suffering and struggling people. This term calls for redefinition so that it impacts

intra and interpersonal relationships in the Church. Its meaning needs to be rehabilitated so as to bear strongly on human living in honor of the price Christ paid for it.

McMinn and Campbell (2007:47) note that God's incarnation has implications for psychotherapy. It provides a model of being in solidarity with counselee. This includes the ability to enter in the client's frame of reference and identify with them (Gladding 2003: 86,147). McMinn and Campbell (2007:49) contend that Christian therapists demonstrate good steward by helping restore wholeness to individuals and families. At the same time, because God remains connected with creation, we can be assured that God knows and cares about human suffering. God is at work in therapeutic process and even when our treatments are not working. He is in the midst of panic attacks just as well as in our healing (McMinn & Campbell 2007:49-50). God is working everywhere and always, in our wounds, in our healing and often in ways we in our finiteness cannot comprehend. He provides us with hope (McMinn & Campbell 2007:50 - 51). The helpers can mount confidence in the fact of his continued working presence. This guarantee of His help enables them to work with hope.

In the same context, the compassion of Jesus is an enduring sign of God's love, and a tangible symbol of His covenant with humanity for therapists to emulate. Habets (2009:194) explains that the Son became human, even taking on the form of fallen nature and redeemed humanity through his obedience, life, death, resurrection and ascension. This provides the model for therapists that seek to imitate Christ's solidarity with the sufferers. It is the way of sacrifice as Christ exemplified in the caring process. Christ underscores powerfully that there is no way spiritual leaders can provide care without being in solidarity with those that they care for. The therapist will not make an impact without paying the price of caring.

Finally, the biblical and theological warrant for solidarity is founded on the premise that human person is created in the image of God (Gn 1:26-27). The scriptures use this motif (Ps 8:5; 1Cor 11:7; Jas 3:9) to vigorously affirm the fundamental dignity of every person prior to “any division into races or nations and prior to human labor and human achievement” (Gn 4:11). The duty of the therapist is to handle the clients with respect, diligence and love as they are significant before God. According to Johnson (2007:558), dignity to other human beings has to be shown through giving of love even when giving it is very difficult and expensive. Inclusiveness is the key to biblical teaching as shown in the parable about places of honor at the table taught by Jesus. “But when you give a banquet, invite the poor, the crippled, the lame, and the blind. And you will be blessed, because they cannot repay you, for you will be repaid at the resurrection of the righteous” (Lk 14:23-14). Loyalty to God is enacted through love of one’s neighbor; identified in the parable of the Good Samaritan (Lk 10:29-37) and in Matthew’s portrait of the last judgment (Mt 25:31-46) of those who did not give compassion.

2.3.4 *Koinonia* as Solidarity

Koinonia is from Greek *koinos* meaning common. *Koinonia* is an abstract term that denotes “participation”, “fellowship” and implies a close bond (Espin & Nickoloff 2007:720). In its basic meaning, *koinonia* denotes “a sharing in one reality held in communion.” Synonyms for *koinonia* are given by Kearsley (2009:13, 16) as fellowship, common participation, sharing, community and communion. Unity was the primary concept that helped to overcome schisms and hostilities in the early Church. It involved them in the movement for ecclesial unity and cooperation for spiritual and social growth and support (Act 4: 32-35). This ecclesial unity is the one that literature defines as *koinonia*. According to William and Fahlbush (2005:502), Mannion and Mudge (2008:412), the early Church perceived itself as a fellowship (*koinonia*)

of local churches participating in a lively process of giving and taking from one another. The process was more than judicial action. It included the entire community in spiritual process that involved more than simply accepting passively the conciliar decision of the church.

In Acts 2:42, Luke employs this term to refer to the earliest Christians in Jerusalem who “devoted themselves to the apostles’ teaching and fellowship to the breaking of bread and prayers”. This connects well with the chief meanings of *Koinonia* – that include ‘communion, participation, fellowship and sharing’ as highlighted by Kearsley (2009:14-16). Since these early Christians had not yet separated from the Jewish Matrix, *koinonia* here denotes, not exclusively the society of Christians themselves, but a circle of every close fellowship experienced within their broader context (Espin & Nickoloff 2007:720). This displays a pronounced Trinitarian dimension; “The grace of our Lord Jesus Christ and the love of God and the fellowship (*koinonia*) of the Holy Spirit be with you” (2Cor 13:13; Phlp 2:1) (Karkkainen 2002:30).

The early patristic development incorporated other biblical communion texts in order to lay bare the inner source of the church’s life (Karkkainen 2002:30). In Pauline theology for instance, Paul sometimes uses the term specifically for religious fellowship and participation of believers in Christ as well as for the mutual fellowship among believers. This *Koinonia* is founded upon the believers’ faith in Christ. In Paul’s view, those who partake in the Lord’s Supper participate in *koinonia* with His body and blood. In 1Corinthians 10:21; the bread and wine, as understood by Paul, are the vehicles of the presence of Christ; to partake in and to experience the union with Christ. In their common union with Christ is as one loaf of bread (1 Cor 10:7). Espin and Nickoloff (2007:720) expound that for the Apostle Paul, *koinonia* with Christ means that believers participate in the various phases of the Lord’s life. Thus he speaks of believers suffering, dying, and rising with Christ. He sees this not merely in an individual

sense, however. The whole community of believers experiences a spiritual *koinonia* in their sufferings with Christ. Such a community ideally meets regularly and fosters such relation qualities of solidarity, friendship and sympathy (Kearsely 2009:14-15).

In her work, Van Deusen Hunsinger (2006:22-30) states that “*Koinonia* means empathy at the interpersonal level and prayer at the spiritual level.” In addition, Augusburger (2006:67-69) describes *Koinonia* as intimate love, acceptance, sharing, fellowship, participation, partnership, tenderness and empathy. Biblical references depict that fellowship takes place in various ways such as breaking of bread in case of the early church (Acts 2:42) and prayer (cf. Acts 4:24-31; 12:5, 12; Phlp 1:3-4). Brackney (2010:90) notes that the last Passover meal given to Christians by Christ as a ritual for celebrating the work of Christ in providing redemption also serves as a bond among believers. The believers broke bread that consisted of eating a fellowship meal, called the love feast which was followed by the Lord’s Supper. Fellowship may also involve material means in helping spread the gospel (Rm 15:26; 2 Cor 9:13; Phlp1:15) or sharing rejection through identification with Christ (Phlp 3:10). Furthermore, *koinonia* describes the intimate spiritual sharing of believers and God which was accomplished through Jesus Christ or the Holy Spirit (Kearsley 2009:13). Frequent instances of this appear in Paul’s writings “the grace of our Lord Jesus Christ and the fellowship (*koinonia*) in the Holy Spirit be with you all” (2 Cor. 13:4).

Further, *koinonia* is well illustrated when Paul stresses the responsibilities of the believers through his use of “one another”(Rm 14:13, 9; 15:1, 14; Eph 3:32; 5:11; Gl 6:1; Col 3:13, 16; 1Th 4:18, 5:11; 1Tm.5:20; Ja 5:16, 6:1) in his writings. Paul instructs that believers to accept one another (Rm 15:14) as a fellowship in Christ. This relationship with one another is important in keeping the unity of faith for which Christ prayed (Jn 17) and Paul pleaded (Phlp 2:1-4). Paul exhorts “If you have any encouragement from being united with Christ, in

comfort from His love, if any fellowship (*koinonia*) with the spirit, if any tenderness and compassion (empathy), then make my joy complete by being like-minded, having the same love, being one in spirit and purpose” (Phlp 2:1-3). Kearsely (2009:14-15) notes that in the current ecumenical discussion the word *koinonia* often supports the development of a fellowship of Church bodies sharing a common participation in spirit. Both the Apostle Paul and Kearsely integrate unity of the church as encompassing unity with Christ, in the Holy Spirit, with each other as members of the church and in the goals of the entire body. *Koinonia* is therefore a profound word encompassing many uniting constructs.

When care-givers empty themselves of their own preoccupations in order to be fully present to another, they are following the example of Christ (Phlp 2). This is the solidarity that the Christian fellowship is meant to construct. Within that structure, the hurting would find sufficient support to bring healing. Seamands (2005:33) sees much of human struggles as resulting from human soul disconnection. As such, a fellowship characterized by solidarity provides an environment for reconnection and repair of damaged psyches. Thus, true *koinonia* provides a shared journey in participating and providing healing support.

By showing attentive concern to others, pastoral listeners point beyond themselves to the listening God. Such conversations take place not for their own sake, but as a "sign and witness" to God who takes human needs to heart. As members of Christ's body, pastoral listeners participate in Christ's attentiveness. “When those in the church serve others through listening, they strengthen faith that God is the One who hears every anguished cry” (Van Deusen Hunsinger 2006:30). There is no doubt that a most significant byproduct of the relationship of *koinonia* certainly is the healing of human personality in the entirety of its components. This sense of solidarity was ever central in the letters of Paul, who reminded the Christian communities in Greece several times of the "solidarity campaign" for the poor

churches in Jerusalem. Some fragments of these exhortations in 2 Corinthians constitute a "theology of solidarity" among churches. Paul urges the Corinthians to imitate the generosity of the churches in Macedonia. Notably, Paul saw this generosity as the effect of the *grace of God* on them (2 Cor 8:1). When Paul uses the term "grace" in the context of this offering, he gives it the meanings of: gratitude of love (2 Cor 8:1, 4; 9:16), loving service (the collection itself) and thanks (2 Cor 8:16; 9:15). In 1 Corinthians 16:3, Paul had used the term grace (*charis*) in connection with the sending of the Corinthians' donations to Jerusalem. But here for the first time he identifies the "grace of God" as the cause of generosity in a community which produces *koinonia* for the service of the poor: "they voluntarily gave according to their means, and even beyond their means, begging us earnestly for the privilege of *sharing* in this ministry to the saints" (2 Cor 8:4). Some writers have drawn a parallel between 2 Corinthians 8:9 and Philippians 2:5-9. The practical expression of the response to the "grace of God" is *koinonia* in the service of the saints in Jerusalem, and this *koinonia* is motivated by agape, which is fully displayed in Christ.

Although Paul does not specifically indicate the nature of the "affliction" of the Macedonians, it was clearly related to their poverty: "for during a severe ordeal of affliction, their abundant joy and their extreme poverty have overflowed in a wealth of generosity on their part" (2 Cor 8:2). In the context of Christian experience, material lack was transformed into an element of grace and positive resistance. We do not often link the word "resistance" with the concept of solidarity; yet today, as in the case of the churches in Macedonia the two come together. The "gospel of solidarity" which the Macedonian churches practiced helps us to reflect on the kind of spirituality that will sustain and nourish our expressions of solidarity in today's world.

Brackney (2010:90) views the commemoration ritual celebrating the redemptive work of Christ as having a role in reinforcing the bond among believers. The biblical story of 1

Corinthians 11:17-29 presents us this image of "spirituality of solidarity." The heart of ecclesiology is precisely the solidarity of the people in and with Christ. Kasper (2004:168) alludes that a spirituality of communion points to the ability to think of our brothers and sisters in faith within the profound unity of the mystical body. The same thoughts are reflected by Paul's writing: "As many of you as were baptized into Christ have clothed yourselves with Christ. There is no longer Jew or Gentile, there is no longer slave or free, there is no longer male and female; all of you are one in Christ Jesus" (Gal 3:27-28). Brackney (2010:77) notes that the term *kyriakos* used to denote the Lord's Supper and the Lord's Day, brought official significance to the worshipping community. Therefore, the church is a movement of a community of solidarity. This solidarity is inclusive, embracing all the suffering and struggling people. This is the heart of the catholic, universal Church.

2.3.5 Compassionate Fatigue (Helpless Helper)

According to Stebincki (2008:3), therapists deal with survivors of extremely stressful and traumatic events are more prone to a compassionate or secondary stress as a result of feeling compassion and empathy toward others' pain and suffering. Stebnicki 2008:3) points out that being deeply emotionally involved in client's traumatic stories leads to," vicarious traumatization" or "vicarious trauma" (Louw 2008a:135). Regardless of the kind of counselling, occupational fatigue syndromes are vast to professionals and to consumers of services inducing feelings of helplessness and despair (Stebnicki 2008:4-5). As a result of empathic and compassionate relationships, many counsellors many times have parallel emotions that are nearly as intense as their clients' feelings and range along a continuum from "affected very little" to affected significantly" (Stebnicki 2008:10). Professional counsellors who experience empathy fatigue have a diminished capacity to listen and

respond empathetically to their clients' stories which may or may not contain various themes of acute or traumatic stress (Stebnicki 2008:11).

Although pastoral solidarity with the sufferers is ever profitable, one of the most difficult experiences for pastoral care-givers in Kenyan context is feeling helpless in the attempt to help. This state is echoed by Louw (2005a:14); "the challenge in pastoral care is to identify with suffering and become involved in human suffering." Yet the afflicted individual longs for another human person who really listens and comforts the hurting. It is further noted by Louw (2008b:14) that, such a person is one who imparts a little humanity and charity representing the faithfulness of God. To be with someone in pain and feel unable to offer comfort...or encouraging spiritual succor is very difficult for those who are called to care. Louw (2008b:14) continues to say that even something basic as the helper's presence, their solidarity, often cannot be received by one who is severely depressed. The pain of the "helpless helper" does not necessarily arise from naive desire to "fix things" or vain desire to be successful or feel personally great. Louw (2005a:14) notes that the feeling can arise from coming in term with the counsellor's own limits to tangibly be in solidarity with the client.

Sadly, most Kenyans view their pastors as ministers on call at all times. They are often called upon in crisis situations. The pastor receives a tentative knock on the door and the timid query: "Pastor, can I please talk to you? I don't want my family to know I spoke to you about this"; "Pastor, can I talk to you about something?" It comes in the form of the phone call in the middle of the night informing the pastor that a close relative of a parishioner has died tragically, and asking, "Could you go to inform the family?" It comes in the form of a board member seeking the pastor's advice on a serious issue in his family about incest and child molestation; "Could we keep this just between us?"

Pastoral ministry is one of the most demanding professions in the Kenyan environment. It is a calling that provides men and women with a tremendous open door into the lives of people. It is a profoundly satisfying task as pastors have opportunities to impact others for eternity. In spite of its eternal implications, it is a wrenching and draining profession. Pastors are very vulnerable to the temptation to overdo, over achieve, over compensate, and over care as they serve others. Caring Counselling process is an expensive endeavor. To be exposed to the stories of fear, horror, violence, hijacking and experience of other people's trauma can backfire on the caring system and create pathology of trauma. Counsellors/care-givers suffer from an over-exposure to trauma and develop what Louw (2008a:135) calls "compassionate fatigue". Figley (2002:3) observes that helpers can be traumatized by helping suffering people in harm's way as well as by being in harm's way themselves. Compassionate fatigue is stress from helping traumatized persons. It results from an over exposure to trauma. It describes the impact of that stress on the attitude of the counsellors. Exposure to traumatic situations implies that everybody is in some sense, a potential victim of vicarious trauma.

Evidently, one of the dangers of all helping professions – the pastorate being no exception is burnout (or compassionate fatigue). Perhaps the inability to be in solidarity with the sufferers for Kenyan clergy would be due to compassionate fatigue. In many cases, pastors work in a situation of isolation without emotional, psychological and spiritual support for themselves. They are at high risk for burnout. Burnout is described by (Patterson & Welfel 2000:11-12) as professive loss of idealism, energy and purpose. It is accompanied by feelings of futility, powerlessness, fatigue, cynicism, apathy, irritability and frustration (Corey & Corey 2003: 353-361). Empathic, warm and genuine counsellors become cold, aloof, unsympathetic, detached and worn-out (Baird 2007:149). Gachutha (2009:62) elaborates this further by

observing that those who suffer burnout experience low self-efficacy and self-awareness leading to poor judgments narcissism and harmful interventions.

It is very difficult to differentiate between compassionate fatigue and burnout. The two are related to the same phenomenon of exhaustion and over exposure. They refer to reaction and attitude (Louw 2008a:135). In both cases, the result is raised state of stress and vulnerability. Gachutha (2009:64, 212-213) explains that to cope with burnout, depletion, fatigue, self-therapy and personal repair become symptomatic of the pathology itself: “the repair takes the form of doing more of what they had been doing, even though this was what got them into their current state of vulnerability.” Figley (2007:1) confirms that compassionate fatigue results from efforts of care-giver to be compassionate and empathetic with those who are suffering and as such place themselves at risk for becoming traumatized in the process. He adds that the symptoms of compassionate fatigue often show up without any warning creating a sense of helplessness, shock, confusion, and isolation in the midst of the process. Additional factors manifesting themselves in care-giver result to prolonged working hours, sacrifice of self and poor self-care (Gentry 2002:5). *The Diagnostic and Statistical Manual of Mental Disorders- DSMIV* (2000:463,467) defines acute stress disorder and Post Traumatic Stress Disorder (PTSD) as existing in anyone who has “witnessed or has been directly confronted with an event that involves actual or threatened death or serious injury, or is a threat to physical integrity of oneself or others.” It is possible for a pastor/counsellor to suffer PTSD.

The risk of trauma also exists for those who are exposed to trauma through their relationship to a person who was directly exposed to a horrific event (Flannelly 2005:214). There is no doubt that compassion fatigue leaves the pastor spiritually, emotionally, and physically drained. He or she no longer is able to perform professional duties or be in solidarity with the hurting. At the moment, Kenyan pastors are dealing with various traumatized persons and

families resulting from abductions, rapes, murder by militia groups, robberies, abandoned children, internally displaced refugees, terror from threats among other traumas. As Kenyan pastors serve others, they are very vulnerable to temptation to overdo and over care for others. Clearly there is a “cost” in care-giving and secondary suffering can be a result. The worst is where the Kenyan pastors work with the hurting without any minimal training in counselling and how to deal with burnout. Gachutha (2009:212-213) goes on to suggest a number of steps to help prevent burnout, such as: taking regular periods of prayer and meditation; obtaining support from others “who accept us for who we are rather than what we do”; constantly evaluating the underlying drive to achieve and taking time off”. Other aids to self-care are: correct eating habits, a regulated sleep pattern, regular physical exercise and regular scheduled meeting with a confidant a mentor/supervisor or a counsellor (Baird 2007:153-162). All in all, there is a call for counsellors to be highly self-aware to foster their psychological, physical and spiritual health.

2.3.6 Impact of Pastoral Compassion and Solidarity

The above discussions imply that compassion and solidarity is the seedbed of productive helping. The shared stories between the counsellor and the counselee have profound impact on both. Patterson & Welfel (2000:28) recognized that clients are encouraged to disclose more when they receive empathy, congruence and unconditional positive regard from their therapist. Those co-conditions for the therapeutic process correspond to solidarity in our discussion. Corey (2001:92) and Arlow (2000:21-22) also noted that when clients disclosed the emotional content of their hearts to a trusting individual, they experienced catharsis which helped reduce the negative emotions that pervaded their feelings and marred their thinking and actions. The first result on the client’s part is relief as a result of the shared burden. The

ability to find a trusting compassionate friend who deeply understands is a “necessary and sufficient” condition for therapy (Engler 2003:376).

The experience of support and love is also necessary for the client to open up. Willingness to share helps in effecting conclusions arrived at in the therapy sessions whether formal or informal. Only clients can change or act on their own problems (Capuzzi & Gross 2009:222). Everybody else – pastors or professional counsellors act as supporters. Clients need motivation to act on new insight and new convictions for their lives to change meaningfully. To develop collaborative action between the therapist and the client depends on the trust and rapport that would have grown between them (Corey 2001:262; Morgan 2000:3). The atmosphere in which clients grow in confidence and hope is one in which they sense love, acceptance, non-judgementalism, genuineness of the helper, understanding, and insightful responses to the questions of the clients (Capuzzi & Gross 2009:57-61). In short, there is compassion and solidarity. Growth in confidence and hope translates into courage and pro - activeness in dealing with personal challenges thus leading to healing. This work thus proposes that compassion and solidarity leads to clients’ growth and healing.

Solidarity and healing also leads to growth in the counsellor. The Bible says that we rely on our Lord Jesus to identify with and be touched by the feelings of our infirmities because He experienced humanity’s pain in His incarnate state (Heb 4:14-16). Compassionate solidarity with clients represents the first step in pastors and other helpers “incarnating” vicariously into the wounded states of the people they seek to help. Confessions by counselling interns show that their experience with clients taught them attributes they could never conceptualize in the theory classes (Baird 2008:1). Entering into clients’ world and understanding their frame of reference allows for counsellors to be skilled in the dynamic issues that afflict humanity. The result is great learning and valuable tool in future interventions. One can speculate how this

would affect the overall helping behavior of the Kenyan pastors. Perhaps that would mean more meaningful and sensitive sermons, a keener listener who takes a position of not knowing before they have the full story and a more sympathetic response when parishioners are reported to have failed in various areas of their Christian lives. Literature confirms that effective counselling leads to growth in both the client and the counsellor. Helping has been viewed as both rewarding and satisfying to counsellors because:

- They learn first-hand how others experience the world and especially how two people can experience the same event but experience it differently,
- They witness the wonder of clients in action as they overcome adversity and grow toward new meaning,
- They experience the great joy that comes from being the catalyst that helps clients escape from the miseries of emotional constriction and distress, indecision, and hopelessness (Extracted from Patterson and Welfel 2000:15).

2.4 Pastoral Spirituality and Maturity

The assertion of this work is that there is a great relationship between pastoral spirituality and maturity and that of pastoral effectiveness in the work of soul care. VanKatwyk (2002:110) describes pastoral counselling as ‘spiritual care’. He notes that its focus is on universal and essential qualities of the human spirit and basic existential values such as giving and receiving love, making meaning in life, and pursuing something larger than oneself (VanKatwyk 2002:110). He broadens the scope of spiritual care and makes it embrace the daily expression of ordinary life rather than a religious specialty of care or a professional function of counselling. This is a possibility if it is an integral quality of the care-giver rather than professional attire one slips into when on duty. The significance of the spirituality of the pastoral caregiver is to “recognise the importance of their own devotional life as the foundation of Christian pastoral care” (Lynch 2002:69). The spiritual disciplines in Christian counselling are the solid food... for the mature (Heb 5:4) who have grown beyond the milk of basic teaching of faith (Clinton & George 2002:130). The care-givers’ chief instrument of

ministry is seen as a constituent of his own life. This fact is echoed by Brice and Kourie (2006:109) who insist that a caregiver communicates transformative compassion; and joy that they possess as a product of their spiritual development providing safe place for clients. Blackbay and Blackbay (2009:253) on the other hand contend that maladjustments in church members have spiritual roots and require sound spiritual intervention. The allusion from these authors is that pastors need to be the custodian of such sound spiritual interventions as an experiential component of their own lives.

Louw (2008a:54) notes that spirituality should link the inner and the private dimensions to the external dimensions of public life and our social context. Seger (2009:181) explains that spiritual men should be involved, together with the Holy Spirit, in working to manifest good within their world. In its natural state, our human nature is sinful and depraved (Rm 3:23). Blackbay and Blackbay (2001:230-260) assert that all leaders are vulnerable to – sins namely; “pride, sexual sins, cynicism, greed, mental laziness, oversensitivity, spiritual lethargy, domestic neglect, administrative carelessness and clinging to position.” The pastor being a member of the human race needs to have fought the battle against the human brokenness that comes from the fall in their own life. Seger (2009:185) insists that the mark of spirituality includes an inbuilt sensitivity to sin and capacity to respond in ways that would keep them in uprightness. This is important because the pastors need to make progress so that they can lead others along the same path. In scripture, the testimony of one’s struggle with the challenge of being human and gaining victory is a powerful tool of evangelism and encouragement (2 Cor 3:2). In the therapeutic concepts, self as a tool of therapy through self-disclosure adds value to the experience of victory in the life of a pastor who desire to give care. Thus, the journey to competence in caring begins with a person learning to have their own wounds healed by accessing spiritual resources for themselves.

Kadalie (2006:56) agrees with the above notion when he acknowledges that those who are spiritual are not necessarily without struggles or faults but are living authentic lives in which masks are not worn to deceive people about their true self. He asserts that an authentic life is a source of credibility that fosters the moral authority of a leader and enables them to exert influence on their followers (Kadalie 2006:57). An authentic minister takes responsibility to deal with personal issues and looks for help to ensure that they have a right standing. This is a position upheld by secular counsellors in which dealing with personal baggage of mental health affecting them through personal therapy and regular supervision (Baird 2008: 5-6; 162-163; Corey 2001:16-19). In an ideal situation, counsellors ought to be ahead of their clients in mental health. A congruent helper provides one of Rogerian “necessary and sufficient” conditions for therapy - authenticity (Engler 2003:376-377).

Authors give reasons as to why spirituality is essential to soul care. The argument is that the task of spiritual care emanates from the resources that are within the pastor. Brice and Kourie (2006:110) note that it enhances the “intra spiritual identity” to emerge and be formed in order to shape their ministry. The issue at hand is that one’s spirituality is strongly related to the degree of effectiveness in touching other people’s inner needs. Osmer (2008:22) underscores that the act of care is dependent on preunderstandings, a product of one’s past experiences. It can be argued that if a pastor has trained their minds to hear God’s counsel intuitively and through the scriptures, would form the wellspring from which their care flows. Brice and Kourie (2006:109) have said that the joy and love in a minister’s own life is communicated to those who seek help. If such inner beauty are lacking in the caregiver, whatever else they are within them flows into their caring process.

Spiritual development occurs as a result of effortful working. The spiritual disciplines in Christian counselling “are the solid foods... for the mature (Heb 5:4) people who have grown

beyond the milk of basic teaching of faith (Clinton & George 2002:130). A pastor aspiring to be effective in the ministry, counselling included, must spare no effort in applying themselves to spiritual disciplines. This ensures that they are equipped to confront and answer most of the questions that afflict their parishioners. Where they have unanswered questions, they are at least able to live with the contradictions they cannot resolve in their own lives without being distressed. Christian *et al.*, (2003:202) recognize the importance of commitment to growth disciplines which are evaluated within a community of support. Pastors who want to grow spiritually do so by connecting with colleague pastors who have the same motivation. They motivate and encourage each other in the pursuit of righteousness. Agreeing with this, Seger (2009:124) states that “many spiritual people make sure that they have people who will tell them the truth”; a resource asset that ensures pastors can maintain their spiritual integrity.

According to Robinson (2008:16), spirituality is about the practice, the outwork of the spirit, the ways in which someone connects its different aspects and relationships; sustains and understands it. Kasper (2004:58) states that spirituality is the development of the Christian existence under the guidance of the Holy Spirit. Scriptures explain what it entails to be spiritual. Paul presents spirituality as arising from receiving the Holy Spirit leading to discerning and knowing the things of the Spirit (1 Cor 2: 12-14). He also teaches that spirituality is a disposition of the mind that comes as a result of the working of the Holy Spirit when one surrenders to the Lordship of Jesus Christ (Rom 8:1-14). Galatians 5:16 characterizes a spiritual man as one who walks by the Spirit and manifests the fruit of the Holy Spirit (Gl 5:22-25). Scriptures bring out the human dimension of spirituality – submission to and cooperation with the Holy Spirit. There is the human choice in “walking in the Spirit” in order to actualize the “living in the Spirit”. Thus, Scriptures assign specific character and inner disposition to one who is to be regarded as spiritual.

Admittedly, authentic pastoral spirituality requires superior power that is only generated by the working of the Holy Spirit in an individual's life. Blackbay and Blackbay (2001:100) have alluded that spirituality flows out of a person's vibrant, intimate relationship with God. Thus spirituality is a byproduct of divine work in a human life. Seger (2009:276) emphasizes the centrality of the Holy Spirit in a pastor's spirituality when he states: "as the Holy Spirit inhabits us, He builds up His power within us and yearns to reach outward to others." A pastor who aspires to thrive in their spiritual growth must dispose themselves to that process. If this process is essential for ultimate success, utter commitment to its course is crucial in the life of every pastor. The danger of lack of vitality in a pastor's life as discussed by Willard (2010:2) is that they lack a proper definition of success and affect what they are able to pass to others. He says:

When pastors don't have rich spiritual lives with Christ, they become victimized by other models of success—models conveyed to them by their training, by their experience in the church, or just by our culture. They begin to think their job is managing a set of ministry activities and success is about getting more people to engage those activities. Pastors, and those they lead, need to be set free from that belief (Willard 2010:2).

To put it more succinctly, true spirituality is seen through the lifestyle of an individual as attested to by the Bible, "...know them by their fruits" (Mt 7:15-20). These incorporate the inner quality of an individual's life that ultimately finds expression in the quality work of caring for others. The opposite will be true. Pastors cannot hope to provide true care without tending their own spirituality. Once again, spirituality is not something they use but something they are. A key concern of this work is the state of the spirituality of the Kenyan pastors. How does their interaction with the flock, the community and the political climate bring out their character? The work proposes that there is a great attempt to have the pastors go through theological training and have academic competence but wonders whether there is an emphasis in pursuit towards true spirituality. Besides, many pastors have begun

ministering and developing congregations without ever seeking any training in theological or biblical studies. It was the interest of the researcher to explore how this affects the caring ministry of the Kenyan pastor. The research was curious about what quality of being the Kenyan pastors need to aspire to and the goal they should have for their clients. This congruence of personality with mission objectives would provide our Kenyan pastors with the moral authority for the service they are called to. It would enable others to trust them and to walk with them through their problems. It would also ensure that they have the capacity to mediate between people and God.

The spirituality of the pastors has to be obvious to the followers and those seeking counsel from them. McCarthy (2002:3-4) describes essential marks of authentic spiritual life as first and foremost emerging “organically out of a lived tradition and needs to be expressed in relation to a tradition.” Simply, it stands on the Christian tradition and embedded in its culture. He puts it strongly that one can only know and understand self from knowing and understanding that culture. McCarthy (2002:4-5) further includes other characteristics of spirituality in the authentic traditions dynamic interplay and balance of: contemplation and action, spirituality and social justice, an active awareness of the interrelation of the political, the practical and spiritual arenas. This kind of spirituality, he asserts “recognizes the inextricable connection between the inner life and public vocation.” According to Blackaby *et al.*, (2009:56) Church leaders need to portray certain qualities as stipulated by Jesus Christ when he called the twelve disciples in Mathew 10. These qualities, which God looks at in spiritual leaders include:

- A sense of urgency to care deeply for God’s people with compassion (Mt 9:35-37).
- A person of fervent prayer as a matter of priority to meet desperate needs (Mt 9:38; Rm 8:26-27). Furthermore, spiritual leaders must be people of prayer.
- Leaders are to radiate Christ’s presence as a result of quality walk with the Lord (Mt 10:1; 1Th 5:24).

- Profound sense of accountability to God – spiritual leaders cannot compromise God’s call and direction in order to please or placate people.
- Demonstrating spiritual authority – Christ gave the disciple His authority and at the same time, He exercises His authority through spiritual leaders (Mt 10:1, 8; Mt 28:18 Col 2:9-10).
- Absolute faith, trust, and confidence in God for every manner of provision (Mt 10:9-10; 2 Cor 9:8; Ps 62:2).
- God given sense of direction – God appoints spiritual leaders, commissions them intentionally and strategically (Mt 10: 5-7; 11-16).
- Spiritual leaders must be willing to suffer any cost as a cost of following Christ (Mt 10:17-23).
- Christ likeness – this means patterning one’s life after Christ’s through imitating Christ in every way (Mt 10:24-26; Is 55:8-9; Ph 3:10; Rm 8:32).
- An open witness to Jesus as Lord – spiritual leaders demonstrate unmistakable witness to Jesus as Lord. They are supposed to live lives that are clear where Christ is displayed (Mt 10:32-33; 1 Cor 2:2, 4-5).
- Willing to risk for the kingdom – spiritual leaders must always surrender reputation, security, friendships ... for the sake of Christ (Mt 10:34-36; Jn 9:39).
- Wholehearted love for Christ – Every spiritual leader is called to a lifestyle that requires personal surrender. Jesus demanded absolute surrender to Him and nothing withheld (Mt 10:37-39; Jn 14:21; 23-27; 15:1-17).
- Unmistakably identifies with Christ – Spiritual leaders are to take the life style of Christ. Their accountability is to the Lord (Mt 10:40-42; Mt 25:21).

(Modified from Blackaby et al., 2009:256-261)

To operate with these spiritual characteristics in a pastor’s life will as McCarthy (2002:5) stated, “...have consequence on the world.” The impact can only be expected if this is the focus of the Kenyan pastors. However, Willard (2010:1) decries that church leaders have wrong definition and vision of success. He points out that the vision should be rooted in spiritual terms “determined by the vitality of a pastor's own spiritual life and his capacity to pass that on to others.” He observes:

Many churches measure wrong things. We measure things like attendance and giving, but we should be looking at more fundamental inner qualities like anger, contempt, honesty, and the degree to which people are under the thumb of their lusts. Those things can be counted, but not as easily as offerings (Willard 2010:1).

The process of becoming a mature self, as described in the dialectics of self-integration or self-differentiation, is a major part of growth in a person. Vankatwyk (2002:112) makes important reference to Bowenian theory where human beings’ dysfunctional tendency is

perceived to be either towards individualism on one extreme or togetherness on the other.

The discourse brings out the human struggle towards self-integration or self-differentiation.

Van Katwyk (2002:112-13) concludes:

For the human self that means that there is an instinctual life force towards *individuality* and another life force towards *togetherness*. The goal of human development and spiritual maturity is to become a balanced or *self-differentiated* human being, to be an /while maintaining connected to others...The process of becoming a self, as described in the dialectics of self-integration or self-differentiation, is part of a larger spiritual endeavor, a process of soul-making in establishing one's sacred place in life. Being in-place is a process of balancing care for self and care for the larger world in which the self participates. This does not only apply to the individual self but also to social systems such as marital or family relationships (VanKatwyk 2002:112-13).

Spiritual maturity should lead to an integration of the various aspects of being human. An integrated spirituality improves the quality of human dignity. The presence of God in a person's life contributes to life's meaning and humanity.

Spiritual maturity is another significant attribute associated with effective ministry. It has recognizable dimensions. According to Louw (2008a:91) there is the cognitive dimension of identification with salvation in Christ. This refers to the question to what extent one understands that salvation is given on condition based on grace. One is already incorporated in Christ in the new life: deliverance from guilt and victory through Christ's resurrection. Salvation and victory are thus central concepts for the development of spiritual health within pastoral context. Malphurs (2009:34) observes maturity as a progressive endeavor through commitment of discipleship to growth in holiness and sanctification. It is the responsibility of the pastors, elders and all those entrusted with the nurture of souls to facilitate this process by feeding, building and watering (1 Cor 3:6-10).

Another dimension of maturity is behavioral. It is seen in its original Greek meaning. The word mature in Greek "*teleios*" means "fullgrown" as opposed to being an "infant". But, it is

not "perfection" in the sense of inherent sinlessness" (Cleveland 2003:5). This author concludes that Christian maturity is as a result of perseverance through the growth process accomplishing the designated/desired goal. At the same time, he translates maturity in Greek as "*leipo*" "not lacking." In addition, Cleveland (2003:5) implies that this is the "perfect" maturity that Jesus spoke about in Matthew 5:48. As such, the term describes that which is perfect, mature and complete having attained the end goal for which it was created. The evidence of such a mature Christian life is abundant life manifesting health, blessedness of a purified heart and holiness. Such inherent qualities in a pastor will help him/her gain greater clarity on the meaning of therapy, health and healing from a Christian and spiritual perspective (Louw 2008a:91). Maturity of faith is verified by the display of output of one's life.

Identification of the marks of a minister's maturity as a qualification to be entrusted to care is a great challenge. First, the minister needs to display a sense of accurate self-awareness. According to Johnson (2007:407), such deep knowledge is a product of a personal intimate interaction with the Holy Spirit. This should lead to self-knowledge and self-acceptance that indicate comfort with self. Corey and Corey (2003:69) underscore the need for the growth of such self-awareness among counsellors. This plays a big role in personal growth and development. As such it can be counted as contributing to interpersonal maturity. Corey (2009:21) notes the significance of the healer pursuing their own healing through personal therapy to avoid projecting their own wound onto their clients and marring the helping process. The extent to which a pastor shows ability to live in harmony both within and outside his prescribed community, signifying comfort with others reflects maturity. Furthermore, personal awareness plays a big role in helping the minister to explore their impetus towards being in the ministry. Imperfect drive is a threat to caregiving. This may be

counter-transference -“the process of seeing themselves in their clients, of overidentifying with their clients, or of meeting their own needs through the clients” (Corey 2009:22), rather than helping the clients. These characteristics, describe basic qualities that show readiness for ministry. Maturity is therefore an important attribute for competence in ministry.

Moreover, self-awareness is viewed by Baird (2007:106) as an important aspect in multicultural care-giving. The idea is that one has had an opportunity to confront their resistance to others of diverse population and has integrated within themselves a wholistic view of acceptance. The quality portrays a servant and shepherd who ministers with unconditional positive regard (Capuzzi & Gross 2009:59). Besides, there is a reflection of Christian grace in the extension of unconditional positive regard to those struggling with various weaknesses. Johnson (2007:47-48) alludes that when those besieged by various struggles experience ‘deep humility and grace’ from their community of faith, their hope to hold on and to seek greater spirituality is enhanced. In light that Kenya has many ethnic groupings, such development of maturity of acceptance is necessary for anyone who is called to the ministry of counselling and caring.

The experiential dimension of maturity relates to the measure in which the Holy Spirit demonstrates the credibility of the Gospel and internalizes the truth through salvation. The fruit of the Holy Spirit (Gl 5:22) and the nature of wisdom (Ja 3:17-18) are crucial for internalization. Without the demonstration of the Holy Spirit in the experience of faith of a believer, the Christian faith becomes dead ritualism (Louw 2008a:91). Paul wrote to the Corinthian church that the authenticity of his spirituality was the demonstration of the power of the Holy Spirit in his ministry, rather than just words crafted by human wisdom (1 Cor 2: 1-5). He also said that he sought to establish the faith of those that he was discipling in the same foundation of the demonstrated power of God. Maturity also deals with the question of

the extent to which one's disposition and inclination can be ascertained by means of normative and ethical dimension of Christian faith (Louw 2008a:92). Maturity in faith is associated with the fact that human beings are moral creatures. Louw (2008a:91) concludes that maturity is a profoundly ethical category.

Other dimensions can be stated as including spiritual growth, corporate concept in functioning within the body of Christ (*Koinonia*), and the demonstration of priestly involvement in the problems and suffering of others. Therefore, maturity should relate to capacity to function. One can already see that maturity is linked to spirituality. These include inner transformation and a concrete understanding of scriptural tenets of faith and spiritual disciplines (Johnson 2007:601). They bring out the importance of a personal use of the provision of the gospel to answer personal existential questions and current personal lifestyle issues. Spirituality, spiritual maturity and faith maturity are kinsmen. The writer of Hebrews laments that it is a misnomer for a believer to be in Christ and not to grow into maturity of faith (Heb 5: 12-14). The text indicates that those who are mature are an asset in that they are able to teach others and access the benefits of salvation for themselves. This underscores that the ingredient of spiritual maturity implies the possession of capacity in the care-giver.

Spirituality and maturity of faith are important constructs in the quest for a view of an effective counselling personhood for the Kenyan church. According to Clinebell (1984:103), the pastor needs the ability to understand human fundamental spiritual needs and to help people learn to satisfy in a way that causes growth. Owsley (2007:40) notes that although the Spirit of God enables and gives passion for service, ministers need to develop maturity, character and competence; which others recognize and position them as ministers. Pastoral counselling is special and unique because it revolves around a pivotal value-the worth of each person which transcends race, religion, economics, pathology, and any other factor. We are

unique in that we integrate the resources of our religious traditions with those of the social sciences in the healing of persons (Eliason *et al.*, 2001:77). This way, pastoral counselling facilitates in the search for meaning and wholeness. In addition, pastoral counselling is an extension of the ministry that the pastor is divinely called into. Johnson (2007:408) spells out that the psychological benefits of the presence of the Holy Spirit in a pastoral helper is still a subject for much research. He however affirms that biblical teachings indicate that the Holy Spirit provides the divine basis of Christian inwardness and self awareness. The pastoral caregiver has to be one with an intimate relationship with the Holy Spirit.

2.4.1 Understanding ‘Spirituality’ In Relation to Pastoral Care and Counselling

This research focussed on spirituality as a major component in contributing to pastoral care and counselling effectiveness. Switon (2001:11) has noted that the latter part of the twentieth century has seen a major upsurge of interest in spirituality in relation to healing. However, introducing the category of spirituality in the field of healing is problematic. Stevens and Green (2003:x) note that, ‘Spirituality’ is a buzzword in today’s world and almost any scheme for self – realization claims to be promoting ‘spirituality’. As noted by Lartey (2003:14), there are different understandings of what is meant by spirituality. Various people and religious traditions describe spirituality in different ways. For instance; Louw (2008a:49) indicates that the meanings assigned to spirituality include confession, church polity, communities of faith and their traditional customs. National issues, dogmatic issues, rituals, cultural settings and environmental context all play a pivotal role. As stated in Chapter One, Frame (2003:3) identifies the components of spirituality to include one’s values, beliefs, mission, awareness, subjectivity, experience, sense of purpose and direction, a kind of striving towards something greater than oneself. Lartey (2003:14) observes that:

“Spirituality may indicate stoic attitudes, occult phenomena, the practice of so-called mind control, yoga discipline, escapist fantasies, and appreciation of

eastern religion, multifarious pious exercises, superstitions imaginations intensive journals, dynamic muscle tension, assorted dietary religious meditation, jogging, cults, monastic rigors, mortification of flesh, wilderness sojourns, political resistance, contemplation, abstinence, hospitality, a vocation of poverty, solitude or, I suppose among these and many things, squatting on top of a pillar” (Lartey 2003:14).

Such broad encounter of spirituality within communities is part of the challenges that pastoral counsellors may contend with. In the history of Christian spirituality traced from McGinn (1993:21) to Lartey (2003: 14), it is notable how hard it is to formulate a final definition of spirituality due to many concepts that relate to spirituality. The etymological origin of the word *spirit* is the Latin root *spiritus*, (Hebrew *ruach*, Greek *pneuma*), meaning breath, courage, vigor, soul, life; or from *spirare*, to blow or to breathe (Robinson 2008:14; Jones 2005:26; Switon 2001:11). This broad rendering of meaning to the root words confound the effort towards a precise definition. Writing on Christian Spirituality, Brackney (2010:70) refers it to a psychological or experiential dimension of Christian faith and life, a combination of piety, devotion, prayer and contemplation; a kind of quest for meaning in Christ.

Kasper (2004:158) sees spirituality as the attitudes, faith convictions and practices which determine the life of men and women and help them to reach extra-perceptory realities. On the other hand, Kidd (2001:354 – 355) gives a group's working definition of spirituality as a set of beliefs or attitudes which lead the believer to greater peace, courage, hope, faith and more significant, satisfying relationships with self, others and the Divine. Stated in another way, it is "the thoughts, the feelings, and actions of any person who is stretching to grow beyond the bounds of isolated ego; into the direction of others relatedness, to deeper maturity, and an enhanced sense of vitality and meaning.” Also, spirituality stresses "the dynamic wholeness of self in which the self is at one with itself and with the whole of creation" (Zohar & Marshall 2001:124). Thus, spirituality requires that people regard themselves and others as

whole beings. Louw's (2005b:16) expression of wholeness suggests that the soul and body are intertwined and integrated into a unity in true spirituality. As well, spirituality links with integrity and wholeness (Louw 2005b:133). According to Waaijman (2002:1) spirituality touches the core of human existence, namely, our relation to the absolute. A noteworthy fact is that spirituality differs from religion. According to Brackney (2010:55), religion attempts to respond to the concerns of humanity that are of ultimate concern. These may be phrased in the form of questions: What is the origin of my life? What is the fulfillment of destiny of humanity? If there is meaning beyond me, how do I understand it and what is my response of reality? What is my value and purpose?

In an attempt to shed light on the meaning of spirituality, McCarthy (2002:2) conceives it broadly as referring to "a fundamental component of our human beingness, as rooted in the natural desires, longings, and hungers of the human heart." By so saying, he places spirituality as being wrapped in the essence of being human. He further adds that "Spirituality is concerned with the deepest desires of the heart for meaning, purpose and connection, with the deep life lived intentionally with reference to something larger than oneself." Thus, one's spirituality is the greatest determinant of conscious and unconscious behavior, and the attitudes that govern that behavior. The understanding of spirituality often tend to include explicit reference to God and to be expressed in particular traditions (McCarthy 2002:2). These specific understandings of spirituality concretize, contextualize and en flesh these understandings. "Spirituality is the lived quality of a person *qua* person" (Richard 2000: 71). We can conclude that in the Christian context, there are varied ways in which spirituality is both stated and practiced in its specific and concrete sense. These varied perceptions of spirituality are bound to affect how care is woven within the Church body. The dimension involved describes the conceptualization of intrapersonal and interpersonal relationships, and

how these relationships orient to God. Thus, one's perception of spirituality places them in a system of relationships. Relationships are not only important components in human mental pathology but are also key attributes of care giving.

As already noted from the above discussion, spirituality is fundamentally concerned with meaning and relationships. It can be expressed in terms of explicitly religious, theistic faith. It can be connected with or rooted in a specific tradition or denomination (McCarthy 2002:3). There is no limit to the variety of expression of spirituality. It can be expressed in language about deep yearning, longing, hunger, the desire for transformation, without specific reference to a formal, religious tradition or denomination (McCarthy 2002:3:3). In addition, spirituality is seen as an element of lived experience, seen as the function and impact of the content of faith or belief systems on religious experiences. For this reason, Christian spirituality is a lived experience of Christian faith in union with God. Stevens and Green (2003:x) see spirituality as "our lived experience of God in multiple contexts of life." This experience of God enables humans to discover the transcendent meaning of everyday life, including our work, relationships, and life in the church and the world (Louw 2008a:49-50). It can be implied that spirituality is the way of life. It is important to ask whether spirituality is only a construct of the mind influencing behavior and consequently reality or there is something more, especially in the Christian circle.

Lartey (2003:152) states that Christian spirituality is about a process of formation, in which we are formed by, and in, Christ, who; sharing the form of God, assumed the form of servant (Phlp 2:6). Spirituality is experienced within human relationships. In traditional Christian understanding, there is no "private" spirituality as Christian life involves being incorporated into new community, a body of Christ (Lartey 2003:146). The relationship with one another

is characterized with mutuality, respect, accountability where friendships are sustained and it is indeed a spiritual task (Lartey 2003:147).

It is vital to understand spirituality in terms of human relations. Discussing on pastoral care, spirituality and its importance, Lartey (2003:171) states that spirituality has to do with how we experience ourselves in relation to what we designate the source of ultimate power and meaning in life, and how we live out this relationship. Spirituality becomes the unifying factor in the “I/Thou” experience. The word pair “I-You” or “I-Thou” is suggestive of communion and speaks of relationship (Pembroke 2006:60). As humans, our spirituality allows us to transcend the corporeal body and to connect with that which is other on many levels. It provides self-awareness, an empathic encounter with other humans, and a personal experience with our higher power. Such an encounter has always been looked at as significantly facilitative in the process of counselling another (Pembroke 2006:66). Eliason (2000:78) agrees with this by underscoring that it is the dynamic of spirituality and the “I/Thou” relationship which facilitates growth in pastoral counselling. Furthermore, Lartey (2003: 171) notes that for pastoral care to be real it has to rise in the midst of genuine human meet where the cared for are both vulnerable and open. Pembroke (2006:66-67) adds that the carer on the other hand must be accepting, loving, tender and empathic. Such an environment can only be ensured by correct spirituality, especially of the care-giver who sets the climate within which care takes place.

2.4.2 African Spirituality

Understanding the spirituality of a people is paramount to understanding them. Lartey (2003:141) states: “The spirituality of a people refers to the animating and integrative power that constitutes the principal frame of meaning for individual and collective experiences.” According to Kasambala (2005:303), the study of African spirituality has gained great

attention in the circles of academic research in Africa. The realization is that “from an African perspective, spirituality covers the whole range of life, including but going beyond humans, which makes it even more difficult to understand its composition.” Lynch (2002:9) alluded that African culture’s involvement is to the extended family then to the wider community and that serves as an important part of human well being. As such, African spirituality is holistic and it impacts on the whole of life. It is not considered as an individual affair, because it is expressed in all levels of society, socially, economically, politically as well as among people – it contributes in the building of a nation. Kourie and Kretzschmar (2000:3) indicate that African spirituality is identified as reflecting the whole-ness of life and is important in harmonizing life in all its fullness. According to Kasambala (2005: 306), an exploration of African spirituality, confronts one with its many and diverse features, which cover the religious, social, and spiritual life of the African people. From the above authors, we can anticipate that African spirituality is a way of life. It embraces personal, community and national processes.

An important warning is that it must not be construed that Africans experience their spirituality uniquely from the rest of the world. Rather they express and integrate it into their lives uniquely (Kasambala 2005:303). As Kenyan pastors seek to care for their people, they need to understand the diverse spiritual displays of people in various states of life. Of even greater significance, they need to root their spirituality in scripture so that it resonates with those across the world in its cognitive and experiential expression of faith. This allows for the shepherd and the flock to find rest in true Christian spirituality.

Africans have traditionally had a strong sense of the transcendence. These characteristics are captured by Lartey (2003:113), who advocates that African spirituality must reflect “human

capacity for relationship with self, others, world, God”Five relational categories of spirituality given by Lartey (2003:113-123) would help in this understanding:

- Relationship with *transcendence*: This attribute of spirituality refers to the apparently universal human capacity to relate with a dimension of power and meaning that people perceive as transcending their everyday lives. Response to and relationship with transcendence is most often mediated through particular cultural expressions within a given religious tradition’s system of symbols.
- Intra-personal (relationship with *self*): Relationship with self is an important aspect of our spirituality. In traditional Christian teaching, much stress has been laid upon self denial and abnegation. Healthy relationships with self require variable responses to the particular characteristics of oneself.
- Interpersonal (relationship with *another*): The dyad relationship refers to cultivation of an “I-Thou” relationship with another person in which mutuality, respect, accountability and friendship are sustained.
- Corporate (relationships *among people*): The solidarity of belonging through participation is the mark of being. In traditional African society, ritual commemoration is a binding force that expresses the communality of spiritual bonds that tie people together. Spiritual movements are often sustained through the rituals in which members participate.
- Spatial (relationship with *place and things*): Spirituality is deeply rooted in all that surrounds human life – the earth and the universe, spirit and matter. In Africa, the fundamental symbol of life is a *circle*, which signifies creation, tribe, clan and family. The circle is seen to be an egalitarian rather than hierarchical symbol. (Modified from Lartey 2003:113-123).

Lartey (2003:123) concludes that this understanding is to be found in solidarity and participation of all human beings in all of the events and liturgies of life. Communal life is, therefore, the key concept of African spirituality. Individuals find significance in relation to the community. This is clearly visible in the wisdom sayings of the African people. For instance, the Agikuyu people of Kenya teach: “*Gōtirĩ mōndō wĩ enjaga igoti*”, meaning that no man can shave the back of his own head; one needs another for this service⁴. Such expressions reveal the philosophical foundation that underscores the importance of

⁴ Other related sayings include: *Kamōingĩ koyaga ndĩrĩ*”, meaning that the unity of the community can lift a heavy burden; “*Kara kamwe gatiōraraga ndaa*”, meaning that one finger cannot kill a louse (one needs two fingers to squeeze it to death); “*Ita rĩtarĩ ndōndō rĩuragagwo na njōgōma ĩmwe*”, meaning that an army lacking unity is destroyed with one club (Author’s recollection of her Agikuyu sayings).

interpersonal harmony among the African spirituality. They discourage strongly the notion that there can be any efficiency in a person leading an individualistic life.

Lartey (2003:149) has indicated that communalism in tradition African society is sustained by ritual commemoration that acts as a binding force expressing the community of spiritual bonds that tie people together. Thus, Spiritual movements are often sustained through the rituals in which members participate. One place communalism is evident in Kenya is in the way individuals vote as their ethnic communities have decided because they perceive it to have a community benefit. The African communities traditionally existed with each other, for each other and through the agency of each other. The group dynamic was seen as central to the individual's and overall group survival. Mbiti (1970:3)⁵ says that a person cannot detach himself/herself from the religion of his/her group, for to do so is to be severed from his/her roots, his/her foundation, his/her context of security, his/her kinship's and the entire group of those who make him/her aware of his/her own existence. The relational nature of the African people is further highlighted by Kasambala (2005:308). He notes:

For traditional Africans, humanity is first and foremost the *community*. In the first place is the extended family based on blood kinship or on affinity through marriage, and then the clan, the tribe or the nation. Kinship and affinity create a special kind of bonding within which mutual rights and duties are exercised unconditionally. Individuals acquire their basic identity through these relationships, and they enjoy the feeling of security in life as long as the exchange of these rights and duties is guaranteed. It has often been said that where Descartes said: "I think, therefore, I am" (*cogito ergo sum*), the African would rather say, "I am related, therefore, we are" (*cognatus ergo sum*) (Kasambala 2005:308).

Traditionally, African theologians have commented on the communal nature of African spirituality in ways that demonstrate the crux of the matter. Lartey (2003:149) expresses this:

⁵ In this section, earlier references will be used to help bring understanding of traditional perspectives of African spirituality.

“To be human is to belong to the whole community, and to do so involve participating in beliefs, ceremonies, rituals and festivals of that community. A person cannot detach himself from religion of his group, for to do so is to be severed from his roots, his foundation, his context of security, his kinships and the entire group of those who made him aware of his own existence. To be without one of these corporate elements of life is to be out of the whole picture.” Kenyan pastors, armed with this understanding will format their caring style to align itself to this important characteristic, but also to foster the unity that already exists in the definition of the African sense of relationship. Osmer (2008:16) refers to Hiltner in accentuating the important aspect in working out a caring system for the church. Since people already accept interdependence as a way of life, it is easy for people to accept care from within those they consider as belonging, in this case members of the same church. It is also possible to get people to take responsibility of support for others within that family. This research sought to explore whether Kenyan pastors understand these dynamic characteristics.

An important fact to Kenyan pastors is how this relational characteristic is developed. This work proposes that interdependence and value for relational harmony is a product of socialization and mentoring. From early childhood, children are taught and trained on it as an ideology (Trent *et al.*, 2000:107-119). They are reinforced positively for observing it and negatively for missing a mark in regard to it. The Bible recognizes the importance of such training and places premium in continuous training and teaching for ideals that children are expected to uphold long after they are grown up (Dt 6:6-9; Pr 22:6). The Christian community revealed in the book of Acts 2:42-47; 4:32-35 is also very relational. In this case, that relationship among believers was fostered by the kind of teaching and preaching that was upheld by the apostles. A conscious pastor would recognize the African relational value as having a biblical support and seek to deliberately enable it to thrive. Care would need to be

undertaken to allow members of the church to develop a healthy balance between independence and interdependence. This will foster an organism in which members seek to work out their problems but also receive the needed support from each other.

2.5 Pastoral Ethics

2.5.1 Role of Ethics in Caring Ministry

The word “ethics” is widely used and has variety of definitions depending on who is using it. Ohlschlager and Ohlschlager (2002:145) define ethics as “the study of standards of conduct and moral judgment” and “the system or code of moral conduct of particular person, religion, group, profession, and others.” Christian ethics deal with distinguishing right and wrong behavior of a Christian (Ohlschlager & Ohlschlager 2002:145). Ethics relates to decisions and behavior that have to do with what is good, right, obligatory and/or virtuous. It may also be defined as the study of morality either descriptively or philosophically (Sperry 2007:12). The subject of pastoral counsellors makes reference to two kinds of ethics. First, Christians are called to conduct their lives in conformity to scriptures and in imitation of the example of the Lord Jesus Christ (Rm 12:1-2). The Bible is full of explicit injunctions of what a Christian must or must not do. To be a Christian and not to adhere to these ethical prescriptions is a contradiction of terms. The pastor as the spiritual leader of the Christian team and as a ‘shepherd’ is expected to model the adherence as demanded by scriptures. Second, pastoral counsellors are bound by professional ethical standards prescribed for all that counsel.

The interest of this research is exploration of ethical counselling, both from a Christian standing and from professional research viewpoint. Historically, ethical practice in counselling has been identified as essential. Some models of counselling have been developed with a description of what would constitute being ethical or unethical (Corsini &

Wedding 2000:66, 217-18, 424, 453-54). In relation to professional counselling, Corey *et al.*, (2003:6-22) and Gladdings *et al.*, (2001:5) maintain that codes of ethics serve a number of purposes: to educate the counsellors and public about professional responsibilities, to provide a measure for accountability to protect the public and counsellors, and to provide a basis for reflection so that counsellors might improve the quality of practice. In short, ethical standards provide a standard for evaluation and accountability. This means that they can be used as the criteria for litigation for any counsellor deemed to be underperforming. Conversely, they can be seen as a standard that motivates appropriate performance by those professionals who want to do a good job. The importance of professional ethics in guiding practitioners into effective and competence in practice is paramount. Gladdings *et al.*, (2001:5), concludes that this enables the professionals themselves a means of safeguarding their freedom and integrity. Psychologists are continually challenged to deliver services in an ethical, effective, and culturally relevant manner (Barnett 2007:409). Thus, secular professionals find it necessary to have ethical standards that guide the practioners. The above discussion brings out the fact that professional counselling has explicit codes of ethics that clearly spell out counsellor's responsibilities and relationship issues with clients. Robison (2004:395) also notes that within the specialized field of pastoral counselling there also exists ethical standards developed for those adopted as a part of membership in their professional association. However, such an association does not exist in Kenya.

We have already noted that divine revelation in Christian faith yields moral absolutes. Rooted in the Bible and the Judeo-Christian practices are explicit ethical systems whose values flow out of God's revelation in the Scriptures (Ohlschlager & Ohlschlager 2002:146-147). Orera (2005:4) spelt out that ethics refer to the way of life or the pattern of conduct. He believes that 1Chorinthians 15:33, calling Christians to a life of uprightness is a significant text for

Christian ethics. As such, God's moral absolutes are held to be universal, not culture - or time bound but applicable across all space and time. Moon and Crew (2002:8) explain that it is essential that Christian counsellors have impeccable character. They indicate that the pastoral counsellor ethical behavior and commitment are to be "without reproach" towards others as they lead the flock of God (1Pt 5:20). It means that all Christians, but especially the pastors, need to be committed and to abide by the ethical standards approved by God (Orera 2005:6). These express cardinal values and core rules of Christian counselling ethics. Thus, this work proposes that those who seek to be Christian counsellors must adhere to relational ethical principles. A sample of these has been extrapolated from the golden rules found in Romans 13: 8-10 and integrated with known counselling principles as follows:

- Do not be indebted to any client or parishioner, except the debt to love them.
- For if you love, honor all you're your professional and ministerial duties.
- Know the rules of counselling and pastoral care.
- Do not engage in any form of sexual misconduct with your clients, whether current or past.
- Do not, as far as it is possible with you, let them kill or harm themselves or anyone else.
- Do not steal your clients' money or disregard your time with them.
- Do not harm or envy or look down on or manipulate or fight with or in any way exploit those Christ has sent to you for help.

Conclusively, Christian counsellors ought to:

- Practice the golden rule with all wisdom and grace.
- Love their clients as themselves.
- Not to do anything to their clients or those they love that wouldn't want done to themselves.
- To love as love does no harm to any client.

(Adapted from Ohlschlager & Ohlschlager 2002:147)

Moon and Crew (2002:8) referring to Hebrews 13:17 give an appropriate conclusion to the above when they say that pastoral Counsellors need to love their clients as Christ loves them as an obligation because they will give an account of their stewardship. This loving, he asserts, "constitute all the Christian counsellors' moral, ethical and legal duties." On the other hand, Corey (2009:38) has insisted that being ethical demands that a therapist ensures that the

therapeutic relationship exists for the benefit of the client. Good character and ethical excellence are components in a therapist that would contribute to competence and excellence in a therapeutic process. Both personal character and relational dynamics are necessary conditions to successful counselling (Moon & Crews 2002:9).

Sperry (2007: 20) identifies that for a professional counsellor to be an ethical practitioner they need capacity. This is both inherent and developed. Corey (2009:17) says that a counsellor needs to operate with great awareness of personal inner factors such as motivations, values, life experiences and personality traits that can influence their care delivery. Furthermore, competence has a lot to do with personhood. Moon and Crews (2002:11) allude to this when they state: “Therapeutic relationships that foster healing are not formed merely from well chosen techniques that can be relegated to one’s professional identity but grows out of the therapist’s inner life.... In this case, psychotherapy is both professional and personal.” Personal factors have to do with level of one’s emotional awareness, resolutions of their interpersonal and intrapersonal conflicts. As well, capacity to put appropriate boundaries is paramount. The person of the therapist therefore is a great tool in effective caregiving. Lynch (2002:69) brings in the importance pastors needing to attend to their own devotional life as the foundation of Christian pastoral care. In addition, Corey and Corey (2003:38-86) expand this further when they underscore that professional counselling competence is a function of education, self-awareness or personal development, and the ethical status of the profession. Sperry (2007: 21-23) focuses on professional, personal and ethical development as the key to competent practice. There is need to explore attributes that pastors in Kenya need to work on to ensure that their caring practice is ethical.

Lynch (2002:73) on his part includes “a code of conduct, appropriate training, supervision and other methods of developing the counsellor’s skills” necessary for one to remain

competent. Peterson and Welfel (2000:8) assert that unethical practice occurs when counsellors practice outside the limit of their level of competence. One thing that would ensure competence of performance is qualification. Degrees, certifications, licenses, and training standards are established in all the nations that have a Professional Code of Ethics to maintain a level of competency in relation to the quality of care due to clients (Sperry 2007:31-35). The American Code of Ethics indicates that licensure serve to ensure the safety of clients (Wilconxon *et al.*, 2007:325). The assumption is usually made that a client's welfare is directly affected by whether or not the mental health professional knows his or her limitations and weaknesses, as well as his or her strengths and skills. This competence is usually defined as some combination of clinical expertise, high levels of self-awareness and interpersonal effectiveness (Baird 2008:41-58; Welfel 2010:134).

There is recognition of the requirement for education at graduate level and above to have integration in both theology and psychology to obtain greater competence as pastoral counsellor (McMinn & Campbell 2007:13). By studying theology as well as psychology, pastoral counsellors are trained in two disciplines instead of one, providing a unique opportunity to integrate them into an effective psychotherapeutic process. The pastoral counsellors, with this dual training, are among the most educated and competent mental health professionals (Eliason 2001:78). In addition to initial degrees, certifications, licenses, and training, it is important for practicing pastoral counsellors to continue their education and to consult with other professionals concerning cases, ethics, and self-awareness. The process of personal growth continues throughout one's professional career and directly affects the quality of care provided to clients, as well as one's personal satisfaction and level of competence (Welfel 2010:81-104; Eliason 2001:79). This deliberate pursuit for ongoing growth is a great virtue in the helping profession. This research was interested in finding out

the conceptualization of the importance of pursuit for such growth within the fraternity of Kenyan pastors.

2.5.2 Ethical Principles and Standards in Counselling

Most professional helping organizations, build their codes of ethics around values (Gladding *et al.*, 2001:231). In secular counselling, basic moral principles guide professionals towards high ethical practice. Such are defined in (Welfel 2010:144 & Corey *et al.*, 2002:15-17).

- Autonomy is the professional act of fostering client's growth and personal independence of counselee, with due consideration of cultural context.
- Nonmaleficence describes the counsellors' commitment not to cause harm on the client for instance through labeling of clients. Professionals therefore need to guard over their assessment, diagnostic, and treatment procedures. The responsibility of counsellors to direct the counselling process towards promotion of clients' wellbeing by vigilance in ensuring that interventions they use are growth promoting within their cultural context and not counterproductive or harmful is termed as beneficence.
- Justice or fairness refers to requirement for therapists to act to ensure that all people have equal access to treatment and relevant intervention strategies regardless of their background and orientation in all aspects that make humans different or discriminated upon.
- Fidelity refers to the responsibility of counsellors in a therapeutic relationship, to demonstrate commitment and honesty in the promises they make. It includes counsellors' action to give information about their practice, its limitations, the potential risks and benefits to foster a trusting therapeutic relationship where clients can work and arrive at their own solutions to their problems.
- Veracity relates to the step taken by therapist to ensure that clients have truthful information and understand implication of all aspect of the process and their responsibility, including the limit of confidentiality to allow them make informed decisions and be empowered to be active consumers of therapy (Welfel 2010:42 – 48; Corey *et al.*, 2002:15-17).

The above stated principles guide ethical practice. There is however wide recognition that the principles are not ultimate in determining that a counsellor will provide the best for their clients. Authors differentiate between obligatory and aspirational ethical practice (Corey *et al.*, 2002:5; Corey 2001:45). The first defines a practice that is guided on strict adherence on the ethics for the purpose of meeting the requirement. The second describes the integration of the knowledge of the ethical code with a sensitive examination of every case. The aim is to determine a strategy of intervention that is of ultimate benefit to the client and those

associated with his case (Corey *et al.*, 2002:12). Corey and Corey (2003: 220-221) assert that although ethical principles are not necessarily sufficient as they neither convey ultimate truths nor provide ready-made answers, they are necessary. Their advice is that professionals should familiarize themselves with the code of ethics thoroughly, identify possible areas of disparity and endeavor to interpret the ethics correctly to the day-to-day cases that clients present.

In professional practice, ethical codes specify that a practitioner maintains confidentiality, informed consent, competence, continued education, maintain proper supervision, take self-care, avoid dual relationships and maintain accurate documentation of the counselling work (Sperry 2007:373–374; Baird 2007:45-65; Welfel 2010:101-102; 309-346). They also supplement knowledge and skills by specifying guidelines for ethical decision-making. With the provision of the standard, counsellors are left with the challenge to steer their work towards that standard. In order to do this, counsellors work hard to have self-awareness of their motives, their emotional needs, their strengths and their limitations (Corey, 2001:44).

In Kenya, professional codes of ethics have been developed by upcoming professional bodies. The two most notable are the Kenya Psychological Counselling Association (KPCA) and the Kenya Association of Professional Counsellors (KAPC). A bill to enable them to have such powers in terms of professional misconduct by the counsellors is yet to be passed by the Parliament. Both the bill and the proposed codes of ethics are concerned with matters of competence of the associations, the capacity of counsellors to interpret the ethical requirements and the effectiveness in cases of ethical dilemmas (Researchers personal knowledge). Kenyan pastors would benefit from the knowledge of such proposed standards. It begins with them perceiving that therapy and ethics are part and parcel of the healing process rather than separate domains. The researcher's interest was to evaluate how ethical Kenyan pastors are in their caring practice.

Unethical pastoral care puts at risk the human identity of both the care-giver and the helpee. Who we are for one another fundamentally determines the character and quality of care. “Pastoral care therefore needs to deal with the principle of human rights (identity)” (Louw 2008a:268). Kenyan pastors would benefit from self-awareness just as professional counsellors gain insight on how to reinforce their work with their clients. This may be either with personal supervision/therapy, consultation, use of collaboration with a variety of professionals, or even referrals (Corey 2001:16-19). In so doing, the client’s welfare is put as a priority and their issues are given the most suitable of the alternatives that are available. Kenyan Christian counsellors and Christian clients need to learn from psychotherapists and engage regularly and rigorously in reflection on ethical dimensions of therapy.

A scenario in counselling practice can be deduced from Parrot (2003:73) who views human pains and sufferings in contemporary society as too complex for universal and strict formulas broadly applied. In practice, rules and regulations may not provide cut answers to the questions that keep emerging in therapy. A challenge of ethical matters in helping is that they are often embedded in confounding situations that make decision-making not to have one easy answer. This is true of both secular and Christian counselling (Louw 2008a:267). The guidance given by codes of ethics is made adequate by the active processing and problem-solving skills of the individual practitioner. Baird (2007:36-38) highlights the importance of counsellors cultivating critical self-reflective habits and personal journaling regarding their own thinking because they are not exempt to the “perils of faulty thinking” that afflict their own clients. Such a habit would provide Kenyan pastors with protection from impairment of judgment as a result of listening to so many cases with different confounding issues.

Ethical decision-making in the midst of a complex problem that poses a dilemma is a process that calls for creativity, openness to resources and involvement of the client as a collaborator in the decision-making process. Corey (2001:46-47) gives eight factors to be examined so that counsellors are sure of arriving at the most suitable decision. These include:

- Gathering information to assess the nature of the problem.
- Evaluating the rights and responsibilities of all involved parties.
- Relate the issue to the relevant code and consider whether personal ethical code conflict with it.
- Determine any relevant laws and regulations that may have a bearing on the ethical dilemma.
- Consult widely.
- Brainstorm on possible courses of action with the client and with other professionals.
- Enumerate the possible consequences of any course of action with your client and reflect on possible implications.
- Implement the best possible option following it up with evaluation to determine what further action is necessary (Corey 2001:46-47).

This reflects thoroughness and diligence on the pathway towards accurate decision making in therapy. Louw (2008a:268) specifically points out that the challenge in ethical discernment in pastoral care is how to link ethics and the spiritual dimension of care and Christian theology. For effective pastoral counselling, further action on the part of the pastors need to include searching the scriptures and prayerful meditation on the issues at hand for clearer divine guidance. Kenyan pastors would need to tap into the resources of divine guidance provided in the person of the Holy Spirit in their endeavor to make decisions that are ethical.

In addition, the quality of the interactions and relationships in pastoral care and counselling is significant because more is at stake here than merely the psychological understanding and empathy. Louw (2008a:269) asserts that pastoral empathy includes sympathy, identification with the total need and condition of the other. This indeed is the mark that Jesus Christ set for His church in His identification with humanity. Potter (2007:4) notes that pastoral counselling relationship needs to be marked by; “accountability, responsibility love and

warmth.” Pastors can achieve this virtue by maintaining a close intimate relationship with God (Blackaby & Blackaby 2009:3). In pastoral care, the principle of sacrificial ethics (often as a counterpart to an achievement ethics) comes in play. The motives of the care-giver need serious evaluation.

The quality of pastoral space is another important attribute of ethical counselling. Louw (2008a:283) defines space as the guarantee of a safe environment in order to disclose and share without taking the risk of public exposure, possible rejection, stigmatization and loss of trust. Is there a guarantee of trust and can the truth be maintained? Whom can I trust with the deepest mystery and secrets of my life? The ethical dimension of confidentiality (trust) is fundamental in this regard (Corey 2009:41). Therefore, building a relationship of trust and confidentiality in the pastoral relationship is essentially an ethical and legal requirement. Louw (2008a:283) says that this is important because the human dignity of the client is at stake here since it is connected to the notion of acceptance. The concern is even more primary in the caring within the church because the church exists as a body in *Koinonia* as we have already noted and there exists multiple relationships between persons.

Ethical living for a pastoral counsellor is of paramount importance. Unethical acts lead to deep-seated frustration and severe feelings of guilt. According to Louw (2008a:283) this can hamper the process of spiritual development, hence the emphasis on the right speech and right action. An awareness of distinction between good and evil plays an important role in the practice of spirituality. It is evident that spiritual development and maturity are hampered by unethical living. A pastor who wishes to be a helper needs to pay attention to his moral and virtuous life. This is in agreement with the charge given to Timothy by Paul as a mentoring shepherd. He was exhorted to take heed of himself and of the flock in his charge (1Tim. 4:16). The challenge of the pastor is that he cannot at all afford to live carelessly in his own

life. Lynch (2002:59) states: “Indeed there is a growing awareness in the literature on pastoral care that pastoral relationships have the potential to be extremely damaging”. Wicks *et al.*, (2003:319-322) show that pastoral counsellors are vulnerable and susceptible to, sexual misconduct, money and business issues, professional boundary violations, dual role relations, breaking confidentiality, unfinished business of therapist hold the client unduly in therapy.

The importance of acknowledging and dealing with power relation issues in pastoral counselling has been addressed by several authors. Lynch (2002:61) points out that a pastoral counsellor should be mindful of the fact that they are the most powerful party in the relationship. According to Robison (2004:395), clergy are vulnerable to ethical violations including abuse of power due to their place in the religious systems and sexual misconduct with clients due to dual relationships. Also, there exists unequal power between ordained clergy and those they serve which has resulted in sexual harassment and abuse of the less powerful person (Labacqz & Driskill 2000:74). This is an area worthy addressing since it is the interest of the Church to protect the clients. The vulnerability of those seeking help has resulted in an explosion of sexual violations within the religious community as unearthed among the Catholic priests (Robison 2004:395-396). In addition, Tippie (2003:5-6) confirms that pastoral counsellors engaged in sexual affair with female clients when such clients were vulnerable, in emotional and psychological pain due to their marital problems. In agreement with Barnett (2007:402), “such behaviours are an abuse of the trust clients place in professionals to act with only their best interests in mind, as well as an exploitation of their dependency on the professional.”

Barnett (2007:409) spells out that there are no cultural considerations that allow an ethical counsellor to consider sexual contact with a client permissible. Multiple relationships and boundary violations of this kind are never in the client’s best interest. On the same note,

Johnson (2007:410) says that protecting a client's best interests necessitates careful avoidance of boundary violations or harmful intrusions into the client's personal world. Boundaries can be understood as limits of responsibilities.

“Positively speaking, boundaries are the way we set limits to create a hospitable space where others can come in and feel safe with someone who makes room for them and accepts them. In the safe place created by clear boundaries, those seeking pastoral service can trust that we will not take advantage of their vulnerability” (Gula 2010:130).

Maintaining proper boundaries should not be underestimated. Lack of such observance has resulted to all manner of abuse among the caregivers (Labacqz & Driskill 2000:74). In addition, Robison (2004:403) states that “abuse of power in religious systems reflects unhealthy boundary guidelines found within our wider cultural setting.” The implication is that clergy need to take the responsibility of maintaining healthy boundaries when engaging in pastoral counselling. Robison (2004:395) further identifies the dual identity of an ordained representative of a religious institution and as caregiver inherent in the pastoral counsellor as chief in contributing to vulnerability to abuse. This is a red flag for all pastoral care-givers to be relentless in working on self so that they ensure that they do not fall below the standard. The ethical responsibility for each pastoral counsellor towards themselves is to maintain professional competence, personal health wellbeing through education, self-care and above all supervision (Wicks *et al.*, 2003:219–322).

Guidelines from American Psychological Association (APA) (Barnett 2007:402), direct that counsellors should not engage in exploitative multiple relationships with: sexual intimacies with current clients, relatives or significant others of current clients, their students/supervisees, nor do therapy with former sexual partners. Lynch (2002: 64-70) offers rich ideas of creating boundaries in the pastoral helping relationships:

- First, the counsellor must be aware of the fact that counselling should take place in an appropriate setting and at appropriate times.
- Secondly, the counsellor should make the boundaries of confidentiality clear to the client, especially when the counsellor is helping more than one member of the family. Further, it should be clear to both client and counsellor that confidentiality is not synonymous with secrecy.
- Third, the counsellor must always be sensitive to his/her own emotional needs and vulnerability. The two parties spend much time alone together and at least one of the two shares very intimate and personal details with the other. Counsellors are human and subject to the same temptations as others. Furthermore, counselling is an emotionally volatile endeavour, thus it is important to maintain a certain amount of distance between counsellor and client.
- Fourth, the counsellor should determine at the start of the relationship what the aims of the counselling are, so that they have a goal to work towards and the relationship can be terminated at the appropriate time. In addition, if the counselling is going nowhere, it is the counsellor's job to realise that it may be necessary to refer the client to someone else.
- Fifth, counsellors have to be honest about their ability to do what the clients require. If counsellors need assistance or find themselves entirely unable to provide help, they must take the necessary steps to ask for guidance. Pastoral counsellors should know of other reputable mental health practitioners in their area (Lynch 2002:64-70).

Importantly, Christian soul carers have to adhere to biblical ethics. McMinn and Campbell (2007:24-51) insist that Christian counselling is fundamentally based on the context of creation, fall, redemption and eternity. Thus, Christian ethics are in submission to the overall call of God. The obligation goes beyond the legal call and the social obligation. A counsellor should acknowledge the imbalance of power and respect the well-being of the counselee. Lynch (2002:61) makes an important point about a pastoral counsellor's identity – that it should be rooted in humility and mutual humanity, a desire to share rather than to be in a superior position. Yet, this desire for a healthy relationship is not always enough. Lynch (2002:61) points out the seriousness of power imbalances in human relationships and the need of creating boundaries for more powerful partner to protect the vulnerability of the weaker one.

Ethical practice within the church system can be achieved through a structured community effort. Robison (2004:404) states that an “ethical community implies that the membership of

the group, as a whole, strives to become conscious of its actions and agendas, to the end that they should not cause harm to any individual but instead contribute to a greater life for all concerned.” A combination of support structures for pastoral counsellors aimed at facilitating responsible reflection on ethical issues suggested by Lynch (2002:73) include; a code of conduct, appropriate training, supervision and other methods of developing the counsellor’s skills. Arguing that abuse within a local church congregation indicate a sick larger church system, Robison (2004:403) points out that healing needs to occur in societal and individual levels. He alludes that a healthy church system has healthy interactions in “workings of the larger society and the daily struggles of church people.” Good ministry then is seen as structured in a system where the wellbeing of the pastors is factored in within the larger religious system. Pastoral care resides within this larger context. The development of clear ethical codes and guidelines for clergy, as well as education in the area of transference and counter-transference in pastoral care, will lead to wholeness within the entire religious community (Robison 2004:404-405).

We cannot conclude the discussion on ethics without touching on the principle focus of this work – ‘solidarity’. As stated earlier, Solidarity is regarded as an ethical norm that affirms the equal worth of human beings in God’s creation. As such, the church has a moral obligation to care for all that suffer in the society in order for them to stand up for survival, freedom and wholeness. It would seem right to suggest that a failure of the church to be in solidarity with those who are in need is a breakage of an ethical requirement. As underscored by Lazarus and Zur (2002:474), “before entering into a dual relationship take into consideration the welfare of the client...avoidance of harm, exploitation and conflict of interest, and the risk of impairment of clinical judgment.” Only then can pastors and counsellors be seen to take responsibility in order to ensure solidarity with the suffering.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodological approach that was used in this research. The chapter begins with a brief description of the research strategy and research design that was used for the study. The target area and population are then described to enable the readers to locate the context of the study. Validity and reliability is discussed to highlight the steps taken to make the work credible. An articulation of this was deemed important to bring to the fore the significant factors identified by the researcher. Ethical issues for this research were also identified and highlighted as part of ensuring adherence during the research process. In addition to this section, are the sampling procedures and the resultant research samples that were used. The methodology is finalized with the description of the research procedures, the research instruments, data collection and the data analysis procedures.

3. 2 Research Strategy and Design

This work adopted a qualitative approach to research. This method “focuses on the meanings of lived experiences, involves observation and data collection in naturalistic settings” (Willig 2008:2; Clarke 2000:1; Patton 2002:39). The settings of this research were counselling situations or pastoral care where the individuals shared their stories as they sought for help. Gravetter and Forzano (2009:147) describe qualitative research as involving careful observation of participants and making extensive notes of the interactions, which are interpreted in a narrative report. Data is gathered through open ended unstructured questions and recorded majorly as direct quotations. The interviewer is an integral part of the investigation (Babbie & Benaquisto 2002:304-306). This differs from quantitative research which attempts to gather data by objective methods to provide information about relations,

comparisons, predictions and attempts to remove the investigator from the investigation (Gravetter & Forzano 2009:147). Willig (2008:16-17) notes that samples in qualitative analysis are usually small, purposively selected, and that the research uses detailed descriptions from the perspective of the research participants. He continues to say that the participants are the means of examining specific issues and problems under study.

The researcher in this work strongly assents to the assertion that the world is not always “made up of observable, measurable variables” as is presupposed by quantitative research (Leedy & Ormrod 2010:94). The argument about whether all reality can be measured is at the heart of the differences in the appreciation of the two methodologies. Measuring has been described as performing an operation called ‘measurement’ on the physical world by the observer thereby assigning numerals to objects or events according to rules (Golafshani 2003:1-2). The researcher's methods involves the "use of standardized measures so that the varying perspectives and experiences of people can be fit into a limited number of predetermined response categories to which numbers are assigned" (Patton 2002:14). Measurements have to do with objective, quantitative and statistical material or simply objective hard data (Leedy & Ormrod 2010:107). The contention of this study is that hard data would not be an adequate tool to bring adequate understanding of the dynamics involved in pastoral counselling work. Certainly, it could not be used to explore the meanings that accrued to the clients within their experiences under pastoral caring in Kenya.

In conclusion, qualitative research is an approach that assumes that valid understanding can be gained through accumulated knowledge acquired firsthand by the researchers (Merriam 2009:13). The researchers formulate the case as accurately and objectively as possible before analysis or evaluation and interpretation is undertaken (Daniel 2006:64-66). Qualitative design allows collection of rich data from study subjects, exploring their experiential and

historical aspects (Leedy & Ormrod 2010:135). The involved participants provided varied detailed information that is of interest to this research. Flexible strategies involved in these research methods include, unstructured interviews, conversational documentary of the participant's stories, journals/diaries analysis and the researcher's observations/impressions during the gathering of the required data (Dehlberg & McCaig 2010:125, Patton 2002:4). Unlike quantitative approach, qualitative design is largely concerned with non-statistical methods of inquiry and analysis of social phenomena (Leedy & Ormrod 2010:94-96). It draws on an inductive process in which themes and categories emerge through analysis of descriptive data collected (Gravetter & Forzano 2009:147).

Advocating for qualitative approach Lutton (2010:9) argues that it allows for the researcher to seek knowledge and understanding as “an insider's perspective” as a result of being engaged with the context of research. The ensuing engagement has the effect of fostering very intimate relationship between the researcher and the participants. This leads the researcher close to the perspective of the study context (Lutton 2010:13). Further, he argues that a researcher is engaged with participants as both the focus and the audience of the research. Thus, the assimilation is obvious (Lutton 2010:13). Qualitative and quantitative research approaches are viewed as two ends of a continuum by Dahlberg and McCaig (2010:21-22). They argue that they both play a role in developing knowledge by seeking different dimensions of it. In particular, the inductive nature of qualitative research seeks to understand meaning of phenomena while the deductive nature of quantitative research seeks to come up with descriptions and explanations for the phenomena (Dahlberg & McCaig 2010:22). Fischer (2006:XXIV) notes that a researcher must first ensure that they have a healthy motive for choosing one approach or the other. He notes that some researchers

choose qualitative research to get away from the statistical demands found in quantitative research. He suggests that positive motives for choosing qualitative research should include:

- A desire to gain experience with the approach.
- A need to understand holistically, an experience, phenomenon or situation in terms of what it is like or to describe the implicit dynamics of human interactions.
- When in need of advancing a perspective of persons living in a particular situation and traditional research has reached its limits (Summarized from Fischer 2006:XXIV).

Scruggs and Mastropieri (2006:320) assert that qualitative research is useful because it serves to enlarge the interpretive possibilities of findings and to construct a larger narrative or general theory surrounding an investigation. They instruct that different research works of the same area from different researchers be treated as cases so as to harness the emerging theme. Qualitative research is particularly useful for certain kinds of research problems. On the other hand, Stake (2010:14) asserts that professional and clinical knowledge rely heavily on qualitative inquiry because actions chosen are not mechanically arrived at but rather through interpretation based on researchers experience and knowledge. Kombo and Tromp (2006:9-16) have specified that qualitative research is applicable for:

- Circumstances where the subject matter is unfamiliar with the need to investigate causes and effects of certain phenomenon.
 - Instances when a researcher wants to relate the effect of a particular aspect of behavior to the wider context.
 - When meanings rather than frequencies are sought, for instance when exploring impacts of phenomena.
 - When flexibility of approach is needed to allow for discovery of the unexpected and in-depth investigation of particular topics.
 - When depth and detail in a research are the major aspects of interest to the researcher.
- (Adopted and modified from Kombo & Tromp 2006:9-16)

Qualitative studies have been singled out as significant in the study of emotional processes (Stake 2010:15). Harper and Thompson (2011:5) suggest that the approaches enable the understanding of experiences and processes. He underscores that it is useful in increasing the quality of mental health practice because it assists in developing an understanding of

emotional distress, evaluating the quality and outcome of offered practice. Stake (2010:15-16) has described special characteristics of qualitative study. The main points given include:

- Interpretive nature – Use of the researcher's intuition, observations and subject interactions to derive meanings, findings and reports from human affairs.
- Experiential characteristic – Hold the view that reality is a human construction. The researcher does not rearrange the natural setting to get the data but he/she observes by participation and becomes a vicarious participant of the experience.
- Situational – describes its contexts in detail, honoring objects and activities that make them unique rather than pursue generalization. It is holistic rather than taking context elements and not reductively analytic.
- Personalistic – It is empathic, understands individual's uniqueness and diversity rather than commonality. Data emerge from the participant as ethical respect for subjects' space is prized. The researcher is the main instrument and interpretive language is natural, devoid of grand constructs.
- Well triangulated – When well done, the researcher confirms or disconfirms their interpretation. Research gives adequate information for readers to make their own interpretation and reports allow the readers to recognize researcher's points of view subjectively.
- Assimilated – Helpful in advocacy, laying out multiple realities in contexts, lend to the understanding of unique cases or represent typical ones. Knowledge can lead to policy development. (Adapted and modified from Stake 2010:15-16)

As indicated earlier, qualitative methods are flexible and naturalistic. A researcher develops their own tools to fit the goals of the study (Lodico *et al.*, 2010:114). Data is recorded in narrative or images using multiple tools and measurements incorporate a recording of the subjective experience of the researcher (Lodico *et al.*, 2010:124). The methods of data collection that are associated with qualitative research according to Lodico *et al.*, (2010:112-133) and Patton (2002:4) include:

- Participant observation - The researcher becomes a participant in the culture or context being observed. Important considerations include; how to enter the context, the role of the researcher as a participant, the collection and storage of field notes, and the analysis of field data. Participant observation often requires months or years of intensive work because the researcher needs to become accepted as a natural part of the culture in order to assure that the observations are of the natural phenomenon.
- Direct observation – The observer doesn't try to become a participant in the context. He does direct observation and strives to be as unobtrusive as possible so as not to bias the observations. He has a more detached perspective and can make use of technology like videotape or one-way mirrors. It tends to be more focused than participant observation.

- Unstructured interviewing involves direct interaction between the researcher and a respondent or group but unlike traditional structured interviewing it lacks a formal structured instrument or protocol. It has interview conversation that is free to move in any direction of interest that may come up. Unstructured interview results in data that is usually difficult to analyze especially when synthesizing across respondents.
- Documents analysis – This may include use and analysis of recorded information, pictures, and journals. They are used to get more information about the phenomena.

Merriam (2009:21) argues that there is no consensus among experts on the classification of qualitative research. Leedy and Ormrod (2010:137-138) have described ethnography, phenomenology, field research, grounded theory and case study as different approaches of qualitative research. They define ways of conducting qualitative research that generally “describe, either explicitly or implicitly, the purpose of the qualitative research, the role of the researcher(s), the stages of research, and the method of data analysis”. Merriam’s (2009: 21-54) six approaches in qualitative research include; basic qualitative research, narrative analysis, phenomenology, grounded theory, ethnography, critical qualitative research. On the other hand, Stoner (2010:23) lists nine approaches namely; grounded theory, ethnography, case studies, action research, narrative research, phenomenology, discourse analysis and ethnographic content analysis. According to Faulkner (2012:54), the goal of critical qualitative research is to critique and consequently challenge and change society. He asserts that in addition to seeking to understand society, it seeks to empower. Its main focus is the context, addressing the structure, the power and the interests being served within the context under study.

Ethnographic approach is an approach that involves participant observation as a part of field research, in which the ethnographer becomes immersed in the culture as an active participant and records extensive field notes (Golbert & Hustler 2005:16). Phenomenography is a school of thought that emphasizes a focus on people's subjective experiences and interpretations of the world (Merriam 2009:24). The phenomenologists, according to Golbert and Hustler

(2005:16), seek to understand how people capture events with the assumption that different individuals will develop different patterns of awareness of experiences in events. That is, the phenomenologist wants to understand how the world appears to others. Stark and Torrance (2005:3) argue that both phenomenography and ethnography share in common the social constructivist perspective in social science. This is the belief that people's apprehension of the events of their lives is a factor of their culture and socialization and this socialization is embedded in their own background. However, ethnography is characterized by the idea of the researcher going into the field to observe the phenomenon in its natural state or *in situ* (Merriam 2009:27-28). The field researcher typically takes extensive field notes which are subsequently coded and analyzed in a variety of ways. The last approach, grounded theory has its ultimate purpose as developing a theory about phenomena of interest (Merriam 2009: 29-31). The said *theory* needs to be *grounded* or rooted in observation. Golbart and Hustler (2005:17) have indicated that ground theory sprung from the argument that going to the field with an already preconceived theory would bias the observation of the researcher. Therefore, the researcher begins the journey of theory generation or discovery of the theory when they start exploring the participants' perspective without any specific hypothesis.

This research was patterned after phenomenography because it sought to understand the subjective experiences of sufferers who sought help from Kenyan pastors. It included vicarious perspectives of persons who related with the churches in pursuit of well-being. The concern also included their evaluation of the help they received. It also sought to deduce the challenges the Kenyan pastors' experience in their endeavors to provide the support they provide to their clients. Merriam (2009:21) states that phenomenology deals with individual's construction of their reality in their interaction with their social world. This writer highlights that constructionism is a concept that underscores that meaning in experience is not inherent

to the person waiting to be discovered but rather meaning is given by the individual. In essence, human beings construct meanings of their encounters with experience as they go through it. This work is an exploration of the construction of the meanings that the clients accorded to the helping process they experienced under the pastors in Kenyan context. The research can loosely be seen to be in part ethnographic because it has attributes of ethnography in it. This is due to the fact that the researcher is involved in the system of church counselling and professional counselling and is able to get firsthand the impact of the work being done by the pastors. In this regard, the culture that the researcher is enjoined to that would justify the use of the term ethnography is that of church helpers or counsellors. In this privileged position, it was possible to acquire data or personal experiences without looking like an outsider.

The goal of the study was to acquire in-depth information about how pastoral care-giving in the Kenyan context is experienced, its effects and its effectiveness. The research sought to explore and understand the phenomenological factors about the counselling process that happens between the pastors and the congregants and within the helping/support structure maintained in churches. In line with the research objectives, the researcher needed to explore the spirituality of solidarity content that clients experience from their pastoral counsellors or their representatives in church caring structures. The researcher was also interested in the meaning of such experiences to the clients. Additionally, the investigator was interested in finding out what is lacking within the said caring relationship. This facilitated understanding of its limitations and consequently gained insight on how pastoral caring behavior can be reinforced. To achieve this, detailed accounts for the selected participants were explored where it was both possible and necessary. Nearly all the pastoral cases used in this work were not ongoing and therefore documented case summaries were explored. The meanings of the

clients' experiences were further explored using additional unstructured in-depth interviews between the participants and the researcher or the co-therapist.

The phenomenological qualitative research process is useful in exploring the experience of persons with problems and getting into substantive areas in which little is known about (Leedy & Ormrod 2010:141; Smith *et al.*, 2009:22). Ultimately, it was a tool to help in the collection, analysis and interpretation and better understanding of the complex reality of the counselling situation of among pastors in Kenya. Patton (2002:246) points out that qualitative research has an emergent rather than a predetermined design, and researchers focus on this emerging process as well as the outcomes or products of the research. The researcher of this study in essence started the work with only a few questions but kept directing the interest of the study according to the unfolding data from the participant. Thus this kind of approach was useful to the researcher because it allowed the pursuit of the typical phenomenological experiences that emerged from the study rather than a rigid objective. Leedy and Ormrod (2010:135-136) assert that such details are difficult to obtain from other conventional methods making qualitative study a challenging task but one that provides rich data. Besides, Scruggs and Mastropieri (2006:320) have elaborated on the benefit of this design by observing that its characteristic to enlarge the interpretive possibilities allows for the construction of larger narrative or general theories. With these facts in mind, qualitative research method was made the method of choice by the researcher.

The ability to gather people's subjective experiences of a situation using qualitative research method was another reason for the choice of this research method. The typical flexibility of phenomenology afforded the researcher to collect the required data in different settings and using interviews that were both informal and unstructured (Leedy & Ormrod 2010:145; 147). It also meant that counselling notes could be used (Leedy & Ormrod 2010:139). These were

useful because the counselling process characteristically delves into the inner processes of a person's experience. Participants were able to respond more elaborately and in great detail providing information that allowed the researcher to gain insight into the research issues. The data then was collected differently for different clients reported in the next chapter. The researcher made keen observations to ensure that the no information was lost (Joppe 2000:1). In line with the qualitative method, data was subjected to a non-mathematical process of interpretation (Daniel 2006:67). This included detailed description of cases, recording of the observation and highlighting of emotional and cognitive aspects of the experience of both the clients and the helpers. In some cases some clients recorded their own stories according to their subjective experiences.

3.3 Description of the Target Population and Area of the Study

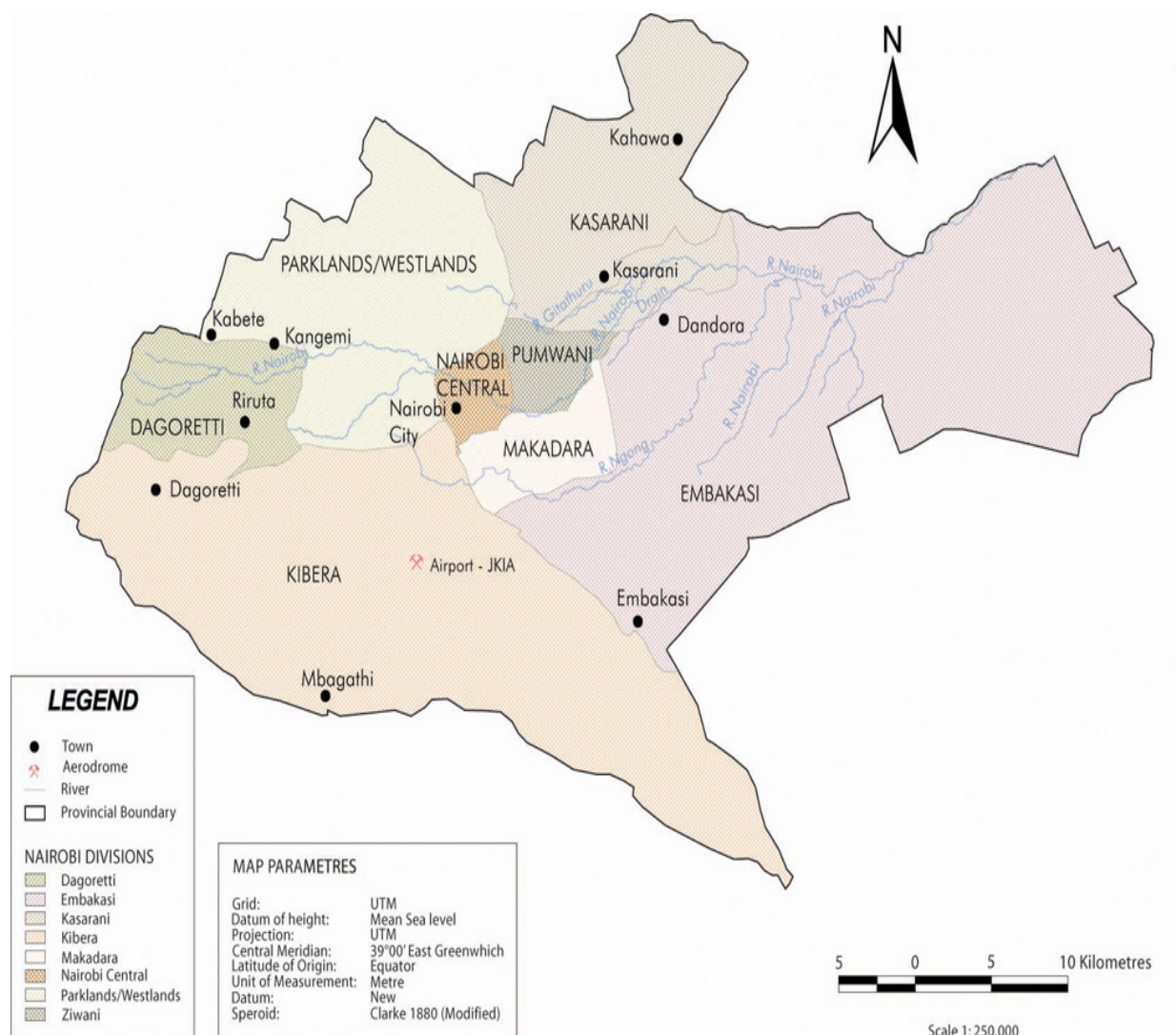
The Map of Kenya Showing the Research City: Nairobi



The research took place wholly in Nairobi city, Kenya, which is part of East Africa. Kenya covers a land that is approximately 581,787 square kilometers (<http://www.internetworldstats.com/africa.htm>). According to World Bank research (2011) Kenyan population was approximately 41,609,728 (www.worldbank.org/en/country/kenya). In Kenya, counselling as

a professional service was not widespread and traditionally, most of the caring work was given by pastors. There was never a more insightful team of counsellor to either oversee or provide guidance to the pastors who as we saw in Chapter Two were not as trained or were chiefly trained in theology. At the moment, within the major towns and especially in Nairobi, professional counselling is gaining acceptance and pastors too are getting interested but still locate their mandate as caring from chiefly a theological stance. The study was located in Nairobi which is the capital city of Kenya.

The City of Nairobi Overview



Nairobi here refers to the main town centre as described by the City Council boundaries and the surrounding, initially different little towns, which are now seemingly acting as the main residential areas. Nairobi was chosen as the study area due to various reasons. First, people are more educated and are therefore more open to seeking help than those in the rural areas who are likely to be more closed due to traditional socialization. Second, as a result of its nature, there are likely to be more cases of people needing support that is not available to them from known traditional structures such as family members. As such, this makes them dependent on other support systems such as the Church and its community or professional psychotherapists. Thirdly, it was an accessible population to the researcher. The researcher plays the role of both pastor and professional counsellor in Nairobi. She is also engaged as a counsellor trainer at the university level. Fourthly, working within Nairobi was bound to bring out the necessary data within the resources available to the researcher. Paucity of finances played a part in determining whether the researcher completed this work or not.

Nairobi is largely cosmopolitan, with many diverse people of various challenges and ethnicity. Most people have found themselves there as migrants from the rural areas in search of jobs. Within the city, people experience various form of problem situations, including insecurities due to abductions, tribal militia warring groups, poverty, issues related to personal backgrounds, and others that are common to humanity in general like bereavement, rape, sicknesses family discords, and the list goes on (Researcher's firsthand experience). Nairobi is estimated to have a population of about 3,130,000 million (<http://populations.co/populations-by-city/city-populations/nairobi/>) (Accessed 23/10/2012). A high percentage is thought to be members of the various Christian denominations motivated by different reasons. This population of Christians contained the target population of this study. The study aimed at getting individuals who had experienced caring from pastors or had anticipated for it

for different reasons. Therefore, the target population was pastors' clients and pastoral carers. It also engaged clients who sought for help in the church system in general to indicate the caring capacity of the church community.

3.4 Validity and Control Measures in the Study

Empiricist tradition uses as criteria for authenticity and the objectivity of study to be causality, generalizability, and replication of instruments (Bringle *et al.*, 2011:302; Johnson & Christensen 2012:263). In their definition, reliability refers to the extent to which results are consistent over time or the results of a study can be reproduced under similar methodology indicating that the research instrument can be considered to be reliable (Joppe 2000:1). This definition brings about the idea of replicability or repeatability of results. Fisher and Foreit (2002:45) agree with this definition when they state that reliability refers to the consistency, stability or dependability of the data. In essence then, reliability is the measure of the consistency of the measuring instrument(s) in a research project. Auerbach and Silverstein (2003:3) argue that quantitative standards may not work for qualitative studies. They however insist on there being a way of ensuring that subjectivity does not result in a report that is not representative of the phenomenon studied. According to Ritchie and Lewis (2003:271) assessing reliability of qualitative data requires a clear understanding of which features of qualitative data might be expected to be consistent, dependable or replicable. The danger of quantitative ways of ensuring reliability as argued by Cohen *et al.*, (2007:148), is the use of some degree of control and manipulation of phenomenon that results in its distortion. Auerbach and Silverstein (2003:84) insist that the criteria of transparency, communicability and coherence are crucial in judging between 'justifiable or unjustifiable ways of using subjectivity to interpret data'. The criteria are described as:

- Transparency – the fact that other researchers can know the steps used in arriving at the interpretation.

- Communicability – that the research themes and constructs can be communicated and understood by other researchers and the research participants.
- Coherence – that the research theoretical constructs can fit together and allow for a coherent story in the report. (Auerbach & Silverstein 2003:84)

The suggested solution to the problem of reliability in qualitative research is rigor in the research process itself. Johnson and Christensen (2012:263) have said that researchers need to address research bias through:

- Reflexibility – self reflection aimed at creating researchers awareness about their biases and predisposition leading to vigilant monitoring and control.
- Negative case sampling – selecting cases that the researcher expect.

On the other hand, Seidman (2006:18-19) addresses the rigor to the interview process. The proposal here is that a series of three 90 minutes each interviews should be done for every participant to “allow interviewer and participant to plumb the experience and to place it in context. The proposed interviews are:

1st Interview: To establish the context of the participants’ experience.

2nd Interview: Allows participants reconstruct the details of their experience for capturing.

3rd Interview: Allows the participants to reflect on their understanding of the meaning of their own experience (Seidman 2006:18-19).

Cohen *et al.*, (2007:148) earmark key question for consideration to raise research reliability.

They include:

- Stability of observations - the question of whether the observations would be consistent given a different time or place.
- Parallel forms – if the observation and interpretation would seem considers attention to other phenomenon during the observation.
- Inter-rater reliability – whether another observer with the same theoretical framework and observing the same phenomenon would have interpreted them in the same way.

Cohen *et al.*, (2007:149) concludes that reliability is the fit between data recorded and actual phenomenon in the naturalistic setting. The above attributes of rigor as suggested by Johnson and Christensen (2012:263); and Seidman (2006:18-19) were incorporated into the research methodology to achieve credibility in this work. Besides, Macnee and McCabe (2008:170) assert that rigor, ensures not only reliability but also validity. In terms of significance,

validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are (Joppe 2000:1). Therefore, validity seeks to establish the ability of a given instrument to measure accurately the required attributes and bring about credible results. Golafshani (2003:600) assert that a devised test seeks to establish the validity of the instrument on focus and the significance of this test is to ensure replicability or repeatability of the result. In simple terms, validity refers to data that are not only “reliable but also true and accurate” (Fisher & Foreit 2002:46). The great controversy lies in the question whether qualitative methods provide credible results that are valid. Maxwell (2002:37) clarifies that the important point to this approach is that it focuses primarily on the accounts not on the data or the methods.

Maxwell (2002:37) has also stated that qualitative researchers have responded to the challenge of validity and reliability by either denying its relevance for qualitative researches or by arguing that qualitative researches have different procedures for attaining validity. Green and Brown (2005:4) have highlighted that a common argument leveled against qualitative research relates to generalizability of the data across other categories. He argues that although findings from qualitative data can often be extended to people with characteristics similar to those in the study population, “gaining a rich and complex understanding of a specific social context or phenomenon typically takes precedence over eliciting data that can be generalized to other geographical areas or populations.” In saying this, he alludes to the purpose of qualitative research in general, which is to unearth this underlying complex social phenomenon. Besides, Lutton (2010:9) argues that the purpose of seeking ‘an insider’s perspective’ leads to the “understanding of a contextualized specific situation and this may not be transferable to other situations. Using the same line of argument, Auerbach and Silverstein (2003:87) spell out that qualitative research yields

abstract patterns that can be expected in other groups of similar circumstances. The application to those other groups has to contextualize the specific contents of those patterns to the specific subculture being applied.

The need to ascertain validity in qualitative researches has been carried this far. Klenke (2008:37) argues that the epistemological scope of qualitative methodologies is too broad to be represented by a single criterion. He highlights the voice of advocates of positivistic criteria that calls for the establishment of distinct and separate criteria from that of quantitative research. Baumgarten (2012:10), Macnee and McCabe (2008:170) have recorded alternative criteria for judging the soundness of qualitative research that they considered to be alternatives to those traditionally used by quantitative oriented research. They proposed credibility in place of internal validity, transferability in place of external validity, dependability in place of reliability and confirmability in place of objectivity. They have also proposed a fifth one, trustworthiness that Klenke (2008:40) says sums up the other four. The redefinition of criteria for establishing authenticity is a sign of commitment by qualitative researcher to reliability and validity in research (Klenke 2008:38). These authors (Klenke Baumgarten, Macnee & McCabe) argue that these alternatives speak into the methods of qualitative research because they transfer the weight of the authenticity of the research process to the rigor inculcated by the researcher into the work. Criteria for judging the soundness of qualitative research as the above authors proposed:

- Trustworthiness refers to honesty of data collected from and about the participants. It requires a meaningful relationship with participants and a consistent protocol of data collection.
- Credibility refers to the extent to which the results of qualitative research are credible or believable from the perspective of the participant in the research. This is because the purpose of qualitative research is to describe or understand the phenomena of interest from the participant's eyes.
- Transferability relates to the degree to which the results of qualitative research can be generalized or transferred to other contexts or settings. From a qualitative perspective

transferability is the responsibility of the one doing the generalizing. The qualitative researcher can enhance transferability by doing a thorough job of describing the research context and the assumptions that were central to the research.

- Dependability emphasizes the need for the researcher to account for the ever-changing context within which research occurs. The research is responsible for describing the changes that occur in the setting and how these changes affected the way the research approached the study.
- Confirmability: Qualitative research tends to assume that each researcher brings a unique perspective to the study. Confirmability refers to the degree to which the results could be confirmed or corroborated by others. It requires an audit trail of researcher's documentation and decisions regarding data collection process and analysis. (Baumgarten 2012:10; Macnee & McCabe 2008:170-173; Klenke 2008:38; Morse *et al.*, 2002:2).

The first concern of most qualitative researchers is with the factual accuracy of their account that the researchers are not making up or distorting the things they saw and heard. Accuracy in description is therefore emphasized as the foundation upon which qualitative research is built (Maxwell 2002:45). Identifying descriptive validity as key, Johnson and Christensen (2012:265) confirm that this has to do with factual accuracy of an account as reported by the researcher. This fact is well illustrated by Maxwell's (2002:45) statement: "Whenever I engage in field work, I try to record as accurately as possible, and in precise words, what I judge to be important of what people do and say". Johnson and Christensen (2012:265) add that it can be improved by investigator's triangulation, in which the researcher uses a co-researcher to countercheck what they are observing and hearing the specific events and situations that are characteristic of primary reporting may have neither generalizability nor representativeness. Rather, they are all matters on which in principle inter-subjectivity agreement could easily be achieved, given the appropriate data. For example: a tape recording of adequate quality could be used to determine if the informant made a peculiar statement during the interview. A close description of this is what Cohen *et al.*, (2007:150) have called face validity. They state that this is validity that takes care of distortions introduced by overstating and understating observations. They guide that it can be ensured by

biases. The sources of biases include interviewer's attitude, opinions, expectations, preconceived ideas and/or misrepresentations of the respondents. As well, bias can result from respondent's misunderstanding of the questions.

Another notable fact of validity in qualitative research is interpretive validity and it refers to aspects of accounts for which the terms of accounts are not themselves problematic. Interpretive accounts like descriptive ones are grounded in the language of the people studied and rely as much as possible on their own words and concepts (Maxwell 2002:47). Interpretive validity has been described by Johnson and Christensen (2012:266) as accurately portraying the meaning given by the participant to what is being studied. To cross check this, they suggest that researchers seek participant's feedback on their conclusions. They also suggest extended field work to promote validation of their work and triangulation process. Theoretical validity is fronted by Johnson and Christensen (2012:267) as the degree to which a theoretical explanation developed from a research study fits the data and is therefore credible and defensible. McDavid and Jawthorn (2006:192) say that it refers to the credibility of researcher's interpretations and focuses on the researcher's constructs. Descriptive, interpretive and theoretical validity are key aspects for this study. This methodology assumes that valid understanding can be gained through accumulated knowledge acquired firsthand by the researcher(s).

Morse *et al.*, (2002:3) have argued for a return to the use of validity and reliability by means of rigor obtained through techniques of verification. They assert that verification strategy account for the philosophical perspectives that are inherent in qualitative inquiry making them applicable to this methodological approach. In their verification strategy, they recommend the following key activities:

- Methodological coherence: Matching the question and the method, this in turn matches the data and the analytic procedures. Each component is used to verify the previous and therefore the methodological assumption as a whole.
- Sampling sufficiency: This refers to *sampling that is appropriate* consisting of participants who best represent or have knowledge of the research topic. Sampling adequacy is evidenced by saturation and replication and sufficient data to account for all aspects of the phenomenon. The research seeks negative cases to ensure that aspects of the developing analysis that are not obvious are brought out. This in effect lead to saturated data which ensures replication in categories and consequently replication verifies and ensures comprehension and completeness.
- Developing a dynamic relationship between sampling, data collection and analysis: This involves concurrent collection and analyzing of data. It helps form a connection between what is known and what needs to be known. This has been seen as the basis for reliability and validity
- Thinking theoretically: It involves constant checking to reconfirm ideas that are emerging from new data in the already collected data. The new ideas taken on board are therefore verified in data that is already collected.
- Theory development: This happens through a conceptual/theoretical understanding of the work. It emerges as an outcome of the research process rather than being adopted as a framework to move the analysis along; and also as a template for comparison and further development of the theory. The extent to which the emerging theories are valid is the extent to which they are well informed, comprehensive, logical, parsimonious, and consistent (Summarized from Morse *et al.*, 2002:11-13).

The writer of this work gathered the data from clients who had been in counselling sessions and the control measures to validity for this study were considered are hereby highlighted: First, in this study, more subjects than required were part of the target population. They all had gone through in-depth interviews as they attended their therapy sessions. Evidently, this controlled threat to internal validity (Fisher & Foreit 2002:46), and more so in case of mortality. Second, since this study used purposeful sampling where cases are selected for specific reasons (Klenke 2008:64); threat to validity was highly controlled by selecting the cases that only met the objectives of this research. Third, threat to validity would have been realized if this study had experimental group members, who given the chance to meet the control group and share what was going on during therapy, would have influenced their responses. The researcher controlled this by not having two groups. That is, an experimental group and a control group (Fisher & Foreit 2002:51).

Fourth, to the best knowledge of the researcher and by the period that this study was done, there were no therapists in Nairobi who did therapy focusing on pastoral spirituality of solidarity in addition to narrative and experiential therapy. These concepts depict originality in Kenyan pastoral counselling context. For this reason, this study was protected from historical influences (Fisher & Foreit 2002:46). Fifth, by having the clients write their personal stories – “personal accounts” about how they experienced the phenomenon under investigation, both the researcher (a seasoned Kenyan pastoral therapist) and the clients were able to cross check the accuracy of details. This is in line with Fisher’s and Foreit’s (2002:81) findings that “the data from the first interview are checked against the data from the second interview for consistency”. For this reason, the stories and their meaning in the participants’ experiences are recorded and analyzed in this research.

An important concept in qualitative research is triangulation. Ritchie and Lewis (2003: 275-276); and Patton (2002:556) assert that it strengthens confidence in the conclusions of a study because it adds credibility to it. Triangulation provides diverse ways of looking at the same phenomenon (Patton 2002:556). This author identifies three ways of doing this as:

- Methods triangulation – comparing data generated by different qualitative methods
- Triangulation of sources – comparing data from different research instruments like observations, interviews, documented accounts and others.
- Triangulation through multiple analyses – using different observer, interviewers' analysts to compare and check results.
- Theory triangulation – looking at data from different theoretical perspectives.

Additionally Ritchie and Lewis (2003:276) recommend for respondent validation that include the participants' involvement in validating the data and its interpretation and documentation of research methods used and findings to allow others to check on the validity of the work.

Rigor in the research process has already been identified as key in establishing good quality studies in qualitative research. The researcher considered the recommendations of the above mentioned scholars and worked out a contextualized method that suited this study. That is:

- Explored personal biases and expectations to have them in conscious awareness throughout the data collection and interpretation process to ensure that they did not interfere with the perception of what was observed and heard.
- Became a keen listener in order to acquire all the research inputs necessary for proper interpretation of the responses of the participants in the work.
- Record accurately all information so as not to lose any details from the work with the participants. Sometimes the participants were requested to write their own stories so

that it could serve as a counter check in maintaining emotional and cognitive details in the cases.

- Made early sketches of what was needed for the work in order to use it to direct the focus of the data gathering process so that the information gathered would meet the specific needs of the research work.
- Inclusion of primary data in this final report to allow the reader to see the exact basis upon which the researcher's conclusions were made. All the data related to selected cases were included in the form of case summaries.
- The researcher was candid in allowing her own feelings and personal reactions to interact with the cases in the study. Relevant researcher's feelings in the cases are highlighted within the report of the study
- The researcher was eager to receive feedback from the supervisor, a step that assured critique of the work. Some of the participants, especially those with knowledge of the research process were included in cross-checking the manuscript. Others were given feedback of the documented materials to ensure that the information reported was accurate.
- The researcher made effort to take on board what she had anticipated and what she had not within the revelation from the data in an attempt to be balanced in her recording and interpreting of data.
- Triangulation was incorporated by having a research assistant to act as a sounding board for what meaning the researcher was getting from the research participants, using different methods of collecting the data and looking at the data from different theoretical perspectives.
- Extended time was given to participants as allowed in counselling processes.

The researcher took keen interest in proofreading the work so as to check incorrect grammar, misspelled words, statement inconsistency, to further ensure the validity of the study.

3.5 Research Ethics, Confidentiality and Privacy Protection

A major ethical concern in this research related to the protection of the rights of the participants (Somekha & Lewin 2005:56). The areas of responsibility of the researcher included protection of the participants' emotional, physical and mental wellbeing and in reporting of the work. This had to be done in honest and accurate way in relation to the procedures used and results obtained (Gravetter & Forzano 2009:99). Ethical concerns arise from a range of the research processes. These include: measurement techniques, selections of individuals, the appropriateness of the research strategies and designs for specific population, how the studies may be carried out, data analysis, and reporting (Gravetter & Forzano 2009:99). This study paid special attention to ethical responsibility of the researcher, considering both the Nuremberg Code and the American Psychological Association ((APA) 100-101, 102-103) guidelines. The following section underscores how such issues were dealt with.

Three ethical principles traditionally held for the Protection of Human Subjects include:

- Autonomy, which refers to the obligation on the part of the investigator to respect each participant as a person capable of making an informed decision regarding participation in the research study. This requires the investigator to give full disclosure of the nature of the study, the risks, benefits and alternatives to the participants. The opportunity to ask questions to clarify anything that is not clear is allowed. This is the basis of the informed consent requirement in research.

- Beneficence refers to the obligation of researcher to make effort to maximize benefits for the individual participant and/or society, while minimizing risk of harm to the participants. The risk/benefit ratio must be honestly and thoroughly worked out.
- Justice, demands equitable selection of participants, for instance, not capitalizing on that may be unfairly coerced into participating, such as prisoners and institutionalized children. The principle of justice also requires equal distribution of benefits and burdens among the population group(s) that may benefit from the research.

(Extracted from Gravetter & Forzano 2009:102-103)

All the clients involved in this research started as clients in a variety of settings. They were the researcher's clients or those of her co-therapist/supervisees. The bond of trust between the therapist and the client is a central value in counselling ethics (Corey *at el.*, 2003:17). It is true that the ethic of a counsellor is to be trusted and the one thing Kenyan pastors/ therapists ought not to do is to break the confidence they are entrusted with by their clients. This principle of trust is well emphasized in both theology and psychology. Several scriptures speak much on the tongue, talk or communication and how to guard the tongue. For example: "A gossip betrays confidence but a trustworthy man keeps a secret" (Pr 11:12). Giving opinion on a matter before hearing the facts, tends to bring shame (Pr 18:13; Ja 1: 9). Talk can be cheap, but easy talk can be expensive and saying the wrong thing at the wrong time can lead to unfortunate consequences (Pr 18:21). Evidently, Solomon teaches on how dangerous the tongue could be and the need to control or tame it (Pr 10:18-321). No doubt the Apostle James' descriptive metaphors of tongue like "fire, a world of iniquity," (Ja 1:3:6); an "unruly evil" with "deadly poison" (Ja 3:8), and a fountain of grumbling (Ja 5:9) shows how dangerous careless talk could be. It is also pointed out that the tongue can be unpredictable source of either blessing or cursing like a "spring" that gives either fresh water or bitter, or a

“fig tree” that bears “olives” or a “grape vine” that bears “figs” (Ja 3:10-12). Nelson (2001:392) emphasizes the importance of self-evaluation in the words that are spoken.

According to Corey *et al.*, (2003:16) and Wilcoxon *et al.*, (2007:128) promotion of client welfare is the primary end of counselling where the therapist has to facilitate client’s autonomy and establish a bond of trust between him/her and the client. The bond of trust between client and the therapist is therefore seen as a central aspect of counselling. Given the propensity of many clients to resist disclosure of personal facts, especially to someone they do not know, establishing such trust is essential for free and open communication between therapists and clients (Parrott 2003:45). Without this free and open dialogue, there is little chance that clients would share honestly and work through their problems in therapy. On the other hand, professional virtues are to be evident in the life of the therapist. The fact that the researcher had the dual role as a therapist and as a researcher put her in two positions that carry high ethical concerns. Specifically for this research, the ethical issues that were significantly of interest included: the competency of the researcher, informed consent from the participants, confidentiality, anonymity and voluntariness of the participants.

The skill of the researcher is important in determining the competence to deal with the primary concern of the safety of the research participant. It relates to his/her capacity to consider the risk/benefit ratio and to make appropriate assessment and continual monitoring as the research proceeds. With many years of experience as a counselling psychologist and a pastoral worker, the researcher had acquired much experience in handling and caring for clients, observation of ethical issues in counselling relationships included. Although the researcher was breaking new grounds in actual research work with this study, a lot of time was spent reading and getting familiar with the needs of the work in addition to training in research methods that she had undertaken previously in her training. In this regard, the

researcher hoped that this presented work was balanced and ethical. Sperry (2007:21-23) stresses the need of competence as it determines that a researcher demonstrate sensitivity to relevant ethical issues in data collection, choice of a research design that would be appropriate to the targeted population and the ability to navigate through ethical dilemmas.

Informed consent is a serious ethical requirement for any research work (Piper & Simons 2005:56; Gravetter & Forzano 2009:107-113). It should be seen as an ongoing process rather than a singular event or a mere formality. Participants need to be informed of new areas of concerns that may arise that had not been predicted by the researcher as the study moves on. As Piper and Simons (2005:56) put it, when a more realistic assessment of the risks to participants is fully understood, researchers need to renegotiate with the participants and get their full consent in light of the new insight, what these writers termed as 'rolling informed consent.' Potential participants should be informed of the nature of the study, the purpose of the research, the procedures to be used, the expected benefits to the participants and/or society, the potential of reasonably foreseeable risks, stresses, discomforts, and their freedom not to participate in the research (Leedy & Ormrod 2010:101-102). It is also required that the informed consent document include what compensation and medical treatment are available in the case of a research-related injury and also who was answerable in case of injury.

Although the issue of informed consent was relevant for this research, there were a few aspects that were not necessary. The participants were informed the nature and the purpose of the proposed study. The researcher told them the benefits that will be accrued by the completed work (Mugenda & Mugenda 2003:98). The foreseeable risk was mainly the possibility of their being identified by people who knew them. Details of how the participants were to be disguised in the report by providing anonymity and confidentiality were provided. Various pseudonyms were assigned to the participants (Leedy & Ormrod 2010:146). The

research did not have any protracted procedures because it acquired its materials from those who had sought help of their own volition at different times before participants were selected. The information required by the researcher was already within the counselling notes of the researcher and that of her supervisees. The important step that the researcher took was to identify the cases to be reported and then called the clients in order to obtain their consent in honor of their rights to authorize their participation in the research or decline. Although it is often recommended that consent be done in writing, in view of the relationships that had developed within the counselling interactions, an oral consent was deemed more appropriate because it resonated the spirit of trust that had grown this far and the autonomy the clients had been empowered to develop in their personal lives.

Ensuring that participants understand what they are getting into is also important. The presentation of the material or information necessary for the informed consent should not be shrouded in difficult language or technical jargon (Sperry 2007:245). To ensure this, the language used was in line with what the researcher had understood of the participant as a client. Special attention was also paid to the aspect of the participants' voluntariness. Of particular concern to the researcher was that there was already an existing client-counsellor relationship with all the participants. There was therefore need to ensure that the participant's consent to participate in the research was voluntary, not obligatory and not out of a sense of inability to say no due to power relation issues. To ensure this, all the participants had used ongoing sessions except two involved cases that had been closed. The clients had nothing to lose by saying no. The researcher used this free pad for the clients to educate them on their autonomy to understand the risks and make an independent choice. For the other two, they were expressive that they would like their story to be useful to others. They in-fact were not direct clients of the researcher and had no obligation to the researcher.

Participants also should be capable to give consent, not impaired due to mental status, disease, or emergency (Mugenda & Mugenda 2003:98). To the best of the researcher's knowledge, all the participants' conditions were appropriate and gave their own consents. What's more, they had been helped to resolve much of their emotional and cognitive conflicts in therapy and were more balanced at the time when consent was sought for. Finally, the researcher was aware of ethical issues of deception in acquiring and getting consent from participants. Using deception jeopardizes the integrity of the informed consent process. That can potentially harm the participants. Literature has explored the need to use deception in some areas in order to fully explore the area without the participant changing their way of doing things (Cardewell & Flanagan 2005:190; Bankert & Amdur 2006:210). In those cases, a regulatory board needs to assent to the procedure before it is used. In this research, such a step was not necessary, again because the information was gathered before the thought of the research.

A key component of the informed consent that is given to the participants is the details on how confidentiality of the information collected will be maintained. Public knowledge of certain private matters of an individual can be damaging to the participant concerned. Piper and Simons (2005:56) underscore that the principal of confidentiality allows people to talk in confidence. Therefore researchers need to honor the awesome trust given to them. Fisher and Foreit (2002:83) state that the researcher has an obligation to protect the confidentiality of the respondents in the study and must provide that assurance at the beginning of their contract. The guidelines they provide include:

- Not collecting information that is sensitive or potentially harmful unless it is absolutely required.
- Use of code numbers instead of names
- Not allowing the use of information by other people when there is a chance that such use could be potentially damaging to the participant (Fisher & Foreit (2002: 83).

Additional guidelines given by Gravetter and Forzano (2009:102) emphasis that:

- The investigator must enumerate how privacy and confidentiality concerns will be approached. Researchers must be sensitive to not only show information is protected from unauthorized observation, but also if and how participants are to be notified of any unforeseen findings from the research that they may or may not want to know.
- The investigator must consider how adverse events will be handled; who will provide care for a participant injured in a study and who will pay for that care are important considerations.

By design, counselling notes and procedures have embodied in it, an ethical requirement that stresses confidentiality of the information given in therapy and any recorded information (Leedy & Ormrod 2010:102-103). This was strictly adhered to from the initial data collection since the participants were originally clients in therapy. They had received assurance for confidentiality within that relationship and had experienced a sense of safety. Within the counselling system, they were identified as participants of this research. Anonymization of participants is the recommended strategy for concealing their identity in a research report (Piper & Simons 2005:57). In this study, this was followed by change of names, omission of certain details, and disguising of places and scenarios. Perhaps one of the blessings of the issues explored is that the stories are not peculiar to the participants sampled out and therefore can easily be diffused among many others. The interest of the research was not the uniqueness of the stories of the participants, but rather the meaning of the individual's experience. The research also followed the advice that to maintain the confidentiality of information collected from respondents, unless absolutely required, it was not good to collect information that is sensitive or potentially harmful from the participants (Fisher & Foreit 2002:83).

3.6 Sampling and Recruitment Strategies of Participants and the Research Sample

Sampling methods used in qualitative research include; purposive sampling, quota sampling, and snowball sampling. These methods of sampling are classified as non-probability methods

(Babbie 2011:206). In purposive sampling; cases are picked for a specific reason and according to preselected criteria relevant to a particular research question (Yin 2011:88). Patton (2002:229-230) says that sample sizes, which may or may not be fixed prior to data collection, depend on the resources and time available, as well as the study's objectives and are often determined on the basis of theoretical saturation. Thus data collection does not need to be sampled using any mathematical design. Struwig and Stead (2001:122) further emphasize that purposive sampling is not concerned with randomness but rather with the 'information-rich participants.' They underscore that rather than predetermining the sample size, the researcher predetermines the characteristics of the participants to ensure that they will have the rich information sought for. There are no rules for sample size in qualitative (phenomenological) study. Patton (2002:244) notes that the size depends on what the researcher wants to know, the purpose of the inquiry, what state and what the study will be used for. Leedy and Ormrod (2010:147) add that purposive sampling is most successful when data review and analysis are done in conjunction with data collection.

Quota sampling is viewed by Fischer and Foreit (2002:67-68) as a type of purposive sampling. They say that in quota sampling, a decision is made while designing the study how many people with which characteristics should be included as participants. Lewin (2005:219) defines quota sampling work by individuals being selected to fill quotas to represent relative proportions of specific characteristic. Although Purposive and quota sampling are similar in that they both seek to identify participants based on selected criteria they differ from each other in that quota sampling is more specific with respect to sizes and proportions of subsamples, with subgroups chosen to reflect corresponding proportions in the population (Fischer & Foreit, 2002:68). Purposive sampling as stated earlier requires the number of

participant that provides the required insight into the research problem as the target rather than a steadfast requirement or a strict quota.

Finally, Lewin (2005:219) describes snowballing as a method that involves the identification of individuals in a population with the required characteristics. He continues to say that they are subsequently used as informants to recommend others with similar characteristics in the population. Denscombe (2007:17-18) notes that snowball sample emerges through the process of nominating relevant persons for the purposes of the study. Goulding (2002:67) calls this method as chain referral sampling where informants find and recruit “hidden populations,” that is, groups not easily accessible to researchers through other sampling strategies. It can be said that the participants use their already existing social networks in this process of chain referral.

This study used purposive sampling “handpicked” participants since the research was geared towards acquiring only that data that was sufficient for the research objectives (Denscombe 2007:17; Klenke 2008:64). The data being phenomenological in nature, required only sufficient participants to conclusively give the picture of the scenario of the caring behavior and features within the pastoral counselling. Specifically, the study aimed at investigating the Christian solidarity in pastoral care ministry to the people. Many clients’ cases that had previously been handled by pastors that were known to the researcher and her co-therapist were examined for suitability by looking at the client’s case histories. These clients some of who even wrote their stories in addition to being interviewed walked with the researcher at a particular moment during their search for help, or were helped by the researcher’s co-therapists. The picked up clients were only a few among many from the collection of many people that had had sessions with the researcher. The participants were selected in view of their relationship to the research objectives of this study. Cases that did not bring into the

research any new information were left out deliberately to avoid much repetition. Therefore, there were many cases that were not picked because they carried the same themes as already chosen cases. A few cases that brought out the same point were included for comparison and emphasis of the factors they revealed.

3.7 The Research Instruments

Theoretical sensitivity indicates “an awareness of the subtleties of the meaning of data” by the researcher who and is judged by “the attributes of having insight, the ability to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn’t” (Strauss & Corbin 1990:42). These personal qualities of the researcher are significant in giving credibility to the research work (Klenke 2008:136). In this study, the researcher and her co-therapist were the most significant research tool. Gathering data depended largely on their capacity to carry out unstructured interviews, interpret both non-verbal and verbal communication and conceptualize the information disclosed by the participants. The researcher examined the participants’ issues and purposively made decisions on who will be selected for the interview and eventually who will be included in the study. This was possible for the researcher and her helper because they are experienced in providing therapy, training therapist, and the researcher is also involved in provision of care within a pastoral setting.

3.8 Data Collection Procedures

This research combined the use of direct observation, unstructured in-depth interviews, and exploration of articles from the print media. People’s experience was acquired through self-report as they responded to the interviewers questions. A number of participants were requested to document their own experiences after interaction with the researcher or the co-therapist. This was meant to get their stories in their own words. The researcher first got

awareness of the various clients because she was a part of the system of help provision in the chain of helpers involved in the cases. These were employed because counselling, being a highly confidential process, required the confidence of the counselee and a sense of feeling safe in order for them to explore their experience. In a sense, the researcher has been part of the church system as a minister and a professional therapist. This allowed her to be in touch with many church cases as one of the natural persons for people to go to or consult. This made her nearly a natural part of the field of research. Therefore, cases were drawn from direct clients of the therapist and those that were clients to the co-therapist. However, the cases sighted in this work are from various churches as indicated in Chapter One. The researcher being an insider, in church scenarios, affords the ability to understand and conceptualize the cases that are represented across Kenyan church contexts.

The participants' narratives in this study are of real Kenyan sufferers chosen from real counselling sessions. The participants were selected from among clients who came for counselling but had had interventions from pastors or the church system. Cases that brought insight into pastoral care were picked and subsequent cases that did not bring in any new insight were not included for the study. For this reason, the type of problems managed by the pastor was not the significant factor in choosing the type of cases. Therefore the cases in this study are representatives of the many that were left out. Pastors interviewed were so done to acquire a response since most of the deductions on the pastoral care in this study were indirect inferences brought out from the stories of those who experienced their care. The cases often bore more than one theme of Kenyan pastoral caring behavior and were therefore categorized according to the dominant theme but all themes were explored in the analysis.

In regard with specific or number of participants in the research, Creswell (2002:58) has recommended that a case study be done with a group as small as two or even one person.

Stark and Torrance (2005:35) assert that where cases are involved, depth rather than coverage is most important, although he suggests that it is useful to compare between cases where possible. The research was a phenomenological study that used different cases to arrive at the answers to the research questions. Included were: Ten participants who had experienced pastoral care and counselling; two focused discussion groups and three individual pastors were interviewed to provide a response from their personal experiences and perspectives. In addition, six print media references to pastoral performance were reviewed and summarized for additional data.

3.9 Data Analysis and Interpretation Procedures

The procedure that was followed to analyze the participants' experiences followed the phenomenological principles (Merriam 2009:26). The outcome of a phenomenological study according to Cresswell (2007:62) is to "produce a research report that gives an accurate, clear, and articulate description of an experience. The reader of the report should come away with a feeling: "I understand better what it is like for someone to experience that." The main feature of the analysis was mainly the conceptualization of the issues in the participants' stories by the pastors and the identification of how those ministers handled those cases. The research sought to bring out the meaning, structure and essence of the lived phenomenon experienced by clients in their interactions with pastors in line with the phenomenological approach.

The analysis included the vicarious experience of the researchers as they interacted with the participant's experience. In painting a picture of the analytical structure of phenomenology, Merriam (2009:25) has stated that the studies are of intense human experience where researcher explores and puts aside his/her own experiences, beliefs... viewpoints and prejudices that can interfere with the participants' interviews. This process is called *epoche* "a

Greek word meaning “refrain from judgment”.... Furthermore, phenomenology research assumes that shared experiences always exist in the culture and bring caring meanings (Patton 2002:106). For this researcher, daily understandings were set aside for authenticity of this research analysis.

The analysis used detailed descriptions that sought to expose the world of participant’s experience from the in-depth interviews. It also aimed at highlighting the invariant structures or essences of participants’ experiences. In order to assign an interpretative meaning to the data, important themes were picked from the different experiences analyzed. A comparison of cases was also undertaken to gain an insight into the overall picture of pastoral caring behavior in Kenya. The researcher engaged in a comparison between the information got and available literature so that the interpretation could gain a logical rationale.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter presents data and the analysis of data collected in this research. Included is a synthesis of materials from participants' unstructured interviews. Descriptive phenomenological reports from the field were analyzed for relevance, usefulness and recommendations with regard to the objectives of this research. As explained in Chapter Three, pseudonyms are used to offer logical discretion to the participants who volunteered for this research in adhering to the ethical standards in professional counselling principles of confidentiality. Also, participants were disguised by the omission of certain details, non-disclosure of the places they were connected with and changes in some non-essential details of the story to create their anonymity. The narratives of the participants are in Appendices I and II.

In the phenomenological method of synthesizing the acquired data, the narratives were organized thematically. Important information was interwoven to bring out participants' feelings, attitudes, and their evaluation of experiences. The researcher's observations and interpretations were examined in the light of participants' disclosures. The inner experience of the participants was alluded to from what they said and using non-verbal cues that the observer was keen to note. The materials sought to give insight into soul care practices from the church and the sense of spirituality of solidarity provided by church ministers; and/or the structure they have established in their community of believers. The participants' issues are presented as brief vignettes that illustrate the situations of pastoral care and counselling in the Kenyan context. The issues are introduced to place them as individuals or the "constituents"

of the text (the participants) before connecting them to the “entire” as is methodologically steady with phenomenology (Van Manen *et al.*, 2008:42).

Additionally, methodical explanation of the analysis was provided. That is: from the preliminary descriptive phenomenological data analysis of the text, through the components of the logical process to the representation of the themes that are summarized in tables (Willig 2008:63). These tables depict what emerged from unstructured interviews. Other components were captured in descriptive terms by isolating key verbatim words from the participants bringing out relevant content to the research goals and objectives. The language of the participants was deemed significant because it provides undistorted view or feelings of the clients. Notably, the steps and processes used are explained to make sense of the data, with guidance from the work of Conklin (2007:280).

4.2 Nature of Data Collected

The participants chosen for this research were ten clients, two focused discussion groups and three individual pastors. All the participants were located within Nairobi city from various church settings. The ten participants had sought help from the pastors and the church directly or indirectly. Seven females and three males were sampled purposively. Three female participants were rape victims. Of these, two were raped away from the church and were seeking help from the church to deal with trauma. Their evaluation and the meanings they ascribed to the interactions with church helping settings provided insight into the nature and capacity of those systems. The third lady had been raped as a child in Sunday school by a Sunday school teacher. Another participant was receiving help from the church due to failed marriage engagement two days before the wedding day. Her church community responded to her devastation in ways they perceived were supportive. The participant was selected to give insight to the efficacy of the helping process within Kenyan churches. Two participants, a

male and a female, were selected to bring out the different pictures that appear in loss and grief support from pastors and the church in Kenya. The two remaining males sought help because they struggled with family problems. Of these problems, one was a marital issue while the other was a problem from the family of origin. Unique data was collected from a participant who was a vicarious victim of pastoral misconduct. Her internalized inner struggles as she worked at a station where she related with pastors of different kinds were an important data to this study. The last of the participant is a client of altar counselling. Her experience of help through her struggle with guilt emanating from her past life was captured and the meanings thereof explored.

Table 4.1 Summary of Individual Study Participants

Pseudonym	Nature of the issues	Structure of Church Support Given
Dotty	Rape Trauma	Scriptural challenges to faith and to forgiving, prayers for emotional healing, and encouragement by pastors and some few members.
Mildred	Rape Trauma	Empathy prayers and material support from pastor and his wife – It turned destructive when the pastor raped her in a helping opportunity and threw her into frozenness not able to seek help.
Valarie	Rape Trauma	Sunday school nurturance with scriptures and active presentations – raped by the Sunday school teacher and was unnoticed by pastors and elders. Was in her pain till adulthood.
Debbie	Broken marital dream	Material support, prayer and comfort from both pastor and congregation. The pastor also supported the decision-making process.
Betty	sick mother, death, Loss/grief, family conflicts	Given scriptures that felt unconnected to her pain, Expected emotional support and the presence of pastors with her during her pain but did not get it.
John	Loss of the wife at child first born birth	Surrounded by multitude of church members and pastors who consoled, provided and took over whatever task needed to be done including the nursing of the new born baby. A church member donated a car to him to facilitate him to be visiting his baby where he was being nursed.
Couple: Michael & Jane	Marital conflict/loss & grief of first born	Received advice, verdict on who was causing problems in the marriage. Later a pastor tried to

Pseudonym	Nature of the issues	Structure of Church Support Given
	son, job...	seduce the wife. In a new church set-up, he received nurturance from a Bible study group including emotional, material support, and direction towards personal development.
Victoria	Pastoral Immorality, greed and deception	Sought doctrinal instruction and discipling. Found contradictory teaching, inconsistent lifestyle and deception that led to extorting money from worshippers. Was disillusioned about Church integrity until she connected with her latest church with which she has developed trust.
Mukala	Overwhelmed by family responsibilities	Walked about with distress despite being in a church system. Did not find it easy to seek help within the Church. The use of created narrative served as a metaphor to help him begin to unwrap himself in destructive family patterns
Rhoda	Overcome by guilt due to Promiscuity and sexual misconduct	Received pastoral encouragement after committing her life to God and was then referred to a professional trained counsellor. With the use of professional skills and scriptures, she was helped to release her weight of guilt.

The interviews explored the interaction of these participants with their pastors, the help they got and the efficacy of the helping process they went through. Participants were propped to reveal how they experienced their church congregation. Further, the researcher was interested in the methods and tools used in helping clients within pastoral helping process. The overall quality of pastoral and church support for those who were in need gave indication of the quality of spirituality of solidarity with the needy they displayed in their helping context.

The second group of data was extracted in informal discussions with two focused groups; one with pastors and the other with participants who interacted with the churches and pastors. The focused groups were geared towards evaluating pastoral help by the two groups. The third source of data was from three pastors different from those in the focus group. These were given unstructured interviews to further get their personal experiences in helping and supporting the growth and development of their congregants. They were also confronted to respond to the general image on the pastors' fidelity, their soul care work, their integrity and

their spirituality. To get a picture of the national evaluation of pastors in Kenya, extracts from the national dailies were sampled. The extracts provided opinions expressed by the public about the performance of the church leaders on national issues and caring behaviour.

Table 4.2 Summary of Participant Pastors Used in the Study

Pastor's Focused Group and those Individually Interviewed		
Pastors in the Focused Group		
<i>Label</i>	<i>Type of Church Drawn From</i>	<i>Spread of the Denomination</i>
P1	Traditional mainstream	Mainly in the city and the Eastern part of the country
P2	Traditional mainstream	Spread across the country
P3	Traditional Pentecostal church	Spread across the country
P4	Kenyan Started Pentecostal church	Spread across the country
P5	Indigenous Pentecostal church	A single branch in the city
Pastors Individually Interviewed		
Juhudi	Indigenous Pentecostal church	In the city and a few places around the city.
Mlakazi	An evolvement of a traditional Pentecostal Church	Spread across the a few towns in Kenya
Mpenda	Traditional Pentecostal Church	Mainly in towns

Table 4.3 Summary of Lay Person's Focused Group

Pseudonym	Designation	Church Affiliation
Mam	Retired professional (Female)	Main stream
Mbinti	Middle aged banker (Female)	Main stream Pentecostals
Hekima	Middle aged businessman (Male)	Main Stream Pentecostals
Msaada	Young adult businessman (Male)	Indigenous Pentecostal
Mchungaji	Young man training Pastor (Male)	Indigenous Pentecostal

NB: Indigenous churches were initiated by Kenyans while traditional by missionaries

4.3 Data Analysis and Methodology

The interview transcripts were analyzed in accordance with the principles of interpretive phenomenological data analysis. They were analyzed one by one. Each transcript was read and re-read before themes were identified (Willig 2008:64). These were tentatively organized and then explored in more details. Each theme in relation to other themes was examined and interrelationships between them were established. Finally, themes were

integrated across transcripts in order to identify shared themes that captured the essence of the participants' experiences of pastoral care.

The stories of the participants were briefly linked to provide a context for the thesis and to situate the participants in relation to one another in the study. This is the very beginning of analysis, looking at the "parts" of the study, and placing them together, before looking at the whole (Van Manen 2008:40). Table 4.4 summarizes the experiences of the participants with their church caring systems. Critical data analysis is later presented in detail. In undertaking this, the researcher kept in the foreground Patton's (2002:433) words: "Do the very finest with the full intellect to quite symbolize the data and communicate what the data disclose given the purpose of your study." Beanland *et al.*, (2005:45) has said that a study is sensible when it offers realistic descriptions. In this study, the researcher attempted to do that by recurring to the original text to ensure that the interpretations and conclusions correctly symbolize the data provided by the participants.

Table 4.4 Summary of the Clients' Experiences with the Church Caring Structures

Context	Personal Experience	Experiential Meaning
C1- Dotty Counselling following rape	<ul style="list-style-type: none"> - Nearly 2 years of counselling support from pastors and church - 8months of counselling by a trained Christian counsellor - pastoral prayers - pastoral reading of scriptures 	Consolidation of bitterness, sense of abandonment by God, grief and loss of virginity, loss of self esteem, loss of faith, doubting her faith in God, disillusionment, self-blame, shame, guilty, fear of men, loss of education, dirty, filthiness, unfruitful prayers- discouragement mistrust of men, humiliation, hopelessness...
C2-Mildred (an orphan) In therapy with her pastor and his wife due to rape ordeal	<ul style="list-style-type: none"> - pastoral home - prayers and scripture encouragements, - Unfortunately was raped by the same pastor - Was given professional therapy by a Christian woman 	Raped 2 nd time by the pastor the carer - double tragedy, Client was misjudged, mistrusted "men of God", felt fear, shame, bitterness, cheated, loss of faith and trust, guilty, anger insecure, incongruence, unloved, misused, hopeless, insecure, doubted God, humiliated,
C3- Valerie age 11	- Several years of pain	Violated in the church ground, suffered PTSD,

Context	Personal Experience	Experiential Meaning
Raped by Sunday school teacher on the Church compound – 2 nd rape at police station where she sought help	<p>characterized by withdrawal from church</p> <ul style="list-style-type: none"> - Unnoticed and unattended to thru her days of withdrawal - The abuser continued to work in Sunday school 	Feelings: fear of men, filthy, shame, hate for church, anger, insecure, torment, nightmares, loneliness, insecure, unnoticeable, uncared for by church leaders, hypocrisy in the church, phobia for church
C4- Debbie aged 30 in therapy - relationship broke 2 days before the wedding day)	<ul style="list-style-type: none"> - Pastoral and Church community care: moral spiritual, financial support was given - unconditional love, full of encouragement. - In therapy with a trained Christian counsellor 	Fiancé tested HIV/aids, Debbie felt frustrated, disillusionment, cheated, hurt, embarrassment, manipulated, wrestled with broken dream, experienced loss and grief due to broken engagement, triggers of the death of her mother, loss of time, shame, regret that God had not acted on her behalf, doubted her spirituality.
C5 – Betty ordained church minister: death of her mother – mean support from her Church leadership	<ul style="list-style-type: none"> - Went through distress with a terminally sick mother, family alienation and eventual loss of the mother - Expected spiritual and emotional support from the bishop and co-ministers who were too busy with other things - Had many months of frozen grief, hurt and feelings of abandonment. - Withdrew from active church service with no follow-up from the others 	Disappointment from church leadership that she trusted and gave her services freely, struggled with her mother's multiple illness and faced family disagreements regarding her treatment, Blamed by her mother as one who could cause her death, suffered rejection from her mother, was abandoned by her siblings; Suffered lack of moral and spiritual support from her bishop, Scriptures were read out of context; Felt helplessness, abandoned, neglected, lonely, forsaken, unvalued, mistrusted church leadership, misused, let down by church and the her siblings, lonely, fatigued when caring for the dying mother; Scriptures were misquoted to her
C6- John The death of his beloved wife at the birth of their first born son.	<ul style="list-style-type: none"> - Pastoral team, Church community and skilled counsellor provided support in grief - a couple from a different ethnicity cared for the baby for 7 months - Church community provided for the baby's up keep - One couple in the church gave John a brand new car - Intervention by the senior pastors to reconcile John and his parents 	Quarrel by his mother at the moment of birth pains of his wife; Death of the wife after child birth, How would I trust my parents? No sense of living except my son.... Separation with the baby, dilemma the "joy" of the new birth/ pain the death of the mother, confusion, denial, doubt, blame, anxiety, helpless, emptiness, broken dreams, pain, grief, sorrow, my tasks were" hijacked" – the newly born baby, the body of my dead wife, the records, funeral arrangements.... Roles of a mother/ dad confusion.
C7- a couple – loss of the husband's job, mistreatment by the wife, Loss of his son	<ul style="list-style-type: none"> - Went through a season of several years of desperate search for help from church to church 	Husband's loss of his job; heavy demands from the wife, child mistreatment by the wife; loss of the mistreated son – death; financial strains and unproductive businesses; frustration of male ego by

Context	Personal Experience	Experiential Meaning
from another relationship and quarrel from the wife	<ul style="list-style-type: none"> - Experienced support and belongingness from a church home group or Bible study group. - Expressed emotional healing due to additional help from church support to start business. 	the wife, humiliation and rejection by the wife; husband hurt by unethical behaviour of the wife that does not meet Christian standards (speaking lies); inconsistency in church attendance
C 8 – Victoria A church member and her interpretation of her pastor	<ul style="list-style-type: none"> - Experienced a period of disillusionment because she encountered incongruence in pastors character and biblical teachings - Unable to respond to the church because of various encounters with pastors that left her doubting their integrity - Is currently settled in a church where is happy with her pastors’ teachings and quality of moral living 	Discouraged in her view of who a pastor is due to: Pastoral untrustworthiness; self seeking; questioned pastoral Knowledge of the word “theologically uninformed....” Proud/arrogant, disgraceful, Immoral- sexually misconduct with sex commercial workers; Questionable spirituality; Dishonest; Pastoral lack of accountability in their personal lives; pastoral misuse of church funds; pastoral extravagance lifestyle using church funds; Pastoral manipulation of the church members; Pastoral charging of spiritual gifts – prayer; Conspicuous pastoral theft from the flock.
C9 –Mukala	<p>Was in therapy with a professional therapist</p> <ul style="list-style-type: none"> - Story telling unlocked the client from what burdened him 	Overwhelmed by the family responsibilities, Lack of boundaries, Guilty feelings as he focused on self development, Poor performance in the client’s academic work, Spelling out needs and priorities
C 10 – Rodha	<ul style="list-style-type: none"> - Was in therapy with a professional/ pastoral therapist. - Biblical story on Samaritan woman helped Rodha to relate with her story - Pastoral spirituality /solidarity helped Rodha to see herself in a different way. 	Feelings of shame, guilt, filthiness due to her past life in adultery and now a believer; Had broken many homes in her sexual misconduct; Felt unworthy of forgiven; Convicted and remorseful of her sins.

NB: C – stands for client

4.4 Isolating Themes and Sub-themes

Frings (2003:33) devised methods for isolating thematic statements in analysis. Namely; the detailed reading approach, the selective or highlighting approach, and the wholistic reading approach. Using the ‘detailed reading approach’ as suggested by Spader (2002:93), the researcher looks at every transcribed sentence or cluster of sentences and asks, “What does

this sentence, or sentences cluster, reveal about the phenomenon?” The researcher trawled through each transcript and assigned key words and concepts to each sentence or cluster of sentences containing a new idea, and then tabulated these as part of the early analysis. This preliminary analysis entailed analyzing each interview discretely, or going from sections (of the text) to the whole (Van Manen *et al.*, 2008:20). Key words became concepts through instinctive concepts and reading and re-reading the data, dwelling with the data and dialoguing with the text (Willig 2008:64). Comparable concepts were grouped when going from the parts (aspects of each interview) to the whole picture of the data snapshot (the interview as a whole). Ideas that appeared to be shared by participants were put together in groups. Such developed groups of similar ideas, then the researcher went back to the data to identify key words and concepts that represented those similar ideas.

The wholistic reading approach was done at the end of data analysis. This approach looked at the text as a whole then looked for memorable phrases that captured the fundamental meaning or the main significance of the text (Willig 2008:62-63). For example, in searching for the implicit (or hidden) themes in the data, the phrase, “suffering”, was found as an important representation of the data as the first theme. This is because a number of the participants shared the experience assuming to have one particular experience of suffering. The three methods were used in this search for meanings in the data and for the development of themes and sub-themes. Each approach was applicable in different ways and was useful in soliciting different information in this research.

4.5 Presentation of Essential Themes

The following themes were sampled out from the interviews forming the basis of report and analysis:

4.5.1 Suffering

Table 4.5 Summary of Theme of suffering

Text from Participants	Key words	Concepts	Sub-theme	Theme
Dotty was raped and developed posttraumatic stress disorder. She wondered how to get over the inflicted pain as she already lost her virginity, feels dirty.	Rape, posttraumatic stress disorder	Inflicted pain, loss of virginity, stress, filth	Hurt pain	Suffering
‘He (pastor) proceeded to rape me that night, claiming that he wanted what I had been giving to others – alluding that the rape was a consented event’ (Mildred).	He proceeded to rape me	Heartbreaking, betrayal of trust, power abuse	Betrayal, hurt pain	
‘The man (Sunday school teacher) raped me leaving my whole body in pain’ (Valerie).	Rape, pain	Distress, loss, betrayal, abuse	betrayal, hurt, pain	
‘I also pained because he had fooled me to trust and therefore love him’ (Debbie)	Fooled	Betrayal, loss		
Betty suffered emotionally when her mother was diagnosed with cancer and later died. she would break down and cry because of both the pain of the loss she had experienced and the abandonment she felt	Cancer Pain	Shock, loss and grief, pain, disillusionment	Hurt, death pain	
Upon uncovering, the body was warm and when I looked at her face, her eyes were still open with a smile. The first words that came out of my mouth were “Baby...” as I cried uncontrollably (John)	Cried uncontrollably	Loss & grief, loneliness, abandonment, distress	Hurt, death pain	
He had asked me for water and his last words were “that is enough dad let me rest now and he died”.... She makes my life difficult and she is unsupportive in whatever I try’ (Michael)	Last words, let me rest; makes my life difficult, unsupportive	Loss, grief hurt, pain	Hurt, death pain, financial mishap	

Suffering is one of the most disturbing and profound experiences of human beings. According to Thompson (2008:56), “The very word suffering has a resonance that relates to our sense of life’s meaning and the threat of suffering poses to our hopes of happiness.” Suffering can come in many forms and affects humans in many ways. It is essentially a spiritual phenomenon since it often strikes at the heart of our faith. It is one of the themes portrayed by the participants. Table 4.5 summarizes participants’ expressions that indicated different forms of suffering.

The different participants surveyed portrayed suffering from different sources. Dotty was raped and developed posttraumatic stress disorder. She wonders how to get over the inflicted pain as she already lost her virginity and feels both dirty and used. Mildred, an orphan, was hurt deeply after a rape ordeal. She suffered later when the pastor who allegedly was offering solace raped her. He told her **“I want what you give to others, give me”** and proceeded to rape her purporting that the rape before was a consented event. Thus, Mildred’s suffering was worsened by the pastoral carer who brought her double tragedy by rapping her again.

Her Sunday school teacher, in the church’s washrooms, raped Valerie. Suffering is seen as negative when it hinders the fulfillment of the biological aims of the body or involves pain or other frustrations of our desires and needs, and when it frustrates our practical projects and pursuit of everyday goals. **“The man raped me leaving my whole body in pain.”** Valerie narrated. Valerie took years before she could speak up yet the pain and feeling of filth continued haunting her. Debbie, a young woman of 30 then, had just gone through the heartbreaking experience of having her wedding stopped after the man she had trusted tested HIV positive on the Thursday, two days before their impending wedding. **“I was also pained because he had fooled me to trust and therefore love him.** Dealing with the pain of disconnecting me from him is not easy although I know I must,” she narrated.

Betty suffered emotionally when her mother was diagnosed with cancer. The depressing one-year journey simply started with doctor’s diagnosis of a blood clot. Furthermore, intense suffering is revealed when her mother died. She reported that it took her several days to share the story about her ordeal because she would break down and cry because of both the pain of the loss she had experienced of her mother and the pain of not getting help when she reached out for it from those who she had most trusted – the church family. **“When I revisit the whole story, I still feel fixated and wounded”**, she narrated.

That suffering is a part of the human experience is agreed upon by just about everyone, no matter which religious or secular worldview they hold. The question of “why?” is perhaps the most often asked question concerning suffering. John greatly suffered after losing his wife (June) after a complication during the birth of their son James. **“Upon uncovering, the body was warm and when I looked at her face, her eyes were still open with a smile. The first words that came out of my mouth were ‘Baby...’ as I cried uncontrollably,”** he narrated. The more familiar faces of members of his church he saw, the more he cried. The pain of her premature death literally left the entire congregation numb. Michael suffered financial mishap in catering for his wife’s medical bills. **“I had to sell all I had to get the bills paid and to get her discharged.”** As a family, they also suffered the loss of their son Price. He had asked me for water and his last words were **“that is enough dad let me rest now”** it was a goodbye, he narrated. Further Michael is seen to suffer emotionally in his marriage due to her unsupportive wife; **“I tried to explain my financial situation, she turned a deaf ear. She makes my life difficult and she is unsupportive in whatever I try,”** he narrated.

The theme of suffering expressed in the data underscores that there is real suffering in the church. Those affected need carers who would adequately attend to it. The above data testifies to the fact that sufficient capacity is a need in the churches. What is uncomfortable about some of the suffering is that some were directly or indirectly caused by pastors or church instruments supervised by pastors. In this case, the church became the instrument through which suffering was inflicted rather than alleviated.

4.5.2 Distrust

Since counselling deals with deeply personal issues, an important aspect in therapeutic relationship is trust. Violation of trust makes therapeutic relationship ineffective. Parrott (2003:45) indicates that when trust is diminished healing is also diminished. He further notes

the importance of informed consent, observation of boundaries and observation of ethical issues. Furthermore, counsellor/carers should avoid doing any harm or actions that should hurt clients (Corey *et al.*, 2003:16; Wilcoxon *et al.*, 2007:128). Violated individuals struggle to trust themselves, God and other people. If they do, it takes ages for them to heal the wound of other generated emotions. It is unbearable pain when distrust comes from “trusted/respected” – a friend, a pastor, a teacher, a doctor, a father, a mother and others.

Table 4.6 presents isolation of key participants’ disclosures that are indicative of loss of trust. Some of the cases of loss of trust highlighted here are a consequence of the participants’ interaction with their respective churches. A few others are indication of wounding they received in their life contexts in the world and were seeking healing from their church system. The loss of trust manifested in different behaviours they portrayed.

Table 4.6 Summary of Theme of Distrust

Text from Participants	Key word	Concepts	Sub-theme	Theme
In college, she had to drop a course because she had been put in the same group with several men.’ Doty.	Group with men	Avoidance of men	<i>Avoidance</i>	Distrust
I do not believe his wife can even believe that he did that to me. I wish I knew that all men are beasts and untrustworthy;” Mildred added amidst more tears.	Amidst more tears	Untrustworthy	<i>Hurt</i>	
Mildred questions the pastor’s trust ‘After all those hours he and his wife have spent talking to me and giving me their sympathies. So all this time he was pretending?’”	Pastor’s trust	Pastor’s pretence, rape	<i>Questioning</i>	
Doty’s perception revolved around questioning God who did not keep her from being raped, and consequently breaking her virginity, as she had been an ardent believer.	Questioning God	Fear, loss of faith	<i>Questioning</i>	
Debbie wonders whether there is anything wrong with her spirituality. “It was possible for God to show me that this man was lying to me but He didn’t,” she said. Could it be that I am not spiritual enough?	Wonders, lying, not spiritual enough	Self-doubt	<i>Questioning</i>	
I just wonder why she became a Sunday	Wonder	Loss of faith	Mistrust	

Text from Participants	Key word	Concepts	Sub-theme	Theme
Christian instead of living a true Christian life? (Michael)	True Christian life			
Valerie was tormented by frequent nightmares and developed a strong mistrust for men even those in the church	Frequent nightmares	Tormented	Doubtful	
“I lost trust in pastors and wondered who else can be trusted. I also felt very bad that someone else knew about my private life (FGD).	Lost trust private life	Hurt betrayal	Confidentiality	

Valerie was tormented by frequent nightmares and developed a strong mistrust for men even those in the church. John developed distrust when his wife died **“As I stood over her body, I could not help but feel she was still alive and yet again felt so helpless.”** One of the participants in the focus group discussion (FGD) explained how she lost trust in pastors. **“I lost trust in pastors and wondered who else can be trusted. I also felt very bad that someone else knew about my private life. I am in fact worried that there could be others who know it as well.”**

4.5.2.1 Anger

Dotty felt very vengeful to the man who raped her and felt that a ten year jail given to him was not even enough to compensate for her pain (she busted out with visible anger). Mildred expressed anger after being raped by the pastor who was consoling her after another rape incidence. **“I do not believe his wife can even believe that he did that to me. I wish I knew that all men are beasts ...;”** she added amidst more tears. In an angry voice, she questioned the authenticity of pastors’ salvation and if there was any such thing as being saved at all. Her story also records; **“In an angry voice, she questioned the authenticity of pastors’ salvation ...”** Debbie was angry and very hurt because the man had lied to her that his HIV status was negative. The abrupt experience forced her to wrestle with the thoughts of not getting married, something she had really looked forward. Betty was enraged by the kind

of messages her mom's friend was passing to her. **"I sharply disagreed with this irrational 'believer' and chased her out of my mother's house."**

4.5.2.2 Questioning

Mildred questioned the pastor's trust **"After all those hours he and his wife have spent talking to me and giving me their sympathies. So all this time he was pretending?"**

Similarly, Valerie was greatly disturbed. Many questions raced in her mind revolving around who would believe her if she narrated to them that her Sunday school teacher had raped her. Dotty's perception revolved around questioning God who did not keep her from being raped, and consequently breaking her virginity, since she had been an ardent believer.

Debbie continued to narrate her perception of her situation. She has been wondering whether there is anything wrong with her spirituality. **"It was possible for God to show me that this man was lying to me but He didn't,"** she said. **"Could it be that I am not spiritual enough?"**

Several questions ranged in John's mind when his wife died;

"How could it be? What about the dreams that we had for our family? What about the prophetic words that had been spoken over her life? Had I chosen the wrong hospital for the delivery? Had we not prepared ourselves well for this? Did I not heed a warning? Could I have done anything differently? Did I get a chance to say good-bye?"

Michael was inquisitive about the marriage life;

"I just wonder why she became a Sunday Christian instead of living a true Christian life? Why after being sent to buy goods for the office, instead of giving the correct receipts, she writes fake ones to pocket some of the money. Is this wisdom? Is this being a Christian? Where is the love?"

Valerie was tormented by frequent nightmares and developed a strong mistrust for men even those in the church. John developed distrust when his wife died **"As I stood over her body, I could not help but feel she was still alive and yet again felt so helpless."** One of the participants in the FGD explained how she lost trust in pastors. **"I lost trust in pastors and**

wondered who else can be trusted. I also felt very bad that someone else knew about my private life. I am in fact worried that there could be others who know it as well.”

4.5.3 Self-blame

Self-blame in therapeutic terms is pathological. It leads to internalization of sense of failure making it one’s fault (Simonds 2006:108). The victim spends sometimes years punishing oneself. It can be accompanied by many other uncomfortable feelings including self hate, guilt, shame, withdrawal, out of control, loss of self esteem among others (Lahad & Doron 2010:21). Self blamers live with a consistent feeling that what they did needed to have been done differently (Fowler 2008:19-20). Table 4.6 shows clients’ disclosures that revealed that they got infected with self-blame in their interaction with the pastors and the church.

Table 4.7 Summary of Theme of Self-blame

Text from Participants	Key word	Concepts	Sub-theme	Theme
Dotty generally tended to cut off from those who supported her because she felt ashamed about what had happened. She further alluded to being guilty about the rape incidence, having been not smart to make out the allusion created by the rapist.	Cut off	Feeling ashamed about what had happened.	Guilt loneliness, filthy, angry, shame	Self-blame
I feel ashamed and unable to speak. My life has been very dirty. I do not even know how God can forgive me all that I have done.” (Rhoda)	My life has been very dirty.	Loss of trust/ faith	Guilt, filthy, hate, shame	
Had I chosen the wrong hospital for the delivery? Had we not prepared ourselves well for this? Did I not heed a warning? Could I have done anything differently? (John)	Did I ...	Personal evaluation	Regret	

Dotty experienced serious self-blame for her misfortune and felt both unworthy and dirty. In the same way, Rhoda and John manifested behaviour of self-blame.

4.5.3.1 Guilt

Dotty generally tended to cut off from those who supported her because she felt ashamed about what had happened. She further alluded to being guilty about the rape incidence for not

being smart to make out the allusion created by the rapist. Rhoda could not get over the fact that she had spent her life involved with people's husbands. She carried a load of guilt. **"I feel ashamed and unable to speak. My life has been very dirty. I do not even know how God can forgive me all that I have done."** She narrated.

4.5.4 Fear

Dotty is fearful about relating to men due to the ordeal she had traversed through in 'their hands'. Valerie could not share her experience with anyone, as she feared that no one would believe her. Fear shame and filthiness gripped her soul. Debbie too shudders at the imagination; **"I nearly got married to him and therefore get infected without knowing."** It is very annoying that this happened with a man from the church. On her part, Betty expressed fears on the revelations by various tests concerning her mom's health.... To confirm the very fears that her mother had concerning the tests, another test revealed she had developed kidney failure.

4.5.4.1 Insecurity

Valerie felt ever so insecure and stopped attending church services. In college, Dotty had to drop a course because she had been in the same group with several men. Mildred was unsure about who to trust. She could not know who else would take advantage of her being **"orphaned."** Her story reads;

She recoiled repeatedly into her background that men abuse her, as they know that she has no parents to defend her. She wonders how she can ever lift up a voice against the pastor in her frail position, as no one will believe her.

Michael explained his ordeal which revealed insecurity as they sought counselling for their marriage **"When alone with him, he told me to leave my wife because she was interested in me only for my money but on the other hand, he started inviting her for coffee with**

him. This move by the Pastor was very unsettling and suspicious.” In addition, he felt insecure towards his wife.... “**...overindulgence with her friends was contrary to what I felt was right.”**

Table 4.7 Summary of the Theme of Fear

Text from Participants	Key words	Concepts	<i>Sub-theme</i>	Theme
'I nearly got married to him and therefore get infected without knowing' (Debbie)	Without knowing	Fearful imagination	Insecurity	Fear
'To confirm the very fears that her mother had concerning the tests, another test revealed she had developed kidney failure' (Betty)	Fears, she had developed kidney failure'	Fearful thoughts		
Valerie felt ever so insecure and stopped attending church services.	Stopped attending church services	Developed trepidation	Insecurity	
In college, Dotty had to drop a course because she had been in the same group with several men.	Drop a course group with men	Avoidance	<i>Insecurity</i>	
She recoiled repeatedly into her background that men abuse her, as they know that she have no parents to defend her.	Recoiled, parents to defend her	Victim,	<i>Vulnerability</i>	

4.5.5 Disappointment

4.5.5.1 Discouragement

Dotty revealed that the pastor prayed for her severally although nothing seemed to change. Thus, she felt confused as she doesn't know whether God likes her anymore. Valerie disclosed **“the key beliefs that all people have is that the church is a place one can seek refuge from, a place where a person is received with love, and a place where one can seek compassion and understanding.”** She however remarks that; **“It is unfortunate that this was not my personal experience and for a long time I resented the church.”** Valerie

narrated, **“...all this added to make the church a detestable place, a place of hypocrites, one where people were as merciless as those outside.”**

Unfortunately, Betty’s siblings agreed with mom about her not going through any more tests.

“The disagreement was so bad that I was accused of conspiring with the doctors to end my mothers’ life through the repeated x-rays, other tests and medication.” she narrated.

At the burial of John’s wife, despite the presence of his son, he did not feel he had either a reason to be alive much less the strength to go on. Victoria on the other hand narrated how she felt disgusted in the church **“I kept feeling that the pastor was not preaching God’s message accurately, even though I was not knowledgeable enough to explain exactly what the problem was.”** Victoria was disgusted when she noted people giving a prayer fee in an amount of Kenya shillings 2,500 per person. She stated; **“I am fed up with these cheating preachers.”**

4.5.5.2 Disillusionment

Dotty was discouraged about her lack of change as admonished by her pastor;

... Her pastor encourages her to drop this kind of behaviour, telling her that it is inconsistent with believing in God. However, she struggles to adhere to the advice although the pastor has read several verses to her to demonstrate how she should behave. She is pained, fearful and ashamed she says amidst heavy sobs as she disclosed about the futility of two years of prayers and encouragement from the Bible.

Betty felt so disappointed that the very tests insisted on to help prolong her mom’s life were the very reason used against her to have wanted to finish her life. **‘Actually, my mother blatantly told me at one point that she was aware of my plans to finish her’** (Betty). She felt greatly disappointed by her siblings. **“I felt isolated from my siblings who sided with mom even when my mom’s decisions were wrong.”** In addition, she felt disappointed by the church;

“I was exhausted and needed moral and spiritual support. No help was coming forth from my fellow pastors or the congregation. The pastor never showed up at all during mom’s illness, neither did I have support from the church. I felt neglected as an ordained church minister, which killed my trust and relationship with the church leaders. Thus, I was utterly disappointed in them.”

Victoria expressed disappointment when she noticed pastors with commercial sex worker from the street.

“A scene brought great reproach in my work place to all of us who were Christians. The unbelievers taunted us and declared that they were holier than Christians were. It is very challenging working in there as a Christian because one is mocked left and right because of the misdeeds of ‘men of God’.”

Victoria narrated about visiting other churches and said;

“I have tried to attend other nearby churches.... However, I have been very discouraged. In two churches that I visited, the pastors were manipulating the members to give him more money. They would give a figure that they needed to give as offering if they were going to benefit from the anointed prayers to be pronounced after the offerings.”

Table 4.8 Summary of the Theme of Disappointment

Text from Participants	Key words	Concepts	Sub-theme	Theme
Dotty revealed that the pastor prayed for her severally although nothing seemed to change. She felt confused as she doesn’t know whether God likes her anymore’.	Nothing seemed to change, confused	Loss of hope	Frustration	Disappointment
All this added to make the church a detestable place, a place of hypocrites, one where people were as merciless as those outside.” (Valerie)	Detestable place, place of hypocrites	Lost faith and hope	<i>Frustration, anger</i>	
Betty felt greatly disappointed by her siblings “I felt isolated from my siblings who sided with mom even when her decisions wrong.	Isolated from my siblings	Diminished faith	Fatigued, Frustrated, <i>Isolation</i>	
As well, Betty notes; “I felt neglected as an ordained church minister, which killed my trust and relationship with the church leaders. Thus, I was utterly disappointed in them.”	Neglected, killed trust, killed relationship	Lack of solidarity	Disconnection rejection	
“...a scene that brought great reproach in my work place to all of us who were Christians. The unbelievers taunted us and declared that they were holier than Christians ... mocked left and right because of the misdeeds of ‘men of God’.”	Unbelievers taunted us Misdeeds of ‘men of God’	Reproached	Disillusionment	
“I have tried to attend other nearby churches.... However, I have been very discouraged (Victoria).	Discouraged	Search for authenticity	Genuineness, legitimacy	

4.5.6 Betrayal

In a focused group discussion (FGD), one of the participants indicated; **“I felt betrayed by my pastor. I had not told another human being about my problem and so the lady must have got the story from him.”** It was even more devastating when I went for private prayers with another of the pastors, but in another meeting, another pastor used my particular need as another example of the kind of problems they are dealing with within the membership. Another woman stated; **“I do not share anything with pastors because I believe they are only good at speaking out whatever they have heard.”** One of the participants indicated; **“when pastors don’t have much to share in their preaching, they share people’s stories in their sermons, and at times, even members of the congregation know whom they are talking about.”**

Valerie whose trust of the church was betrayed said:

“The key beliefs that all people have is that the church is a place one can seek refuge from, a place where a person is received with love, and a place where one can seek compassion and understanding. It is unfortunate that this was not my personal experience and for a long time I resented the church... every lady’s nightmare is being attacked and raped, unfortunately it happen to her at the church....by a man who taught her God’s word.”

Similarly, Mildred who was recovering after a rape ordeal and hurting deeply narrated that; **“she could only trust her pastor and his wife in her pain. Unfortunately, that trust was betrayed when the same pastor ... “proceeded to rape me at night.”** On his part, Michael said of joint counselling sessions with his wife by a pastor; **“when alone with him, he told me to leave my wife because she was interested in me only for my money but on the other hand, he started inviting her for coffee with him. This move by the Pastor was very unsettling and suspicious.”**

Table 4.9 Summary of Theme of Betrayal

Text from Participants	Key words	Concepts	Sub-theme	Theme
<p>A focused group participant's talked of confidence shared with a pastor; "I felt betrayed by my pastor. I had not told another human being about my problem and so the lady must have got the story from him."</p> <p>Another responded; "when pastors don't have much to share in their preaching, they share people's stories in their sermons, and at times, even members of the congregation know whom they are talking about."</p> <p>Valerie narrated; "... every lady's nightmare is being attacked and raped, unfortunately it happened to her at the church... by a man who taught her God's word."</p> <p>Mildred trusted only her pastor and his wife in her pain after rape. Unfortunately, that trust was betrayed when the same pastor "proceeded to rape me at night."</p> <p>Michael said of a joint counselling sessions with his wife by a pastor; "when alone with him, he told me to leave my wife because she was interested in me only for my money but on the other hand, he started inviting her for coffee with him. This move by the pastor was very unsettling and suspicious."</p>	<p>Pastoral mistrust, felt betrayed</p> <p>Pastoral incongruence, sharing stories</p> <p>Attack on church ground, Bible teacher misconduct-rape</p> <p>Pastoral misconduct - rape</p> <p>Pastoral conflict of interest in another man's wife</p>	<p>Privacy violated</p> <p>Confidence broken</p> <p>Trust broken</p> <p>Trust broken</p> <p>Privacy violated</p>	<p>Hurt, anger</p> <p>Anger, shame</p> <p>Hurt, anger, pain bitterness, hate</p> <p>Pain, anger bitterness, shame</p> <p>Anger, mistrust, hate, doubt</p>	<p>Betrayal</p>

4.5.7 Integrating life transitions

4.5.7.1 Support

Reconciling life transitions is settling into a rhythm of ambiguity. Dotty's confidence to talk about herself was boosted by the validation of her feelings by the interviewer who is a therapist. Through a conceptualization process, they collaboratively came up with a few conclusions about what was logical to think about her, placing the blame on the person who assaulted her. In the weeks that followed and as they interacted in therapy sessions, the therapist experienced Dotty as a very motivated client who was eager to engage in therapy in order to heal her inner turmoil. Within eight sessions, she was able to re-enter into the world again, cured of her fear and poor self-esteem among other inner sufferings.

Debbie experienced immense help from the church and from the pastor; **“Oh my church members were excellent,”** she said. The church is seen as supportive to Debbie in restoring whatever bride price had been paid to her father to stop the man from having legal demand over her. There were also many messages of encouragement and consolation. The efforts to support her were particularly spearheaded by the pastor. **“They truly showed that they cared and this consoled me,”** she narrated.

The Church overseer, the associate pastors and the church members were all highly supportive to John after the loss of his wife; right from getting clearance from the hospital for the release and transfer of Jane’s body; and baby James, funeral and burial preparations, to who would watch over the baby at the new hospital; cooking and cleaning the house until John would be in a position to take care of himself. He was able to visit the baby at the hospital daily and get home to a well-cooked meal. The church community comforted, encouraged and helped keep his spirits up until the day of the funeral. John stated that a church member gave him a totally new car as a gift during the period of indecision, discouragement, loss and grief. He was able to visit his son who was then with his parents upcountry at least once monthly.

Michael turned to Bible Study to find solace after their marriage turned into havoc.

“To my amazement, they were ready for me. They organized how they would pay for me a single room for two months and they welcomed me into their families for meals and fellowship. I had never experienced such love.” His church too was responsive. **“They qualified me for relief to provide me with funds that would assist me in starting a small business. They assigned me a professional Christian counsellor from the church that could walk with me and support me.”**

Rhoda was assigned an assignment to re-read the stories of forgiven women in the scriptures during the discussion in a counselling session. In the next session, Rhoda did not bring any weight about her guilt. She was now just concerned about how she can order her life so that

she would grow in Christ and never to fail Him. She stated that her greatest desire was to be faithful to God and to completely serve Him the rest of her life. She talked about this passion and the love she felt for God with a sparkle in her eyes.

4.5.7.2 Encouragement

Dotty's pastor encouraged her to drop bitterness, shame and insecurity, telling her that it is inconsistent with believing in God. This he did using scriptures.

4.5.7.3 Constructing a Foundation

Constructing a foundation forms the structure necessary to re-establish control over one's life. John talked about reconciling with his parents. More than a year down the line, John is back in talking terms with his parents, his son is happy and growing up healthy and strong. He is at peace and flexible to do more meaningful work, business, socializing and ministry. He acknowledged his wife's attitude of reconciliation.

"I recall that my wife was able to reconcile with most if not all the people who needed her forgiveness or from whom she needed forgiveness in a range of ways. She was able to write letters asking for forgiveness and visit with family and friends in a way to seem to say good-bye."

Michael acknowledges huge support from the counsellor who:

"Helped me look at my family structure and explore how I had contributed to building it. Now, this counsellor is assisting us in our marriage renegotiation with my wife. I have been empowered to seek a marital partnership. A look at our backgrounds has also helped me understand how we tended to take positions that made our marriage not work. Additionally, the counsellor is mentoring me towards being the spiritual leader in my family."

4.5.7.4 Garnering Support

This is consciously forming a network that allows control to emerge. As participants yield to the long-term nature of suffering, they realized they needed to reach out for social support. Mildred had opened her mouth to talk as she could not cope with the agony she was going

through. She felt safe opening up to another Christian woman that she thought would at least understand and would not assault her. Betty struggled to garner support from her pastor though it was not forthcoming; **‘he mumbled some scriptures to me. “God is in control. Let us trust God that whatever happens is for good. Let’s go by the will of God.”**

John’s pastor is seen to have garnered a lot of support from the church members. Through prayer and words of tremendous wisdom, the overseer did crisis intervention through the telephone. The intervention included encouraging the entire church and efforts to comfort John who was in the horror of darkness. Another important intervention related to delegating certain responsibilities to specific church ministers.

Michael was too concerned about his marriage and decided to garner support from the pastor. **“I am taking these to my pastors to read and advice me if it is wise to write it in this way or I should avoid some things because I also do not want my children to ever hate their mother for what I have written”,** he narrated. He continued, **“When our problems started in 2003, two years into marriage, we saw our senior pastor and his wife twice. He later handed us over to one of his assistant pastor and his wife.”**

Table 4.10 Summary of the Theme of Integrating Life Transitions

Text from Participants	Key word	Concepts	Sub-theme	Theme
.....“Oh my church members were excellent,” “They truly showed that they cared and this consoled me,”(Debbie)	Excellent, they cared and this consoled me,	Gathering courage	<i>Support</i>	Integrating life transitions
...”To my amazement, they were ready for me’ They organized how they would pay for me a single room for two months and they welcomed me into their families for meals and fellowship. I had never experienced such love.” (Michael)	Ready for me, they welcomed me	Transition	Support	
...”I recall that my wife was able to reconcile with most if not all the people who needed her forgiveness or from whom she needed forgiveness in a range of ways.” (John)	Reconcile with most if not all the people	Reuniting	Constructing a foundation	

“Additionally, the counsellor is mentoring me towards being the spiritual leader in my family.”(Michael)	Spiritual leader	Mentoring	Constructing a foundation	
...”he mumbled some scriptures to me. “God is in control. Let us trust God that whatever happens is for good. Let’s go by the will of God.” (Betty)	God is in control	Attempt to restore hope	Garnering support	
...”I am taking these to my pastors to read and advice me if it is wise to write it in this way or I should avoid some things because I also do not want my children to ever hate their mother for what I have written.” (Michael)	Pastors to read and advice	Seeking support	Garnering support	

4.5.8 Themes of Ethical Violation in Pastors’ and Church Members’

4.5.8.1 Immorality

Immorality refers to a behaviour that people think is morally wrong; the act of deliberately violating accepted principles of right and wrong of a given society. The Judeo-Christian practices are explicit ethical systems whose values flow out of God’s revelation in the Scriptures (Ohlschlager & Ohlschlager 2002:146-147). Louw (2008a:283) advocates for right speech and right action in the life of a carer so as not to hamper the process of spiritual development of the helpee. For Apostle Paul, moral life is the best evidence of faithfulness (Freed 2005:70). We are surprised when we hear about some Christian who has messed up morally. It is no doubt that the Bible clearly depicts this. Freed (2005:69) emphasis that the evil man who commits incest should ‘have been removed among (the believers) them (1 Cor 5:2). Do not associate with sexually immoral persons (1Cor 5: 9 - 12) — not at all meaning the immoral of this world, or the greedy and robbers, or idolaters, since you would then need to go out of the world. Do not associate with anyone who bears the name of brother or sister who is sexually immoral or greedy, or is an idolater, reviler, drunkard, or robber. Do not even eat with such a one (1 Cor 5:9-11). The church of Jesus Christ is an island in the middle of a contaminated ocean. The stink of it is so common that we have become accustomed to its rotten odours. Immorality is a major theme in this study associated with the pastors and other

‘men of church’ looked upon to offer guidance and counselling. This theme surfaces in various sub themes such as Sexual Immorality, Deception and Corruption.

4.5.8.2 Sexual Immorality

Some of the pastors in this study seem to preach ‘water while taking wine’. Paul wrote:

Do you not know that the wicked will not inherit the kingdom of God? Do not be deceived: Neither the sexually immoral nor idolaters nor adulterers nor male prostitutes nor homosexual offenders. Nor thieves nor the greedy nor drunkards nor slanderers nor swindlers will inherit the kingdom of God. And that is what some of you were. But you were washed, you were sanctified, you were justified in the name of the Lord Jesus Christ and by the Spirit of our God (I Cor 6:9-11).

Rape is a species of lust-and gravely sinful-in which force is employed in committing a lustful action. Mildred in her usual practice of attending the pastors’ spiritual counselling found that the pastor’s wife had travelled. She had no problem with that because she had great trust in the pastor. She spent the evening receiving the usual encouragement and retired to bed in her usual room, as she used to whenever she visited the pastor’s home. In the middle of the night, the pastor came into the room where she was sleeping and woke her up. He proceeded to rape her that night, claiming that he wanted what Mildred had been giving to others – alluding that the rape was a consented event. Valerie disclosed an enduring problem that was affecting her life because of something that had happened when she was eleven. She narrated that her nightmare was that she was **“attacked and raped, and unfortunately it happened to her, not in the play ground or on her way from school but in church, by a man who taught her God’s word.”**

Biblically accepted sex is found in the marriage relationship between a man and a woman who are faithful to each other. Adultery is the mutually consented, but unlawful, use of sex by a married and a single person, or by two married persons, who, however, are not married to each other (Jn 8:1-11). This grievous sin violates not only chastity, but it is a gross

violation of justice (committed against the true spouse of the married party, or against both spouses of the married parties).

The theme of adultery among the pastors is prevalent as described by Victoria. She narrated how the church hosted a great conference with three invited guest pastors from another African country outside of Kenya. These guests were hosted in a hospitality facility in which she worked. They had a week of much ministry - preaching and laying hands on people who had various needs. What was shocking was that on the last day, they each came to the hotel with a commercial sex worker from the street. She also narrated how in her place of work, a drunken young woman who has been operating on the street as a sex commercial worker was telling them how a Bishop, who is highly reputed for his evangelistic work in the city had impregnated her in sex encounters they had been having in the car once so often. Solicitation for adultery is clearly seen in Michael and Jane's story about a pastor they were seeing when seeking solace. About this, Michael said;

.... **“We had two conjoint meetings and one with him alone. When alone with him, he told me to leave my wife because he was interested in me only for my money but on the other hand, he started inviting her for coffee with him.”**

The move by the pastor does not align to proper ethical standards. Debbie had just gone through the heartbreaking experience of having her wedding stopped. The man she had trusted tested HIV positive on a Thursday, two days before their impending wedding. Although she felt crushed by the thought of stopping the wedding, she felt it was suicidal to marry a man who was positive and therefore decided to break the relationship. Sexually transmitted diseases are the nasty consequence of sexual immorality. Sexual immorality weakens the institution of marriage. It spreads hurts to those involved in relationship with the immoral. These are earthly, temporal reasons to avoid sexual immorality.

4.5.8.3 Deception

This is an act to propagate beliefs that are not true, or not the whole truth (as in half-truths or omission). Deception can involve dissimulation, propaganda, as well as distraction, camouflage or concealment. There is also self-deception, as in bad faith. Deception is a major relational transgression that often leads to feelings of betrayal and distrust between relational partners. Deception violates relational rules. Most people expect friends, relational partners, and even strangers to be truthful most of the time. Betty's mom had been misled by a church member that God wanted her 'whole' and would not accept her if certain parts of her body were missing because of an operation. A **"fellow intercessor"** visited her and convinced her to stop all her medication to take on herbal medicine. Betty knew it was going to be tragic for mom, who had to stay on medication to regulate her blood levels to prevent further clotting, to stop the medication suddenly. Victoria explained what made her uneasy with her original church;

"I kept feeling that the pastor was not preaching God's message accurately, even though I was not knowledgeable enough to explain exactly what the problem was. I noted with concern that the pastor talked a lot about himself and appeared proud to me. Sometimes he gave contradictory statements about himself and his work. I could not trust him."

4.5.8.4 Confidentiality

A counsellor is bound by ethics to hold matters of a client as confidential (Corey *et al.*; 2003:16). In a group discussion, a single middle-aged woman, divulged that she had shared about her issue with a pastor, seeking support during a difficult moment in her life. She stated that several days later, another Christian woman, noted to be a church counsellor, began to inquire from her about her life in relation to the issue she had shared with the pastor. The group member insisted that she had not shared her story with anybody else. She said; **"I felt betrayed by my pastor. I had not told another human being about my problem and**

so the lady must have got the story from him.” This is a clear indication of breaking of confidence. In response to her, another member, a more mature woman, stated; **“I do not share anything with pastors because I believe they are only good at speaking out whatever they have heard. They are trained to broadcast”**, she said firmly. She added; **“in fact my mother, who I think is very wise woman, told me when I was younger, that I should only share with pastors what I would be willing to share with the radio station.”** These comments reveal that there has been reluctance among some people to trust pastors with confidential matters of their life.

4.5.8.5 Corruption

Corruption refers to any abuse of a position of trust in order to get an unjustified gain by eliciting unethical behaviour (Eicher 2009:3-4). This involves the conduct of both sides. Corruption can occur in relation to officials as well as between private persons. Corruption is spiritual or moral impurity or deviation from an ideal. Corruption is depicted through money extortion from believers in this study. Victoria narrated of her mother’s sickness and how her mother had come to her requesting her to take Victoria to a certain church where she was to receive prayers for healing. On arrival there, Victoria found a throng of men and women waiting for the pastor’s arrival to pray for the people who had various needs. In the meantime, there was a clerk who was collecting a prayer fee in a mount of Kenya shillings 2,500 per person. Only those who could pay were entitled to the prayers. Victoria said she did not wait for prayers because she was sure it was not a Christian principle to charge for prayers. She stated; **“I am fed up with these cheating preachers. One of her workmate actually took a loan to go and plant a seed. To date, she is still paying the loan but has not received the great blessing she was promised. She is now struggling financially. Is that not stealing from the people of God?”** She concluded by saying that she now believes

that very few ministers were actually working for God's kingdom. A dishonest suitor from the church was responsible for the pain that Debbie endured. Her story records; **"She was angry and very hurt because the man had lied to her that his HIV status was negative. The abrupt experience forced her to wrestle with the thoughts of not getting married, something she had really looked forward to."**

Table 4:11 Summary of Ethical Violation Themes about Pastors

Text from Participants	Key word	Concepts	Sub-theme	Theme
....." What was shocking was that on the last day, they each came to the hotel with a commercial sex worker from the street." (Victoria)	sex worker	adultery	Sexual Immorality	Ethical violation
A "fellow intercessor" visited her and convinced her to stop all her medication to take on herbal medicine (Betty).	Stop all her medication	Mislead	Deception	
...."We had two conjoint meetings and one with him alone. When alone with him, he told me to leave my wife because she was interested in me only for my money but on the other hand, he started inviting her for coffee with him. This move by the Pastor was very unsettling and suspicious." (Michael)	He told me to leave my wife	Deception	Deception	
On arrival there, Victoria found a throng of men and women waiting for the pastor's arrival to pray for the people who had various needs. In the meantime, there was a clerk who was collecting a prayer fee in an amount of Kenya shillings 2,500 per person.'(Victoria)	Collecting prayer fee	Money extortion from the believers	Corruption	

4.6 Characteristic of Pastoral Help from the Data

The study had the primary goal of exploring the helping interventions of pastors. It also explored the helping systems superintended by the minister in their church communities. The sections below summarize the themes that emerged from the study in regard to this.

4.6.1 Interventions in Ethnicity and Political Differences

There is a "paradigm shift" in description of a dramatic turn in the practice of pastoral care. Thus, it focuses more and more on social and cultural concerns, moving from a "clinical

pastoral paradigm" to "communal-contextual." This is reported by Buhere (2008:8) about Henry Okullu and Bishop Alexander Muge who held certain standing values about the way the society should be organized to ensure justice, peace and truth for everybody in the society regardless of class, religion race, tribe or gender. However, missing in much current discussion of pastoral care is the structural element that makes church leaders dependable and trustworthy overtime. Reverend Francis Omondi (2011:38) highlights this; that the impact of church leaders has not been felt in resolving the current crisis, perhaps due to what Guder a professor of Theology acknowledges that the communities often oppose, ignore or have other priorities than the Church.

The "communal-contextual" approach needs reflection. This phrase has gained strong interpersonal implications that tend to idealize and romanticize the often-unglamorous task of living together in family, church or civil society. Thus, we realize the integrated approach of the church in the State in aiding justice. The familial stint is depicted in various ways such as healing and restoration as highlighted by Media Group (2008:10) about Bishop Korir who initiated a dialogue for peace between two communities, which have been at each other's throat since 1991.

Table 4.12 Summary of Pastoral Responses to Ethnicity and Political Differences

Text from Participants	Key words	Concepts	Sub-theme	Theme
.....“Will explore the causes of the recurrent clashes and how to prevent them in future. This is a noble goal, and given good will on either side it would bring a lasting solution” (Media Group 2008: 10).	Bring the communities together	Dialogue for peace	Ethnic violence	Healing and Restoration
...“they displayed partisan values and remained disunited and their voice swallowed in the cacophony of vested interests” (Nzioka 2008: 64).	Disunited	Partisan values	Ethnicity	Ethnicity/ political contribution
.....“The leadership of the church				

Text from Participants	Key words	Concepts	Sub-theme	Theme
has abdicated its role as the nation's supreme policeman and taken sanctuary in the respective ethnic communities they hail from" (Buhere 2008: 18).	Vocal	Standing values	Verbal	Justice
.... "Church should not be silent when greed, self interest and elitism threaten to replace personal integrity and a social justice" (Abuje 2008: 8).	Cowardly silence and social paralysis	Integrity	Vocal	
..... "the Church exists as a community, servant and a messenger of God in the midst of other kingdoms and communities that attempt to shape our understanding of reality" (Omondi 2008:15) .	Multiple ethnic communities, with huge inequalities and multiple diversities	Huge inequalities and multiple diversities the believers	Political resistance	

4.6.2 Church Community Support and Pastoral Counselling

The pastors sampled as individuals and in the focused group reveal much about their commitment, preparedness/skills and their solidarity with the sufferers. Pastor Mpenda, Mlakazi and Juhudi assisted their clients in counselling. **"We haven't even been putting many thoughts to what is happening to us because the needs of the people are overwhelming. Most times, we just keep at it until the day is done and then get back to another queue the next day."** (Mpenda) **"Counselling is also fulfilling to me because it leads to personal growth"** (Mlakazi). **"Having background training in counselling is a key to successful counselling. One would need an understanding of personality theories to be able to pick people's difficulties for instance. Education also helps in organizing the counselling into a structured session"** (Juhudi). Other responses are captured in Table 4.13 below.

Table 4.13 Summary of Pastoral Responses on their Counselling work

Text from Participants	Key words	Concepts	Sub-theme	Theme
... "Giving personal Counselling across the week to those seeking pastoral Counselling in the church." (Pastor Mpenda)	Pastoral Counselling	Ministry	Training	Counselling

Text from Participants	Key words	Concepts	Sub-theme	Theme
...“Zeal was to do the work of ministry and to support the people... “...not putting thoughts... needs of people overwhelming.”(Pastor Mpenda).	Zeal to support people	Overwork, needs of the people	Support	Burnout
....“ I have a team of committed and trained Counsellors that are within the membership that usually assist in this kind of ministry. I also do my other areas of ministry with committees that are able to take the work on.” (Pastor Mlakazi)	Trained counsellors in the church	Trained counsellors, involvement	Delegation of responsibilities	Professional counselling
...“having background training in Counselling is key to successful Counselling. One would need an understanding of personality theories ... structure counselling sessions... “ (Pastor Juhudi)	Key to success, personality theories	Trained Counselling	Structure counselling sessions	Counselling training needed
...“were seeking further training but had been engaged in pastoral work for varied length of time and in different church denominations were involved... (Pastor Mpenda)	Further training need	Pastoral work, varied time	Over engaged	Counselling training

4.6.2.1 Pastoral Helping Skills Portrayed in the Research

Work with participants brought out key ways on how they got helped or harmed in the process of seeking help. The data collected bears evidence that there were some skills and useful characteristics that led to the healing of the participants' lives. Some of these were from pastors, the community of believers and others from professional therapists. Evidence is notable that there were interactions with the pastors and/or the church communities that were not effective and some were harmful. The data too has occasions when help was both needed and possible but was not given. Tables 4.14, 4.15 and 4.16 summarize the characteristics and the interactions given to the participants that made the pastoral caring process supportive or ineffective.

Table 4.14 Summary of themes of Pastoral Helping Skills Limitations

Text from Participants	Key words	Concepts	Sub-theme	Theme
Dotty revealed that the pastor prayed for her severally although nothing seemed to change.	Prayed fervently, read verses	No change commitment to care	Unsuccessful	Ineffective
Dotty "... struggles to adhere to the advice although the pastor had read several verses to her to demonstrate how she should behave."	Read verses	Advise	No change	Ineffective
Dotty "...sobs as she disclosed about the futility of two years of prayers and encouragement from the Bible."	Encouragement, two years; futility	Advise encouragement	Unsuccessful	Ineffective
Pastor urged Dotty to change her bitterness, fearful behaviour "... inconsistent with believing in God."	Advised to change, inconsistent	Directing the client	Unsuccessful	Ineffective
...Pastor accuse her of not forgiving ... but wonders how to get over the inflicted pain as she already lost her virginity feels dirty and used.	Accuse, wonders how	Judgment, directing	Disillusionment	Stuck
In the middle of the night, the pastor came ... woke her up. He proceeded to rape her that night, claiming that he wanted what Mildred had been giving to others ...	Middle of the night, rape, giving to others	Abuse, harm	Violation	Unethical
The only reason Mildred had opened her mouth to talk is that she could not cope with the agony she was going through.	Opened mouth, agony	Insecure	Violation	Inhibition
Valerie was doubtful if the pastoral team or children ministry identified that a strange expression had developed that was causing her to behave differently.	Doubtful, Not identified, behave differently	Insensitivity unsupervised undiscerning	Negligence	Mismanagement
Perhaps the pastoral team or children ministry was rarely concerned as other children continued to be in Sunday school and the church program was going on all right. (Valerie)	Rarely concerned, continued, Going on	Lost in the crowd,	Negligence	Un-shepherding

Table 4.15 Summary of themes of Helping Skills Found in the Study

Text from Participants	Key words	Concepts	Sub-theme	Theme
Dotty "...confidence to talk about herself was boosted by the validation of her feelings by ... a therapist."	Validation of feelings, built Confidence	Therapeutic relationship	Rapport acceptance	Trust

Text from Participants	Key words	Concepts	Sub-theme	Theme
Dotty and the therapist explored "... rape ordeal ... examining the thoughts brought about disputation of her thinking... feeling worthless and defiled.	Explore, disputation,	Integration, collaboration,	Cognitive reconstruction	Client's insight
Dotty..." biblical truths were interwoven to support her waning faith in the construction of the alternative view."	Biblical tools, construction, alternative view	Integration, collaboration,	Cognitive reconstruction	Client's insight
... They collaboratively came up with a self-talk script ... to read to herself everyday ... before bedtime before a mirror. She was also to write out ... homework ...	Collaborative, self-talk	Collaboration	Therapeutic alliance	client's growth
Within eight sessions, she was able to re-enter into the world again, cured of her fear and poor self-esteem among other inner sufferings. ... The bulk of the work with this client involved listening to her, express her attitude about herself and the world and using available evidence to construct an alternative view. The therapist allowed her to go through the questioning without providing answers but also engaged her in reality testing for the positions she held about herself, the world and God.	Re-enter, cured, construct,	Client's	Therapeutic	Client's
	Questioning, reality testing	Responsibility	Facilitation	Autonomy
He had prepared to marry them. He particularly stood between them to make a decision about the fate of the marriage in the light of the new revelation (Debbie).	Stood between, decision	Negotiation help	Decision making	Strengthening
Through prayer and words of tremendous wisdom, the overseer did crisis intervention through the telephone... encouraging the entire church and efforts to comfort John.	Prayers, wisdom, crisis intervention, telephone, comfort	Crisis counselling	Spiritual intervention	Empathy
The associate pastors and other church ministers also helped John, his family members and his in- laws to think through and in organizing June's burial	Helped	Compassion commitment	Support	Solidarity

Table 4.16 Summary of themes of Healing and Pastoral Solidarity

Text from Participants	Key words	Concepts	Sub-theme	Theme
For the most part, the pastor prayed fervently with her, assured her and attempted to answer the serious questions she had about God (Dotty)	Most, prayed fervently, answer	Commitment to care	Presence	Solidarity

Text from Participants	Key words	Concepts	Sub-theme	Theme
Dotty "...confidence to talk about herself was boosted by the validation of her feelings by the interviewer who is a therapist."	Validation	Empathy	Therapist's skills	Healing
Dotty and the therapist explored "... rape ordeal ... examining the thoughts brought about disputation of her thinking... feeling worthless and defiled. Dotty..." biblical truths were interwoven to support her waning faith in the construction of the alternative view."	Explored, biblical truths, interwoven	Integration, disputation	Therapists	Healing
There were also many messages of encouragement and consolation. The efforts to support her were particularly spearheaded by the pastor (Debbie)	Encouragement, consolation, spearheaded by pastor	Support pastoral prayers	Presence, commitment	Solidarity
Debbie experienced an immense help from the church and from the pastor; "Oh my church members were excellent," she said.	Immense help	Community of support	Healing community	Healing/ affirmation
Having poured out to them, she came regularly to receive their comfort and support, which they gladly gave. She felt comfortable with them and would come and spend the night in their home as they ministered to her (Mildred).	Comfort/support	Spent the night	Felt comfortable ministered to	Ministered to

The data collected from the focused group of pastors shows that there is a wide variation in the manifested characteristics of pastoral care in Kenya. It brought out that a great majority of pastors embrace caring as part of their call. The commitment of pastors to caring is one of the thrusts of the revelation by the focused group involving five pastors hereafter labeled as P1-P5. It came out that they respond to a wide variety of needs within their congregation. Some of the responses required of pastors that were in the focus group can be identified in their responses as in the following extracts of the pastors' disclosures indicate:

Table 4.17 Summary Themes of Pastoral Perceived Obligations to Congregants

Text from Participants	Key word	Concepts	Sub-theme	Theme
"Our care is varied; visiting the sick, the needy, the bereaved and sometimes persons who are not necessarily members of their congregations"	Varied Care	Busy	Demand	Availability, Caregiving

Text from Participants	Key word	Concepts	Sub-theme	Theme
(P2). “My denomination includes even responding to disaster situations” (P1).	Disaster Responding	Responsive	Self-giving	Availability, Caregiving
“A lot of work involves resolving conflicts of all manners – between parents and their teenage children or husbands and wives (P5).	Resolving conflicts	Conflict management	Arbitration	
“A lot of education is required by our people to enable them to relate to their children because there is a serious gap between them. They turn to us pastors for help” (P4).	Education, gap	Psycho-education	Arbitration	
“We meet people with all manner of needs. I even had to help one get a job within the church because sometimes we have to be practical in our help provision” (P1).	All manner of needs Job	Practical support	Intervention	
“There are many practical supports we give to members like food, clothing, rent, transport of persons who have come from the countryside but are stuck in the city because they cannot raise fare back and taking sick people to hospital in our cars – both at night and during the day. For you to serve in this work you have to have a call or else you will give up” (P3).	Practical support,	Social support	Intervention	
“Sometimes our help is spiritual support like those who cannot resolve some issues even after receiving ministry through the pulpit or need encouragement because of conflict between faith and reality, for instance, believing God for a job but staying for a long time without getting one” (P2).	Have a call	Demanding	Commitment	
	Spiritual support, Faith conflict Reality	Spiritual Counselling	Intervention	

The data also reveals that pastors work at very inconvenient hours and for protracted lengths of time. Besides, it portrays them responding to the many needs of their members at the expense of their own families. The pastors acknowledged that their work is stressful to their own families, both in finances and personal space.

Table 4.18 Summary of Themes on Pastoral Work Pressure

Text from Participants	Key word	Concepts	Sub-theme	Theme
“There is a lot of work outside the pulpit. It’s only by the grace of God one is able to meet personal needs. For example one day I arrived home with my wife from a visitation at midnight only to be called at 1.00am in the night again. The caller said, ‘You must come now.’ My wife said, ‘You can’t go, you must	Work outside the pulpit	Overwhelming	Demand	Stressful
	‘You must come now’	Crisis	Predicament	Dilemma

Text from Participants	Key word	Concepts	Sub-theme	Theme
sleep.’ But I knew I had to go. My wife went with me. It was a conflict between husband and wife both of whom were members of his congregation, We managed to resolve the conflict by morning and that is when my wife and I went back home” (P1).	‘You can’t go, you must sleep’	Compulsion	Pressure	Boundaries
“Our work is very exerting. Our congregants do not expect us as their pastors to let them down when they call upon us at the hour of their need. Their call can come any time. One time a couple arrived at my house at midnight with a sick child with the request that I assist them in taking the child to hospital. I could not let them down” (P4).	Exerting Call any time Let down	Compulsion	Burnout	
“In another incidence a young man had a relationship that was threatening to collapse. He called me and we were on telephone conversation a good portion of the night. First, the person called until he had no more units. Then I used my units to continue the helping dialogue” (P1).	A good portion of the night	Demand	Pressure	
“One of the ministers, a bishop in his denomination actually died as a result of exhaustion. Further, when they went to bury the minister, they discovered that he had never built a home for his family. He had spent most of his energy serving the church and had not taken time to plan for his own family. The family needed to leave the house they had been living in at the church. The denomination had to put resources together to both bury the bishop and put up a small home for the wife and the children of the deceased bishop to move into” (P1).	Bishop died Exhaustion	Destruction	Burnout	
	Not taken time to plan for his family	Management/ Family care	Irresponsibility	
“I feel pricked when you mention about visitors of the church coming and expecting to be hosted by the pastor. The children have often to vacate their beds to allow the visitors to sleep there. You see we do not know what else we can do. I have never thought that this can affect them (P5).	Feel pricked, Children vacate, Never thought	Priorities/ Family care	Insensitive	
“You have to be called to serve in this work otherwise you will give up” (P2).	Call, Give up.	Commitment	Pressure	

Pastors were asked about financial empowerment given to them by the church to meet the cost of airtime they use to call the members they are supporting. It emerged that different

pastors had different access to resources allocated to them by their denominations to enable them meet their caring obligations. Some pastors indicated that they had a policy while others did not have one. One of the pastors said that his church was in the process of developing a structure on how pastors should be enabled to help their members. Themes capturing the Pastors responses are summarized in Table 4.19 below.

Table 4.19 Summary of Themes of Financial Pressure on the Pastors

Text from Participants	Key word	Concepts	Sub-theme	Theme
“About the resources they receive from their churches so as to enable them minister, one pastor revealed that he gets Kshs. 20,000 per month for telephone air time.” (P1)	Resources Air time	Funding	Resourced	Support
“Wa!! My brother is fortunate. Only the senior pastor gets Kshs. 2,000 per month for the air time in my denomination. The rest of us, it is not talked about” (P4).	Fortunate Denomination Not talked	Underfunded	Handicapped	Pressure
“I rely a lot on the members doing the calling because I am not given air time money by my church (P2).	Rely on members	Underfunded	Handicapped	Pressure
He called me and we were on telephone conversation a good portion of the night. First, the person called until he had no more units. Then I used my units to continue the helping dialogue” (P1).	Conversation, good portion of the night	Demand	Selfless giving	Sacrifice
“We cannot let them down” (P3 referring to the financial needs brought by members).	Cannot let them down	Obligating	Selfless giving	Sacrifice
“Our communities see pastors as having everything. They lack nothing” (P2).	Pastors, lack nothing	Mis- interpretation	Delusion	Pressure

All the pastors in the group lacked an elaborate training for counselling. With regard to preparation and equipping for caring one stated; “**The most important ingredient is a heart to give care**” (P4). All the other pastors were in consensus with that. They said schooling only increases one’s proficiency in performance but the caring heart is fundamental. One pastor indicated that he had studied and received a Diploma in Pastoral Care and Counselling at one of the Universities. Another indicated that he felt empowered by a Diploma he had

acquired in Human Resource Management because it trained him on some aspect of understanding human beings and relating with them. Most stated that they relied on training seminars and courses that were organized internally by the church for their workers.

When they were asked what they would want to see changed; the pastors at first seemed stuck. They held the opinion that the expectation of their church members is rooted in conviction that pastors are called to help. One of them remarked, **“We cannot let them down”** (P3). Another remarked that, **“Our communities see pastors as having everything. They lack nothing”** (P2). The pastors however revealed that their theological training encouraged them to be involved in proper planning in their work including getting time to rest.

When they were asked to suggest what would make their work more effective without sacrificing themselves and their family, they looked stuck. Their dilemma however was that they did not know how to handle the members of their churches. They reflected:

Table 4.20 Summary Themes of Pastors’ Dilemma on Managing Boundaries

Text from Participants	Key words	Concepts	Sub-theme	Theme
“The members do not respect even our day of rest because they in fact come to our homes thinking that that is the day they can have more time with their pastor because he/she is free” (P4).	Respect day of rest	No rest	Intrusion	Boundaries
“We do not have structure in our churches that can protect the pastors” (P5).	Structure Protect	Unstructured	Bombardment	
“May be we should make the church secretary run the pastors’ appointments and insist that she controls how many people a pastor attends to” (P1).	Secretary Control Appointments	Structuring	Insight	
“But there are some of our churches that do not have the luxury of a secretary” (P3).	Luxury Secretary	Limitation	Obstacle	
“Our problem is that we are not professional. If we went professional, we would take care of the said problems” (P5)	Professional Take care Problems	Limitation	Obstacle	

It was not clear how a professional pastor would function. They suggested that pastors would benefit from delegation of some care responsibilities to competent members of the church. Most of them admitted to having trained counsellors in their membership who could help. They finally agreed that they should begin to hold pastors' jobs with professionalism. This meant that they too must have a job description whose details are known even by the members. Whereas pastors agreed that they will need to put structures to make it have a more professional outlook, they said there is need for caution. Since pastors deal with human welfare, they all agreed that it would be necessary to work into the structure a level of flexibility in order to take care of emergencies. This means that there should be some loose ends to enable response in those cases that are necessary. They also recommended that the church have a miscellaneous kitty to take care of needs among the members to avoid the pastors needing to bear all the financial care of their churches. On the questions of the skills they use for their counselling sessions and the tools they have, they did not seem to have much to report about. Most of them underscored the need to listen to the problems of the congregants when they consult them. The tools they cited included advising their members, reading scriptures and praying for them. Sometimes they gave practical recommendations to solve practical everyday problems. In situations of resources and crisis like sicknesses, the pastors reported that they stepped in with their resources and time to minister their help. About how they use the empowered people in their congregation, they responded:

Table 4.21 Summary Themes of Pastors' Delegation of Professional Counsellors

Text from Participants	Key word	Concepts	Sub-theme	Theme
"In my church I have people who are trained counsellors but I have not used them" (P1)	Trained counsellors	Personnel	Non-delegation	Untapped personnel
"Our church has not yet integrated them into a structure of counselling but individuals talk to them when they think they can help. I think that is alright" (P4).	Integrated, Structures Individuals	Personnel	Non-delegation	

Text from Participants	Key word	Concepts	Sub-theme	Theme
"I have not thought about professional counsellors, I think it could be a good idea if they can help as long as they stick to Christian values" (P3).	Not thought Professional Stick Christian values	Mistrust, Un-insightful	Non-delegation	Untapped personnel

The discussion ended at a note where the pastors in the group requested the interviewer to arrange some sessions to give them some basic skills in counselling. The focus group discussions brought out a number of characteristics from these pastors. First, is that these pastors reflect a commitment that may be repeated in a number of many others who serve in the churches in Kenya. They repeatedly stated that they cannot let their church members down. But along with this reality is that they were overworked and knew it. They however felt an obligation because of their calling to serve their church members. There was lack of delegation in the church even where there were well-equipped persons who can be involved in doing some of the work that the pastors are doing more professionally. What cannot be certain is whether these persons in the church are willing or even available because their other engagements were not explored. There was an increased awareness of the overload danger to themselves and their family, especially when the issue of the pastor who died came up.

Further, the pastoral structure for interaction with the people is largely lacking. Different denominations reflected different styles of operations. For instance, some denominations set apart money to empower the pastor to have a benevolent fund so as not to handicap his personal and family life while others did not. In the process of the interview, they seemed to realize the importance of structure and protection of self and family from being overrun by the church needs. Thirdly, the pastors recognized that a change in this state of things will also call for educating the congregation. To put boundaries was increasingly difficult because of the attitude of church members that their pastors should always be available. Finally, the

pastors involved in the discussions did not seem to be sure of any skills or structure pattern of counselling they could clearly explain in the interview.

4.7 Conclusion

The data analyzed in this chapter depicts clients' tendency to looking up to the pastors/church congregations for help. Mildred, a hurting orphan due to a rape ordeal trusted her pastor and his wife and sought help in her pain. Without a shadow of doubt, Valerie believed that the Church is the place where all people could seek refuge and protection. John called upon his pastor/church members with haste at the moment of great loss, confusion and desperation when he lost his wife minutes after the birth of his son. At the point of her mom's death, Betty decided to call her bishop for support. Michael and his wife sought the help from their senior pastor due to their marital conflict. These among many other narratives show that many people seek help of all manner of issues from the pastors. At the same time, the pastors are totally given to their work and their presence with the flock is notable. Pastoral ministry is a strong potential for human support in the Kenyan context.

Furthermore, the data also show that there were different levels of effectiveness due to the pastors' personal characteristics including endowment and skills. Some ministers delegated some of their responsibilities of counselling to professional therapists with notable results. The chapter that follows gives further data interpretations, discussions and recommendations on how the pastors in Kenyan context could improve their caring work.

CHAPTER FIVE

DISCUSSIONS, INTERPRETATION AND RECOMMENDATIONS

5.1 Introduction

This chapter takes a look at the data in Chapter Four and synthesizes it in line with the hypotheses of this research to acquire the value of that data to this study. The chapter looks at the themes from the participants' stories, the material acquired from pastors' interviews, the focused group and the information extracted from the newspapers. The themes were sampled according to the relevance they bear to each of the sub-topics in the discussion section of this chapter (Willig 2008:63). These themes were taken as indicators of the quality and the nature of pastoral solidarity with the sufferers within the sampled part of the Kenyan church. The discussions took into account the vicarious experiences of the researcher in the problem situation of the participants' stories.

In addition, the chapter used the emerging picture in the discussions to arrive at the interpretation, conclusion and the recommendations. These tied it up with the research problems, the research hypotheses and the literature that was surveyed in this study. The aim was to attempt to answer the research questions and confirm or disconfirm the hypotheses on pastoral solidarity in caring ministry. The research also provided insight into further study that may be done to expand understanding into pastoral solidarity and care giving in Kenyan Church. This provides the basis for the recommendation for further research.

5.2 Data Interpretation and Discussion

The practice of understanding the findings are discussed in this section. Petrovich (2008:480) illustrate interpretation as "... moving ahead of the descriptive data." Interpretation entails attaching importance to what was established, making logic of findings, providing

explanations, depicting conclusions, extrapolating lessons, making presumptions, considering meanings, and or else imposing order on an disorderly but definitely patterned world. Phenomenology was chosen as the methodology for this study since it offers a deeper perception of the subjective pastoral care giving attitude and their solidarity with clients. Phenomenology express experiences in terms of how they appear while understanding that all experiences are interpreted (Van Manen *et al.*, 2008:31). It is sole from other methodologies in that it does not seek to develop generalizations about a phenomenon but somewhat gain a more complete view of how the phenomenon is experienced as a whole.

The process of phenomenological indication is exposition rather than introspective (Van Manen *et al.*, 2008:75). This means a lived experience must be reflected on in order to be understood. Thematic analysis centers on allowing themes to surface from the data, revealing essences that make the nature of the phenomenon is what it is and without it, it ceases to be (Wojnar 2007:175). Phenomenological reflection facilitates recognition of how a phenomenon is experienced in the world of our lives (Wojnar 2007:175). The participants in this study spoke of their experiences as they reflected on them. As pastors reflected on the care giving experiences, they discovered how each part of the experience affected the whole experience and the whole experience was more than just each part taken together. The researcher must adopt the same technique of looking at how the sum of the experience informs the whole and reflect how the whole informs individual aspects of the experience (Wojnar 2007:176).

The interpretation of this research was done around the key objectives of this study. The research explored the Christian solidarity in pastoral counselling from the Kenyan context and was guided by key objectives. They included investigation into the caring behaviour of pastors; establishing pastoral spirituality of solidarity and its empowering of pastors;

investigation of how pastoral effectiveness is affected by their pastoral education, ethics and skills. The study also investigated the mutual benefits of shared client's stories and explored the value of biblical narratives and other narratives as therapeutic tools. The next session is an interpretative discussion on the themes emerging from these key areas of the investigation. The said areas, cascade to build an image of what manner of counselling delivery the pastors sampled demonstrated in regard to Christian spirituality of solidarity.

5.2.1 Characteristics of Pastoral Caring Behaviour

The data collected show that there is a wide variation in the manifested characteristics of pastoral care in Kenya. Several themes related to pastoral caring behaviour emerged. They included: commitment, burnout, boundaries, solidarity, scripture reading and praying among other themes discussed in this chapter. It is significant that the pastoral body embraces caring as part of their call.

5.2.1.1 Pastoral Caring Commitment as Solidarity

The commitment of pastors to caring is one of the thrusts of the revelation by the focused group that portrayed their solidarity with their church members. They insisted that one has to have a call from God and a heart to meet the needs of others in order to qualify to be in the ministry. That is supported by Gehman (2005:21-27) cited in the Introduction Section of Chapter Two who also argues that pastors should know their unique calling. The pastors spoke thus to justify their feeling of the obligation to respond to all the needs that their congregants brought to them in person. This was underscored by the statement made by one of the pastors when he said, **“I even had to help a congregation member get a job within the church because sometimes we have to be practical in our help provision.”**

Obviously, some Kenyan pastors find themselves encompassed with a lot of caring work meeting spiritual, emotional and physical needs of their congregants. There is a lot of care giving work in the Kenyan church where some pastors respond to the call of our Lord Jesus Christ to shepherd the flock as affirmed by Clinton and George (2002:715). There is true love for the flock and Christian solidarity with it as spelt out by Sanderson (2009:164–165) and Leeming *et al.*, (2009:164). Whereas pastors display solidarity and devotion, one wonders if they are effective in their care giving. Janse van Rensburg (2010:1) hypothesizes that a holistic approach to pastoral care and counselling would be impactful in empowering of the poor people and their communities by addressing the needs and the problems not addressed by traditional methods. Pastoral functions identified by Louw (2008a:75) include holistic healing that is physical, psychological, relational, contextual and spiritual. There are two significant components advanced by Janse van Rensburg (2010: 4, 5) in this holistic approach. One is delegation of certain empowerment processes to skilled members of the congregation while the pastor continues with spiritual support. Empowerment of such groups would be a greater way to support the sufferers as it would facilitate independence as noted by Welfel (2010:42 – 48). The other is networking and referral of the poor people to organizations and resource persons within the community that offer that kind of empowerment the members need. These methods are recommendable to Kenyan pastoral carers in order to enhance solidarity with many hurting individuals.

There was a further distinction between the pastors in the focus group and the three pastors that were interviewed. The three did not engage in giving personal material support but either helped the members work on the problem they had or used the church system to filter and give prescribed support according to established church policy. It reveals that there are pastors and sometimes church systems with clear policies on how to support the needy in and

outside the church. There are also churches whose pastors are heavily involved in meeting the material needs of their congregants from their own resources. This too is a sign of pastoral compassion a characteristic that is key to Christian solidarity, spirituality and maturity as pointed out by Brice and Kourie (2006:109); Seger (2009:181) and Louw (2008a: 54) cited in Sections 2.2.6 and 2.4 of this study.

Other pastors were in solidarity with the hurting as they gave them spiritual support. For instance; Dotty reported that her pastor spent much time praying for her, sharing scriptures and challenging her to arise in faith. The efforts were geared to helping her overcome the intense pain she felt within the two years following the rape ordeal. This kind of consistent availability is a sign of great dedication and solidarity. Despite the fact that her problem was not resolved, Dotty noted that the pastor was available. Debbie is another example. The pastor was keen to ensure that he took responsibility in ensuring that Debbie and her boyfriend were entering into an authentic relationship. The discovery that her suitor had lied about his HIV status was born out of the keenness. This pastor comes out as one who teaches his congregation aptly. The maturity of the church members helped reduce Debbie's level of brokenness. In line with her church's teachings, she had strived to keep herself free from sexual promiscuity before marriage. Doctrinal integrity in the pastor's teaching comes out as a great caring instrument by the pastor to his congregation. Additionally, the well taught church showed support to Debbie when they refunded bride price paid to her father and freed her from the man that had betrothed her. This is in line with the community spirituality of solidarity.

This kind of caring solidarity is replicated in pastoral care behaviour in many churches in Kenya. For instance; a couple that lost a teenage daughter after several months of battling with sickness confessed receiving relentless support from their church (author's encounter).

The couple related of many visitations by pastor and congregants. Their solidarity through prayers and material support encouraged the family. They also recounted the overwhelming presence during the days of grieving and burial. The couple was able to come out through the pain as a result of the support from their church community that was visibly led by the pastors. This is also true of Michael and John (participants in Chapter Four) who testified of the intense support received from their church communities and their pastors on the lead. Support, commitment and availability attest to the presence of Christian solidarity with the bereaved.

The description of pastors responding to emergency calls from their members even late in the night shows a high level of solidarity and commitment to serve their congregants. It also shows how the church members are socialized to seek out their pastors whenever they have crises. This can be evaluated on the caring standards of Jesus the great Shepherd who was in solidarity with the hurting. Christ's unique leadership and caring model provides useful principles for pastoral ministry. He dedicated Himself as He taught, preached, served and healed the wounded (Mk 10:42-45). He responded to a variety of the sufferers' needs: For example: Showing mercy and compassion to the woman caught in the very act of adultery (Jn 8:4); was moved by the crowd that was harassed... (Mt 9:35-38); touched by the needs of the hungry... (Mt 14: 13-21; Jn 6:1-6); and identified with the parents of the oppressed children (Mk 7:31-37). Men with personal issues sought Him for help. For instance; the man who struggled with his brother over inheritance (Lk 15:11-32), and the religious rich young man who kept the law and wanted to be sure of his relationship with God (Jn 15:1-21). Jesus established secure relationship with the sufferers and removed their brokenness through His spirituality of solidarity.

5.2.1.2 Costs of Boundless Pastoral Solidarity and Care

The interviewed pastors also revealed that their solidarity and caring services were “boundless” regarding to time, resources and family space. This contradicts the caring recommendations of Lebacqz and Driskill (2000:74) in Section 2.5.2. The pastors reported that a Bishop had died because of exhaustion and fatigue. This research could not rule out overexposure to traumatic situations as spelt out by Louw (2008a:135); Baird (2007:149) cited in Section 2.3.5 of this research. This shows the scope of painful efforts involved in pastoral care. The bishop died leaving no inheritance to his family. The church had to build a home and resettle his family. A key insight here is the extent of the pastors’ neglect to issues of their family welfare while responding to the needs of the church members. Besides, the pastors in the focused group admitted their lack of family privacy due to entertaining of the brethren. One of the pastors pointed out that his children often moved out of their bedrooms to give room to Christians who boarded at their home. The children are affected and inconvenienced by their parents’ busyness, their resources being shared by many and their homes being no special place for them. Though the African culture believes on giving guests/older people respect, children ought not to be denied their space. Biblical teachings do not advocate for children to give up their personal space. The greatest challenge in pastoral ministry is discerning one’s own priorities (Stone & Wolfteich 2008:13). Trying to be everything to everybody in the midst of overwhelming needs could be the problem of some of the pastoral carers in Kenya.

Another concern in this pastoral caring behaviour is the misinterpretation that it is their expression of their love to God and his people. It could also be a manifestation of being workaholics or not understanding the limit of their mandate to care and being in solidarity with the suffering. Perhaps it was/is a misconception that their clients are “victims” of their

circumstances. This contradicts Clinton and Hawkins (2011:450); and Capuzzi & Gross (2009:222) who contend that clients are not necessarily helpless needing to be rescued. It could also be manipulation by the church members who realize that the pastors are readily available. Another possibility could be the socialization of the pastors and parishioners that the pastors have to be there all the time. Boundaries and personal care within pastoral ministry needs to be rethought as indicated by Gula (2010:130) in Section 2.5.2. The most significant curiosity is whether the engagement of pastors at such level interprets into Christian solidarity.

The message of the Gospels is that Christ came into the world to establish solidarity with the sufferers an example to be emulated by pastoral carers. In contrast to the practices of the pastors discussed above, it is noteworthy that Jesus was in solidarity with the sufferers but at the same time He ensured that they took responsibilities of their situation rather than seeking to just fix them or Him carrying all their problems. He refused to give the multitude bread when they followed Him to the other side... (Jn 6:26). He prospected for personal faith before receiving miracles (Mt 9:22; Mk 5:34, 10:52; Lk 7:50, 8:40-48, 17:19, 18:42). He did not fall prey of human acclaim but was focused on the real area of ministry that still awaited Him. When everybody was looking for Him, He told His disciples; “let us go to the other side” (Mk 4:35, Lk 8:22).

It is deceiving for the church members to imagine that the pastor who tries to meet most of their needs by giving material help is the “good” pastor. The interaction with the pastors in this research showed this as a consistent pattern which could be destructive to the pastor and his family. Some people take advantage of the pastors who give at the expense of their families. On the other hand, the theories of motivation indicate that people are motivated by the need to escape from unfavorable situation (Myers 2007:471- 473). They use whatever is

available to bring to ease their life experiences. It is established by professional counselling that rescuing clients and treating them as victims is not in the long run effective therapy (Corey & Corey 2003:159, 160). That creates individual dependency on the care-giver or others and it is a draining practice. The Kenyan pastors need to have a clear policy in the process of counselling, provision of material help to the needy, as well as having clear ways of leading the members to independency rather than dependency.

5.2.1.3 Pastoral Care and Counselling

The three pastors individually interviewed for this research; pastors Mpenda, Mlakazi and Juhudi also revealed that they experienced counselling as the most exerting part of their pastoral duties. They indicated that it was exhausting, time consuming and stressful in terms of the number of people they saw daily and the weighty issues presented. This concurs with the remark made by Louw (2008a:135). The stress experienced was evidenced by the medical condition of the fainting of pastor Mpenda as confirmed by the doctor that he suffered from burnout and acute fatigue. This is supported by Patterson and Welfel (2000:11-12); Gachutha (2009:62) and Figley (2007:1) cited in Section 2.3.5. It is possible that the pastors in the focused group and those interviewed represented two distinct attitudes towards their caring responsibilities as church ministers. Another important difference is that the pastors in the second group acknowledged the pursuit for professional skills in counselling. Notably, none of the pastors had any supervision arrangements where personal care is always emphasized as underscored by Baird (2008:5-6; 162-163) and Corey (2001:16-19) cited in Section 2.4.

5.2.1.4 Pastoral Neglective Behaviour: Solidarity Threat in the Church

Although there are many committed pastoral carers who portray solidarity with their members as noted above, some pastors fell short of this mandate. This was portrayed by

themes such as abandonment, negligence and ineffectiveness as brought out by two of the participants. That is a true threat to pastoral solidarity. Betty a participant mentioned in Chapter Four, was still hurting at the time of data collection due to what she felt was a great let down by her pastors. When she needed pastoral solidarity: presence, encouragement and one to listen to her pain they were all too busy with grand church programs. She could not understand why the pastors were unable to spare some moment for her being a key church worker and had made considerable contribution in the church. Betty expected to reap where she diligently planted as a prominent member and a leader in her church. Moreover, the church had more than one pastor and whose core business is to heal the bleeding sheep. If human care is the core business of every church unit, then at least there should have been a pastor to support Betty. The church is a body and if one part of the body hurts all parts hurt (1 Cor 12:12-17). Furthermore, true *koinonia* provides a shared journey in participating and providing healing support as indicated by Seamands (2005:33) in Chapter Two Sections 2.3.4. Evidently, Betty lacked pastoral care rooted in love and solidarity.

Another case of neglect was Valerie's also a participant in Chapter Four. She was sexually abused by her Sunday school teacher within the church premise. The keenness of the pastor on supervising those in church system entrusted to support him in taking care of the flock was questionable. Valerie stopped attending the church and manifested new behaviours characterized by insecurity. The church system established under her pastor did not pick out these changes. The child who was a committed Sunday school participant disappeared from the church without anyone noticing. If Valerie had been followed at that stage, perhaps she would have done some disclosure that would have led to the Sunday school teacher being brought to accountability. This would have prevented further abuse of other children. At the same time, Valerie would have received healing interventions saving her years of agony

portrayed in the data in Chapter Four. The Kenyan church needs to develop structures that facilitate care and supervision of the workers in light of commitment, integrity and accountability.

The two examples of pastors above are different in presentations but similar in results. They both have congregants whose life was affected negatively through their churches. Betty's pastor had pursued at the expense of being in solidarity with her. Valerie's pastor on the other hand delegated ministry to workers that did not seem to have clear supervision or accountability partners. This is tantamount to abandoning his responsibility because he is the shepherd of the flock. Valerie felt that her exit out of the church was unnoticed and no one cared. The lack of care exemplified in these two cases, as a result of the pastors not being particularly vigilant or available, resulted in two broken individuals. These cases, demonstrate a situation where the sufferers did not receive the solidarity they so desired. They were lost within the crowd of the church community.

The existence of neglectful pastors to their flock is a great concern to this research. Two questions arise from the data analyzed. The first regards what motivates the pastors to join ministry. In Chapter Two Section 2.3.6, the roles of the pastors were discussed. In particular, Dawn *et al.*, (2000:242) points out that pastors and teachers are gifts given to the church by Jesus Christ. The role of pastors as indicated in (1 Tim 4:16) is to shepherd the flock. Such functions are also echoed by Capuzzi and Gross (2009:59) and Schooley (2000:1). The second inquiry is whether the negligence arises out of inability, lack of knowledge or avoidance as a result of a sense of incompetence. The first question poses a challenge to the church of Jesus Christ in Kenya. If persons find themselves in ministry motivated by other reasons, they will direct their energy towards serving those reasons and not the people. The second question presents a need. Sincere men of God with a calling upon their lives are

encouraged to seek empowerment to serve diligently with knowledge and success as affirmed by Wilkens (2005:127-131) and Polk (2007:16) in Section 2.2.4 of this study. The pastors require capacity development to match their calling (Hamm 2006:92). Networks of pastoral self-care can also provide a forum for pastors to discover themselves, get encouragement, and gain direction on how to organize their own personal lives and ministry. Unequipped ministers could harm their congregants in their interactions (Figley 2002:3). The perception of Betty in the data (Chapter Four) showed that her pastor was unavailable while she struggled with her mother's sickness and eventual death presents pastoral issues on spirituality. Spirituality has to do with how ministers experience themselves in relation to what they designate the source of ultimate power and meaning in life, and how they live out that relationship as spelt out by Lartey (2003:171) cited in Section 2.4.1. Osmer (2008:33) in Section 2.2.8 of this study encourages congregational leaders to develop high skills of spirituality of presence to listen to the hurting whole heartedly. That is seen as a unifying factor in spirituality and it is termed as the "I/Thou" experience suggestive of communion/relationship by Pembroke (2006:60). The shepherds that are discussed above lacked the spirituality of solidarity/*koinonia* with their members.

5.2.2 Pastoral Ethics and Solidarity

Ethics is a term that lends to virtue in relationships as spelt out in Louw (2008a:281); Ohlschlager and Ohlschlager (2002:145) and Sperry (2007:12) in Sections 2.3.1 and 2.5.1 of this research. Christianity is a call to virtue that flows out of a relationship with God (Rm 12:1-2). Lack of ethics in care destroys pastoral solidarity with the hurting. The evidence of ethical life is in the interactions of the individual Christian with the people around him/her. Believers are called to live morally upright, the shepherds being role models (1 Cor 11:1-3).

Some cases picked in this data gave indication of some of the effects of the absence of pastoral solidarity due to lack of virtue in pastoral caring ministry.

The data in Chapter Four highlighted serious problems with the ethical and moral standards of some pastors in Kenya that hinder true solidarity with their sufferers. The key themes that speak into this matter include abuse, boundaries, lack of integrity, sexual immorality, corruption and breaching confidentiality. Participants revealed that the actions and moral standards of the said pastors affected them directly or indirectly, leaving them in various levels of brokenness. Mildred had trusted her pastor to support her as she battled through the pain of sexual abuse. Working with her pastor and his wife, she developed trust like would be expected in any successful counselling relationship. It was shocking when she suffered the same sexual abuse in the hands of her “trusted pastor”. She was emotionally torn, lost and she did not know who else to turn to. She attributed herself as a target of abuse in her status as an orphan. What was staggering was the question, **“even the pastor?”** She wondered who else could be trusted. Valerie discussed above was not sexually assaulted by the pastor but by a church worker who presented himself as called to serve in Sunday school. The Church of Jesus Christ in Kenya ought to be concerned regarding sexual abuse by “the men of God.”

Victoria was a vicarious victim of pastoral lack of morals. When interviewed, she revealed that she had developed a cautious attitude towards entrusting herself to any type of ministry by pastors she did not know well. The data revealed that she literally stumbled into her experiences. Lack of Christian solidarity and virtue among some pastors was discovery that shocked her. As a Christian, she questioned the wholesomeness of the messages her pastor preached. Authentic biblical content was lacking. She also struggled with how pastors of integrity could not detect lack of uprightness in the visiting ministers with whom they co-

worked. Those pastors may have not been keen on who they invited and such ministerial associations are questionable.

The display of immorality by the visiting pastors was destructive to the Christian witness and uncharacteristic of caring that made believers doubt the authenticity of the Christian faith. Victoria's co-workers witnessed immorality from visiting evangelists. Such workers are hardened and difficult to reach for the kingdom of God as they do not trust pastors as "men of God" to give them help even in moments of crisis. This could be the reason why there is so much desperation in the country where people commit murder and suicide as indicated by Wainaina and Wabala (2010:1, 6). Such hardened people are open to the many life-destroying ways of satisfying their needs that are manifested in Kenya. Seamands (2005:33) sees much of human struggles as resulting from human soul disconnection. Such destructive habits increase the number of people who are broken and in need of future therapy. Kenyan pastoral care need to provide people with comfort, support and wholeness rather than being agent of brokenness. In short, provide Christian solidarity through ethical care.

The authenticity of some pastoral ministerial performances has also been questioned in the Kenyan public domain. For instance: On 28th August 2010 at 10 o'clock in the morning, *Bibilia Husema Broadcast* was airing this caution. The presenter narrated a case in which a young and innocent lady had gone to see a pastor for counselling due to family problems. While in his office, the pastor offered to anoint his client with oil to bring deliverance. The anointing proceeded from the exposed parts of the body to her breasts, then to her reproductive parts. At the anointing process, the pastor suggested to the girl that the anointing needed to be pushed into her body, which the pastor was willing to do in a sexual act. It was at that point that the girl refused to proceed with the process of deliverance. Sadly, she felt

defiled, guilty, bitter, suicidal... thereafter (*Biblia Husema Broadcast*: August 28, 2010).

Clearly, the above pastor violated principles that destroyed Christian solidarity.

Additional evidence of immoral acts within the pastoral care-givers is brought out by the case of the couple - Jane and Michael. One among the several pastors who were counselling them began to date Jane while talking Michael into abandoning her. Michael revealed that he got very confused by the actions of that pastor. The struggling husband was still committed to reviving his marriage but the pastor was contributing to its ultimate destruction. Michael expected the pastor to display integrity and be helpful. This research questions how many other marriages were interfered with by that pastor as his motives for telling Michael to separate with Jane were not clear. Such immorality in the church cannot be godly and it should not be even mentioned among the shepherds of God's people.

Greed and corruption for money (1 Cor 5:9-11) were other themes brought out by Victoria. This is against scriptural teachings like Romans 13:8-10 that is well expounded by Ohlschlager and Ohlschlager (2002:147) in Sections 2.5.1. Not adhering to such biblical teachings portrays unhealthy pastoral spirituality of solidarity with the sufferers. Demanding certain amounts of money for prayers came to Victoria as gimmicks to extort money from trusting Christians. Cheated believers undergo emotional and spiritual crisis when their expectations are not met. Victoria's friend who attended one of those manipulative churches leaders was a case in point. Long after she had "planted a seed" by taking a loan with a promise of great financial "breakthroughs", she continued to struggle with the loan repayment without any breakthrough in sight. Evidently, the pastor failed to teach his people to seek a deep relationship with God but rather formulas of manipulating Him. This is far removed from the actual Christian doctrine. Such shepherds have a negative impact on the life of the people. They lack the capacity to provide solidarity and cannot walk alongside the

sufferers in their communities to support them into healing. Their victims struggle with doubts about God, anger, bitterness and the feeling of being cheated. Instead of establishing them in faith, the simple faith they held is destabilized. One senses mistrust and devastation from all those who have been victims of such ‘shepherds’.

The above cases portray abuse of power and authority in taking the advantage of the vulnerability of the sufferers as pointed out by Gula (2010:130); Lynch (2002:61); Robison (2004:395) and (Labacqz & Driskill 2000:74) in Section 2.5.2. The data in Chapter Four revealed how the abused people struggle with brokenness, self blame, poor self image, guilt, helplessness, pain and inability to trust the world. Regrettably, their assailants continued to enjoy great public acclaim. According to Kenyan law, those involved in such despicable acts are criminals (*Kenyan Law Reports* 2007). They fall short of Christian ethics as stipulated in the Bible like (Jude 2:7, Mt 28:6, 2 Cor 6:9-11). The spirituality of the abusing pastors does not meet the criteria set by the literature reviewed in Sections 2.3.1- 2.3.4; 2.4 - 2.4.2 of this research. Moreover, the contract between the pastor and the congregation is of great interest in pastoral ethics discussion. By virtue, the pastors’ invitation of members to be under their ministerial covers is a covenant to care and to heal the wounded. Every harm in therapeutic relationship is unethical and “infidelity in care-giving” as pointed out by Robison (2004:4) and Louw (2008a:282) respectively.

In professional counselling, confidentiality is a key ethical requirement (Welfel 2010:42 – 48) that is a guarantee providing a safe place for the helpee. Such basic moral principles that guide professionals are discussed in this research in Section 2.5.2. Whereas the interview with some pastors revealed that many people sought pastoral counselling, there were those whose trust was abused. Pastoral mistrust by church members with their confidential information hinders them from self-disclosure while seeking help. The participants captured

in this research labeled some pastors as “**broadcasters**” and could not be trusted. Pastoral dishonor of trust with their members is a great concern in this study.

Despite the fact of the gross abuse by some shepherds, this study also showed that some pastors are tender care-givers to their flock. The pastors interviewed and those in the focus group were evidence that the Christian fraternity has a large number of believers who approach their pastors to receive help in their time of need. That is why the pastors experienced counselling as forming the bulk of their work. There is inference that the flock around those pastors experienced care, respect, and acceptance. Logically, not all pastors mishandle their responsibility as carers. There are pastors that display spiritual solidarity with their clients and thus facilitate growth and healing.

The pastors who mishandle the flock are a threat to the integrity of the church in Kenya. As data in this research shows, the Kenyan media portrayed the church as being disresponsible perhaps due to the ministers’ unethical stand. The constant mockery from the society, questioning of the integrity, authority and power of the Christian God in Kenya is alarming. At the time of data collection, Kenya had not gone through the referendum to choose a new constitution. The referendum forums rejected the church’s recommendations (Gekara *et al.*, 2010:1, Ochami & Gichura 2010:1, 10). The Church failed to convince the Kenyans to vote out the constitution. In this regard, the Kenyan Church seemed less respected and authoritative. Some of God’s ambassadors have not represented Him accurately as the Sovereign God.

As argued in Chapter Two Section 2.5.2, spiritual virtue captures the qualities of charity, integrity, faithfulness, patience, trustworthiness, fortitude and courage (Louw 2008a:282). The presence of manipulative preaching, immorality, extortions, abuse, and greed for money,

defilement and instances of lack of trust in Kenya reflect lack of spiritual virtue among some ministers. The scenario in the country's clergy seems to be a mixture of care-givers and those that take advantage of the flock. This state is destructive to the on-going work of propagating the gospel and of maintaining faith in the Church as a care-giver organ. In this respect, pastoral solidarity and caring behaviour has some self defeating patterns to the caring process as hypothesized at the beginning of this study.

5.2.3 Pastoral Spirituality of Solidarity in Kenya

As noted in Chapter Two Section 2.4, real shepherds depict spirituality and maturity as inner contents (Eph 4:11-12). Such qualities are linked to the outward display of ethics, spirituality and solidarity with the clients. There is flow of life that provides moral authority for leadership and model life for others to emulate (Van Deusen Hunsinger 2006:22-30; Kearsley 2009:14-15). On an application platform, it implies that spirituality should be evident in the lived experiences of the pastors. Pastoral spirituality is also gauged by their performance as ministers. Pastors who are real shepherds show diligence in their pursuit for care. If the pastors represent God in their undertaking for the wounded, they would reflect that which is uppermost in the heart of God – to tender the sheep (Is 4:11, 1 Pt 5:1-4). The heartbeat of pastoral solidarity and service is to heal the wounds of the sufferers. Their leadership and competence should reflect their connectedness to the Holy Spirit. There must be evidence of the revelatory work of the Holy Spirit in the work of the pastor.

Spirituality of the pastor ought to flow to his congregation. When church members miss to manifest spirituality and maturity of their own leader, it may be translated as lack of spiritual growth. A clear biblical picture of lack of spiritual maturity is found in Paul's letter to the Corinthians where he categorically labels the church as carnal and immature (1 Cor 2:15-3:4). He underscored that the Corinthian church could not have been spiritual because within it

was found division, quarrelling, immorality, disputes, and disorder. By this biblical standard there is evidence that some pastors in the Kenyan churches are lacking in spirituality of solidarity with their sufferers. Pastors involved in immorality show that they neither revere nor know God. The Lord Jesus Christ laid His life for the flock, a model for therapist pastors that seek to imitate His spirituality of solidarity with the sufferers (Habets 2009:194).

In this study, Michael and his wife displayed immaturity of faith despite having been in the church for a long time. This of course cannot be verified from the data taken because as stated earlier in Chapter Four, Jane may have refused to take in the teachings and admonitions of the pastor. There was evidence of spiritual growth in Michael after joining a different church. Effective pastoral solidarity emanate from a personal spirituality of the pastor(s). That affects his modeling of the faith and the power of his ministry.

There is need of *koinonia/solidarity* or “spirituality of communion” as pointed out by Kasper (2004:168) cited in Section 2.3.4, a communion that should be evident in the pastoral interactions with the church members. The spirituality of the pastor is evidenced by the expression of his life on a day-to-day basis. Two categories of pastoral care-givers emerged in this study. Those that had communion of spirituality with the members and were characterized by the themes like commitment, fidelity to calling, empathy, compassion.... They gave themselves fully to the caring ministry and testified to have a healthy spiritual life. The focused group revealed how they sought God in prayer and in reading of the Word. Who they were, was reflected in the services they gave to their congregants. Others were the pastors interviewed as individuals in this work. These men displayed a sense of reverence for God and a longing to enrich their churches. They reflected discipline. Two of them gave a clear process on how they kept themselves spiritually attuned. Such discipline included days

of prayers in their weekly program. These pastors gave hope to the Church of Jesus Christ in Kenya and to the wholesome nurturance of the flock as required of a living Church. The spirituality of the pastor as stated before is communicable to the congregants. The display of care from members of the churches as reflected by cases in Chapter Four of Debbie at her broken relationship; John when his wife died; and Michael when there was a major problem with his wife, are examples of congregations nurtured by their pastors with a caring mentality. The people helped testified that they experienced the love of the church and that of their pastors. It takes a spiritual pastor to birth a spiritual church.

The data also showed examples of pastoral care-givers who lacked “spirituality of communion” with their members. They were exposed by the themes: negligence, abuse, and greed, manipulation, directing clients, scriptural misinterpretation and violation of ethics. The second category of pastors lacked sound spirituality which leads to lack of key components of solidarity as discussed by Louw (2008a:281) in Section 2.3.1 of this research. Additionally, Louw (2008a:269) spells out that solidarity embraces empathy and compassion as valuable qualities for effective pastoral caregiving. Important to this work was how the spirituality and solidarity of pastors with their congregants unfolded within the data that was sampled. In line with the hypotheses of this study, “pastoral spirituality of solidarity would empower the pastors to provide better services to the sufferers in the Kenyan context.”

The data revealed that some pastors’ spirituality of solidarity were questionable. The pastor that Mildred trusted raped her at a time he and his wife were supposed to support her towards healing from the previous rape ordeal. Another pastor tried to date Jane while he was supposed to facilitate her reconciliation with her husband. These examples of infidelity and pastors abusing their clients brought harm, pain and mistrust. Instead of solidarity and “deep feeling with the hurting” spelt out by Leeming *et al.*, (2009:164) there was alienation between

the shepherd and the hurting. The quality of spirituality is also questionable among some pastors that were construed by the respondents as extorting money from their congregants through manipulation. They acquired money rather than being in solidarity with the flock.

Moreover, spirituality of solidarity “suffering with and for...” in Sanderson (2009: 164-165) lacked in the lives of some pastors as disclosed in the data. Betty’s pastors were not there for her at her time of grief. Valerie’s pastor was unaware that she had been raped by her Sunday school teacher. These examples point a lack of pastoral spirituality of solidarity either through lack of close walk with God or through outright unspiritual characteristics. Pastoral compassion is one of the virtues of spirituality that also indicates sensitivity (Louw 2008a:281). Furthermore, compassionate care requires an “inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken” (Nouwen 2001:67-70). This lacked among some Kenyan pastors discussed in this section.

5.2.4 Pastoral Education and Skills

Skills and knowledge are two components of successful intervention in therapy as noted by Johnson (2007:198-197) and Polk (2007:16) quoted in Sections 2.5.1, 2.2.4 and 4.6.2.1 of this research. The collected data showed that some Kenyan pastors need more equipping for effective performance. Pastors in the focused group had training in theological content but could not outline, name skills and methodology they used in counselling their congregants. They were concerned that many pastors used whatever means they had to assist their members. This study proposed that pastors would be more effective if they had deliberate equipping in counselling skills and knowledge on human personality. Integration of psychology and scientific knowledge with biblical competence would enable the pastors to go beyond the explicit agenda of scripture without losing the inspired Word as spelt out by Johnson (2007:198-197). This would provide them with insight into the many ways the sinful

human motivations are presented in lived experiences. A process of genuine skilled dialogue with clients brings healing (Corey 2001:5). No doubt pastoral education and skills would equip the pastors in their capacity to be in solidarity with their clients.

Themes noted in Section 4.6.2.1 of this study namely: praying fervently, scripture reading, encouraging clients, being stuck, directing clients, judgmental attitude and insensitivity in pastoral caring ended up being ineffective in dealing with the presented issues. What contributes to effective healing is combination of psychological perspectives and Christian Theology as commended by McMinn and Campbell (2007:269) and Charry (2001:132) cited in Section 2.2.4 of this research. Otherwise, pastoral caregivers must not provide care beyond their expertise (Doehring 2006:61). Pastor Juhudi recognized the significance of pastoral equipping in counselling tools. He asserted that it was a mandatory requirement for all pastors aspiring to counsel. He identified the importance of studying Personality Theories to identify people's difficulties; and in structuring the counselling process. He sought informal counselling training that improved his competence as a pastor/counsellor. Pastor Mlakazi on the other hand noted that he had a gift of encouragement as the root of his effectiveness. He also indicated the value of spiritual gifts as a tool for ministry and sought to guard it with a life of integrity. He acknowledged the importance of training and had made efforts to acquire basic training in counselling. Mlakazi was sought for by his members and others from neighboring churches as recommended by those he had counselled. That attested to his effectiveness. He had long queues of clients mainly on marital cases.

Notably, the two pastors exercised self-care and protected themselves from burnout. It is possible that more pastors would put necessary measures for self-protection if they acquired key educational tools. Most of the pastors by purposes to care showed a lot of commitments in their work but did not exercise boundaries and self-care. They did not realize that their

well-being was a key to the fulfillment of that purpose. Understanding this is a component of counselling education. McMinn and Campbell (2007:269) observed that there are many clients wounded by faith communities because of a combination of poor theology and power obsession. They advise that such shepherds would benefit if they clarified their theological and psychological perspectives. This is a real need among pastoral carers in Kenya.

The pastors' limitation in skills was evident in the cases that were sampled for this study. Betty for instance grieved unsupported by her pastors as they may have not understood how to be in solidarity with a mournful person. Perhaps it was assumed that since she was mature in faith, a leader and a strong helper of others, she was probably strong enough to weather the storm of her own grief. This attitude can be alluded to from the pastor who made an attempt at comforting her. He gave scriptures he felt were appropriate as he was addressing a spiritual person. These are the same words labeled as '**empty clichés**' by Betty. Besides, the pastor did not have a formal forum to deliver his support. He quoted scriptures instead of walking... 'the valley of the shadow of death' (Ps 23:4) with her. Understanding of human dimensions and the process of grief would have helped him handle the situation differently. Spiritualizing every human experience, with no empathy harmed Betty. Effective pastoral care meets people in their pain, functions with deep concern and sincere empathy as noted by Louw (2008a:75). This is all about being in solidarity with the hurting.

The support given to John is an excellent example of "good support" or community solidarity with the grieving. However, it was not complete. The bereaved John, in describing the entrance of the church said; "**the church 'hijacked' the whole process.**" Apparently, John benefited a lot and eventually came into terms with the loss of his wife through the support of the church and the pastors. He was grateful at the love the church lavished on him at the crucial moment. However, in that one word, he showed that the church was there for him but

not with him. There was need for skills to listen to client's emotions and intellect in order to understand his frame of reference of his situation as noted by Egan (2002:181-185). Later on, solidarity with empathetic and skilled therapists helped John to process his grief. Skillful helpers are concerned with helping the person internalize the process and integrate their experience so that they facilitate healing (Stone 2001:188-189). The crowd of well intentioned people organized for the burial event, met the need of material support required which was important. The aspect of solidarity 'join together firmly' with community of support is noted in agreement with Stjerno (2005:53) in Section 2.3.1 Furthermore, compassionate care requires an "inner disposition to go with others to the place where they are weak, vulnerable, lonely and broken" (Nouwen 2001:67-70). This identification with another person is truly solidarity. These things are significant because if not handled, they increase the weight of the hurting people. John was fortunate to be helped by skilled pastoral counsellors in what had lacked in the first intervention.

Skilled helpers also facilitate an atmosphere characterized by compassion and solidarity where clients grow in confidence and hope. Clients sense love, acceptance, non-judgementalism, genuineness of the helper, understanding, and insightful responses to the questions of the clients as spelt out by Capuzzi and Gross (2009:57- 61) in Section 2.3.6. These qualities are demonstrated by Jesus addressing the woman caught in the very act of adultery (Jn 7:53-8:11); He told her; "no one has condemned you ... neither do I." In the light of that acceptance, He told her; "Go and sin no more." Jane in the data collected in this study, would have benefitted from this kind of understanding from her pastors. Instead, they were quick to blame and accuse her. Granted that she had attitudes and reactions that were not helpful to her marriage; she reacted to the help given to her and her husband. It looked like court cases in which the verdict delivered identified her as the guilty partner. VanKatwyk

(2002:110) describes pastoral counselling as ‘spiritual care’ that focuses...the human spirit...giving and receiving love, making meaning in life, and pursuing something larger than oneself. A helping environment fosters a counselling relationship and facilitates acceptance of clients.

Additionally, counselling education emphasizes the importance of ethical practice not to mention explicit biblical ethical values in Sperry (2007:21-23); Ohlschlager and Ohlschlager (2002:146-147) already cited in Section 3.2. Some Kenyan pastors have been accused of lacking in confidentiality but trained counsellors understand the value of trust as discussed in Welfel (2010:42 – 48) and Corey *et al.*, (2002:15-17) in Chapter Two Section 2.5.2. The focus group labeled that category of pastors as ‘**broadcasters**’ for failing to keep confidentiality. The senior pastor who handed over the case of Michael and Jane to another pastor being too busy to help them displayed lack of realization of how naked clients feel when they keep disclosing confidential content of their lives. Literature cited in Sections 2.2.3 and 2.2.4 warns that pastoral caregivers must not provide care beyond their expertise. In particular, Doebling (2006:61) insists that pastors take contracts to manage crisis counselling and supportive care. Pastors who did not have the time to complete a case should not take on another one to start with. Clients should be referred to pastors or other members of church workers that are available to complete cases. Lack of insight into the struggles that clients go through as they seek help may indicate either lack of understanding or lack of value for the client. Such mistakes can be minimized within church helping systems through acquisition of relevant education in counselling.

Finally, it is noteworthy that both Dotty and Debbie participants in Chapter Four were being helped by their pastors and close church workers. The two cases could not be resolved because the church lacked people with skills to address their issues. The two got the help they

needed when they consulted a relevantly skilled Christian therapist. Michael and Jane's case was also resolved through the trained therapist. The cases show a sharp limitation in pastors' capacity to manage cases that have deep psychological roots. There is need to equip pastors with the knowledge about human tendencies that can result into pathology and the impacts of certain traumatic events in different stages of human development.

5.2.5 Impact of Shared Stories in Pastoral Counselling in Kenya

The value of shared stories is of great importance in counselling and pastoral care and solidarity. Dinkins (2005:14) cited in Section 1.3, note that people create stories... that give direction to people's lives... "We live in stories as fish live in the sea." According to VanKatwyk (2003:3) attending to the personal and family stories of clients is to honor them and to enter into their most sacred place – this facilitates solidarity. The indication of positive impact of clients' shared stories in counselling is noted in the interview with Pastor Mlakazi. He acknowledged personal satisfaction from the lives he counselled. The other two pastors too alluded to finding fulfillment in the good results in their caring. They had fruitful encounters with those that sought care. Of the stories shared by the clients, pastor Mlakazi asserted how instrumental they were in his personal growth because he learnt about the pitfalls of life. Also, he learnt to be cautious so that he too did not make the same mistakes that those who consulted with him had made in the past. Mlakazi was brought to the reality of human dynamics and frailty through his counselling encounters. In addition, he indicated that he learnt new things about challenges that people encounter and pre-armed himself with strategies useful to him in the future.

All the clients who had effective moments of self-disclosure in their problem situations also reflected relief from their distress. Dotty experienced healing when she talked about her traumatic experience in the hearing of an empathetic person. She had spent much time with

the pastor assuming he knew her story; he rigorously gave solution to her problems but inhibited the healing process. Directing his client was ineffective as the data themes in Section 4.6.2.1 portray. Furthermore, pastors who are enmeshed would not have the capacity to give autonomy to their client's or have independence of mind and emotions to work with their clients to resolution (Corey & Corey 2003:255-256). Although Mildred's pastor later abused her, he and his wife, demonstrated the ability to build relationships that led to her initial trust. Valerie and Betty closed up with their stories because of their devastating experiences lending them to continued pain for many years until they sought a safe place to tell those same stories. Betty confessed that as she wrote her story, she kept on breaking down in tears, revealing how sour her wounds still were. Time had not healed the wounds. Dotty too had very raw wounds two years after her rape ordeal despite several sessions with her pastor. Michael found the Bible study group to be in solidarity with him and that was therapeutic. His conceptualization of the group as a "family" allowed him to disclose to the group the issues in his difficult marriage. He experienced support and reduction of his stress from the group. The positive inner experience manifested on his countenance. Clearly, healing begins when the depths of the painful experiences are shared before an appropriate listener.

The growth producing effects of shared stories both in the helper and in the helpee have long been established as significant therapeutic components. Kottler (2010:80-85) indicates that he engaged in providing psychotherapy because it brought greater wholeness in him. The research sought to establish this within the Church setup because it is a step towards boosting the accurate sharing of stories within the Kenyan Church. The finding of this work shows that there are very few pastors who are conscious of the benefits of shared stories to them and to their clients. Such consciousness would lead to deliberate tapping of the resources necessary

for pastoral solidarity. Reinforcement of the significance of this comes from the fact that only one pastor acknowledged that he was aware of benefits he received as a person from his counselling work. The findings of this work ascertain the importance of awareness within the church community that care-givers should aim at developing appropriate skills for facilitating client's disclosure.

An area that did not emerge is how pastoral disclosure can assist their clients within their counselling interactions. In professional counselling self-disclosure is encouraged. Sue and Sue (2003:111) point out how valuable self-disclosure is when modeled appropriately by the helper. It increases client's self-disclosure, creates trust between counsellor and client, and establishes a more equal relationship in the interview (Corey *et al.*, 2003:201). In Church, often those who seek help are bedeviled by the load of self-loath because of mistakes they have made. An example is Dotty, who blamed herself for not being smart enough to detect that the man who raped her could have had evil intentions. There are times when the persons who come for help have clearly made serious mistakes unlike Dotty. The Christian ministry is one of grace, healing and forgiveness as provided by the cross of Christ (Rm 3:21-31; Eph 4:32; Heb 10:17). It is the assumption of this work that the care-givers have trodden the path of humanity and have had their own share of mistakes. Hackney *et al.*, (2008:7) warns that self-disclosure by the counsellors should not complicate the relationship on focusing on themselves. Self-disclosure can be a means of supporting the sufferer to dare to lift their heads and receive the grace of God that all those who have been wounded and healed had to receive in the first place. In the same way, self-disclosure in church counselling brings about the identification of the counsellor with the counselee. In this work, Rhoda grabbed the hope for her own forgiveness when the counsellor did this kind of identification. Although there was never any serious disclosure done by the researcher in this case, telling the client that she

did not have to give the story of her sinful past because it bore resemblance to the stories of all the others who were now redeemed, including the counsellor, gave Rhoda a lot of hope. Self-disclosure is the counsellor's sharing of his or her stories in the hope of helping clients pick up themes that would enable them work through their challenges. Experience of solidarity comes through when carer identifies with the client. Care is necessary so as not to overwhelm the client and lead to loss of initial confidence in the counsellor.

On the negative, all the pastors indicated that listening to distressing stories took emotional toll on them. That leads to compassionate fatigue discussed in Section 2.3.5. The interviewed pastors presented counselling as the most stressful part of their ministerial duties. The stories were said to have emotionally distressing content. In the light of this, the pastors in the focused group admitted that they were often tired and stressed. One of the pastors confessed that stress had made him physically sick and sought medical attention. The researcher wished to evaluate if the Kenyan pastors had insight and mechanism for self-protection due to burnout. Most of the pastors involved in counselling were not aware that they were at risk. Two Pastors; Juhudi and Mlakazi were aware of the risk and had devised methods of self-care. That is:

- Debriefing and keeping very close fellowship with their wives.
- Had days out of therapy routine for Bible study/prayer to reflect and refresh self.
- Had periodic leaves when burnout was detected.
- Delegated work to professional counsellors, trusted elders and competent members.

The two pastors that created boundaries and took self-care continued in their daily work without succumbing to burnout. Both expressed desire for pastoral networking, solidarity and debriefing. Also, need for structures within the Church were pointed out to take care of the wellbeing of the pastors. This work regards the development of such structures within the

Kenyan Church as needful. As pastors are encouraged to take counselling work seriously in the church, there is also need to sensitize them on the need for appropriate self-care. They should be trained to understand that caring for self is neither selfish nor unchristian. Each church might benefit from developing policies that provide useful boundaries within pastoral work to protect pastors.

5.2.6 Solidarity in Tribal Conflicts: Pastors, Politics and Ethnicity in Kenya

This study hypothesized that Kenyan pastoral counsellors could rise above ethnicity and political differences in their care-giving. As noted in Section 2.2.7 regarding characteristics of effective pastoral care/counselling, some pastors failed to meet the standards stipulated by Louw (2008a:75-77) in light of reconciling, guiding, hermeneutical capacity to interpret individual stories and the gospel narratives. These variables among others are crucial to building a cohesive Christian healing community. Failure to meet these standards is destructive to Christian witness because the Church is a public institution. Its success or failure is evaluated by the entire public – in and out of the church. In the midst of disillusioning circumstances in Kenya, it is the role of the pastors to help people understand their issues in the light of their experience of God. Authentic forgiveness is needed in Kenya to break gaps of enmity created in political arenas and otherwise; between individuals, tribes, Church and state. The Church is looked upon to preach the needed peace at all times.

The sampling of the media comments on the performance of the church in this study revealed that there are certain responsibilities and expectations the public has on the Church in Kenya. The Church is expected to have a preventative and restorative ministry to the nation. In the eyes of the public and the opinion of the media, the Church roles include:

- To teach and model people of integrity who respect and accept others in order to deal with the challenges posed by ethnicity in the Kenyan context.
- To be God's voice, the watchdog to the society, know and evaluate national issues in line with the mind of God and give direction to the government and the nation.
- To be in solidarity, warn against injustice, corruption, greedy leadership, advocate for the wellness of all citizens, ensure good governance and deal with ethnic pitfalls. The expectation looks for unquestionable moral and ethical pastoral lives. The call is risky to those who stand up for the truth and for human rights as noted by Buhere (2008:8).
- To give accurate image of God's authority and create confidence that people can look unto Him in the face of challenges from traditionally perceived powers like witchcraft. People would reverence God, stop doubling in other spiritualisms and the ordinary vices common in the nation, especially tribalism if they were confident of God's sovereignty.
- To spearhead national healing, forgiveness, restoration and reconciliation in times of political and ethnic conflicts. As the healing agent, the church should earn the respect, recognition, and her authority over the community.

The Church is viewed to have spiritual resources to deal with the above issues and received praises where she took initiative to bring healing. The media hailed Bishops who spoke against the ills of their time, even though they lost their lives (Buhere 2008:8) cited in Section 4.6.1. The expectations above sound paradoxical. In the national referendum for the new constitution concluded in 2010, the position of the church was despised and rejected by the national leaders (Ahmed 2010:6, Kemei 2010:7, Nyong'o 2010:16). The Church had raised questions based on moral issues in the Constitution. Most Kenyans listened to their leaders

rather than the Church voting overwhelmingly for the Constitution (Ndegwa 2010:6; Chepkwony 2010:11). The Church has lessons to learn from the disregard of their voice as the conscience of the nation.

This study proposes that the lesson lies in the evaluation of the Church by the media in failing to make impact in the post election violence (Omondi 2008:15) cited in Section 4.6.1 of this study. The performance grade awarded to the pastors on the achievement of the public expectation of their role was low. The pastors were accused of being ethnic just as the larger public was. The nation further pointed an accusing finger at the Church as the source of failure in the national cohesion effort as alluded to by the statement; "...churches have failed both in content and process to effectively transform members through the process sometimes called 'discipleship' ... in seasons of tribal conflicts, our default setting remains the values, loyalties and primal narratives of our community of origin (ethnicity)" (Renner 2010). Furthermore, the National Council of Churches in Kenya (NCCCK) Executive Committee admitted that the church leaders were partisan, disunited and driven by self or own tribe's vested interests in the wake of the 2007 general election (Nzioka 2008:14) cited in section 4.6.1 of this research. Lack of common standards among some Church leaders rendered the Church helpless during the politically motivated and ethnically organized post election violence at the beginning of 2008. Some Church communities were biased in showing love to citizens and support for leaders outside their own ethnic groups. This is against biblical teachings where authentic love honors the integrity and dignity of each life irrespective of status or ethnicity. As regards to the period of violence in Kenya, 2007-2008..., "Christians who had been attending the church for months or years turned to be murderous and so radically discarded the Biblical teaching of grace and love. By their utterances and even

actions, some of the pastors and ministers encouraged their faithful to participate in the violence” (Renner 2010). There was an outcry against the Church in Kenya, but the Church leaders later accepted that they had failed. The image cast by Church leaders was a question of moral authority and integrity in giving direction to the nation.

The constant mockery from the society of the Christian God and the disregard of the pastoral voice through the media speaks volumes to the Kenyan Church. The challenges posed by the advocates of witchcraft to the authority and power of the Christian God depict a need for redeeming the position of the Church in the nation (Kwayera 2008:29). Furthermore, it is noted: “When professing Christians quickly revert to pagan behavior in times of trouble, the gospel is only a veneer and has not penetrated deeply enough to transform their worldview” (Renner 2010). The data in this study portray deficiencies in spirituality, integrity, competence and congregational spiritual transformation in some of the Kenyan pastors. Pastors are called to be shepherds of God’s people (Cowen 2005:9, 72-79), uphold the moral values of the people and counsel the political leaders lest they depart from the path of justice and accountability. Biblically, the Church is mandated to be the sober voice in the community (Mt 5:13-16, Mk 9:50, Lk 14:34). Notably, the Kenyan Church as a “community” has to have distinctive vision and values rooted in the Scriptures as well. The Hebrew Torah challenges Israel to become a community of Shalom in sharp contrast to “the nations” (Dt 4-6). The authentic spirituality always stands and displays God’s power in the dark moments.

It is also clear that the nation plodded the Kenyan Church to lead in the national healing, restoration and reconciliation initiatives targeting on the hit areas by post election violence (Gitahi *at el.*; 2008:10). The Church was credited to have spiritual resources to deal with the said issues. It took the initiative but there was also beckoning for it to do more. Such efforts spearheaded by the Church were less reported by the media. Either there was not much being

done, or the media was biased. The push for the Church to spearhead the healing process is an unspoken belief in the mind of the people that she is a healing agent in the face of national brokenness.

5.2.7 Biblical and Other Narratives as Tools for Pastoral Caring Work in Kenya

Pastors explored in this work did not seem to have a specific tool of counselling. They depended on their traditional counselling experiences, scriptural knowledge and prayer. Egan (2002:181-183) underscores the great value in clients' attainment of new helpful perspectives when undergoing therapy. He asserts that it assists them to lay hold of their own healing process. The moment of insight gaining is the turning point. Clients discern the resources they already have to deal with their problems. This makes them collaborators (Moon & Benner 2004:173) in the process of working out solutions to their own problems. Constructive help must therefore include leading the clients to where they gain insight. To create collaboration from those being assisted is like having a trolley that has working wheels. It is easy to get it to the desired destination.

Since the pastors in this work did not bring out the use of stories and biblical narratives as possible easy tools to use in creating help, the researcher sought the possibility of stories with clients. The effective use of the 'drum carrying' story used in helping Mukala (in Section 4.2) and the use of the biblical narrative with Rhoda (in Section 4.2) illustrate a rich area for pastors to explore. The stories allowed the clients to deduce the solution without direct advice from the counsellor. The meaning was deeply internalized because it was adduced by the client him/herself. Giving advice, a method many unprofessional counsellors result to, including pastors, is often undigested by the client (Orera 2005:2-3). The clients may not use the advice assuming it is not personalized comparing the process with the freedom of autonomy in Corey and Corey (2003:255-256) in section 2.2.5. According to VanKatwyk

(2003:3), attending to the personal and family stories of clients is to honor them and to enter into their most sacred place. The processing of the story allows the client to process and personalize the solutions. This leads to a personal choice, adapt to those solutions and a commitment to work through towards them even when there are obstacles.

This study proposed that “biblical narratives and created narratives can be an approach to counselling since it was used by the prophets and by Jesus, even with the “ordinary people”. Such narratives were viewed as effective tools for pastoral counselling among Kenyans as they are open to biblical truths. Furthermore, Bibliotherapy is a prime example of the power that stories have to help people understand their lives, to find solutions to problems, or to cope with abuse or death of a loved one (Ricksecker 2009:23). With this notion, Ellens and Rollins (2004:29) cited in 1.3 advocates the use of Biblical stories even in therapy. Habenicht (2000:16) points out that the Bible provides many stories and instructional materials, which illuminate God’s way of dealing with human beings. Such narratives were also used to bring insight in different settings. Among many, they include: the story of David and Bathsheba (2 Sm 11:1-4), the prodigal son (Lk 15:11-32), the unforgiving servant (Mt 18:21-25), the unfaithful servants (Mt 24:45-51, Lk 12:32-48), the Good Samaritan (Lk 10:25-37), the lost coin (Lk 15:8-10) to mention but a few. Often, Jesus used stories in His teaching, counselling and preaching.

The story of the Good Samaritan is a choice for illustration among many narratives in this section. Jesus told the narrative to answer the lawyer's question on how eternal life is gained (Lk 10:30-37). In Jesus' answer centering in the said story; He spoke of a seriously-wounded victim and the responses to that wounded man of three men coming upon the scene. From a psychological perspective, basic to their responses was an underlying attitude—a mixture of belief and emotion—that predisposed them to respond to the victim in different ways. The

Samaritan responded positively while the priest and the Levite responded negatively. Attitudes reflect past experiences and depending on their strength, predict or direct future actions. The actions of the three men thus infer something of the past experiences and their differing attitudes.

The perception of a person is directly associated with attitudes which are influenced by emotions, values and that which is in focus, that results to selective attention or selective inattention to the stimuli. The Samaritan's perception of the situation differed from that of the priest and the Levite. His attention was immediate, focused on the victim and his need, whereas the priest's and the Levite's selective inattention and/or perceptual defense ignored the victim beyond initial notice. The Samaritan and his adaptive behaviour is reflected in his compassion on seeing the injured man, going to him, and then giving abundant and generous aid. In contrast, the priest and the Levite looked at the victim and passed by "on the other side" (Lk 10:31-32), a portrayal of avoidance of the victim's situation. They may have had personal reasons not to help the victim.

Evidently, the Samaritan's compassion indicates empathy/solidarity as noted in Engler (2003:374) cited in Section 2.3.1. Helping is more likely when one takes the perspective of a person in trouble and has empathy for his plight. The altruistic motive is based on sympathy and compassion/solidarity, lacking in the religious priest and the Levite. The Samaritan's going out in aiding the victim is surprising. While seeing someone in trouble may motivate one to help, it is usually only if the costs are not excessive in terms of effort, risk, or embarrassment, just for an example. Another surprising fact, "psychologically", the Samaritan helped the Jew. The degree of his self-giving is outstanding. Generally, help is given most likely when the person in need is similar to oneself and there is a feeling of

connection. There was no connection between the Samaritans and Jews (Jn 4:9), a fact for the priest and Levite, but not for the Samaritan, at least not as a deterrent to helping.

Psychology's fact illuminates some of the facts of the story, while the Bible offers the larger meanings. Jesus also elicited one of these from the lawyer by asking him to identify the "neighbor," he defined the term in the way he understood the law. He understood "neighbor" to mean one's fellow Jew who belonged to the same covenant which God made with the people of Israel. Jesus agreed with the sincere expert but challenged him to see that God's view of neighbor went beyond his narrow definition. The definition of love commanded by the law also appeared in the story: full and unconditional self-giving in serving the need of others was exemplified by the Samaritan. Even more, by Jesus who made a statement about Himself, "I am among you as one who serves"(Lk 22:27). The parable of the sheep and the goats in Matthew 25 also expands the meaning of the behaviour of both the Samaritan and the priest: "You have (or have not) done it unto me" (Mt 25:40).

Learning is made richer and more appealing when it has greater meaning. This reveals two types of meaning: surface and deeply-felt. Obviously, the latter is the more significant. At least three factors contribute to deeply felt meaning, any one of which must be present: relevance, emotion and context. The story of the Good Samaritan was relevant to the lawyer's question as it evoked emotions and it included a background of familiar information. Its meaning was more deeply-felt by the lawyer and all those listening and continues to have that level of meaning in all generations. Jesus' method of teaching and counselling was to elicit deeply-felt meaning. The story shows that one has to be moved by compassion and the need of the hurting rather than their status. In the New Testament, Jesus used the "parable of the good Samaritan" as an example of how lost Samaritans can be more moral, than those who consider themselves saved. The use of healing narratives illustrates that such stories can be

used in the Kenyan settings to bring healing. People easily connect with realities within their lives that they were obstructed to see by their own internal dialogues and motivations.

5.4 Conclusion

In relation to the relevance and the significance of this study, the findings propose that pastoral spirituality of solidarity is vital to pastoral counselling. Pastoral counselling is a medium to establish the healing practices that benefit the affected and the infected. The tales of the participants as illustrated in the themes in Chapter Four depicted traumatic experiences characterized by fear, guilt, self-blame, insecurity, disgust, depression, betrayal among others. These painful conditions needed pastoral spirituality of solidarity in the process of counselling. It was also significant that the pastoral body embraces caring as part of their call. The pastoral commitment to caring was one of the thrusts of the revelation by the focused group. The research acknowledges the presence of true men of God who pursued His course. The pastors interviewed and those in the focus group brought out a characteristic of persons who sought to please God. Their closer relationship to God was portrayed by:

- Their diligence in service.
- The process they used to develop their spirituality.
- The people they touched through their godly life.
- Their capacity in shaping their congregations.

Also, the exploration of pastoral work within the Kenyan context unveiled many aspects of pastoral care. It is gratifying that many Kenyans seek for pastors for essential care. As evidenced, counselling was presented as the most busy and stressful aspect of pastoral duties. There is evidence that the Kenyans trust pastors while in crisis/challenged and in need of help. The submission of this research is that there is a wide window of opportunity for pastors and the church community to minister healing to the wounded among Kenyan communities.

The harassed Kenyans need real shepherds (Mt 9:35-38) who can feed them (Jn 21:15-18). One can envision the savior looking down with longing eyes to see the shepherd stooped to feed and bandage the wounds of the Kenyan flock. There is an overwhelming surge of other forms of help that Kenyans are being attracted to – especially non-governmental organizations (Researcher's personal experience). Nonetheless, the pastoral healing mandate designated by God has to be kept alive. The testimonies of those who were helped spell out how the healing work is a treasure to be nurtured by pastors and Church communities in Kenya.

The study also unveiled that in their endeavor to serve God's people, pastors display a great need to develop skills in self-care. The research is concerned that the pastors encountered in this work brought out that a great number of them and their colleagues were at risk due to:

- Lack of clear boundaries between the church and the family life of the pastors. The pastors' families experienced interruption of family processes and intrusion of privacy as they responded to crisis among the church members. The pastor's home should not be an extension of the church.
- Lack of clear church policies to protect the pastors' resting and private moments.
- Lack of financial support for the church membership in times of crisis. Pastors' private resources were in some instances given to the people to meet their needs at the expense of family needs.
- Lack of skills in stress management. There was evidence of pastors who had been adversely affected by working stress. The study reports that a Bishop died due to burnout.
- Lack of an organized system of pastoral supervision for support, care and evaluation.

In light of the above, the research strongly proposes pastoral training in self-care, boundaries, burnout, and delegation of responsibilities; development of church policies that are protective of pastors and development of supervision/support systems for pastors within the Kenyan Church. Such trainings are in line with Christ's model of leadership discussed earlier. Other self-care components that do contribute to healthy living within professional counselling and in medical health are exercises, maintenance of family and friendship ties, and proper diet (Gentry 2002:5). This study concludes that pastoral caring behaviour has some self defeating patterns to the caring process as proposed in the hypotheses. Such pose hindrances for the commendable pastoral care and Christian solidarity with the congregants.

The study also revealed that there are pastors who are devoted, committed and sacrificial in their care-giving. They viewed themselves as those serving God who called them. Their work was in reverence for God and His mandate upon their lives. This is a great foundation for expression of Christian solidarity to the congregants. However, lack of pastoral care solidarity was revealed through some other pastors who were neglectful of the trust given to them by those who regard them as servants of God. Two critical examples of neglect in the study were:

- Neglect - Betty was needy but lacked emotional support and spiritual encouragement.
- Poor supervision of delegated duties - Valerie was molested in the church compound but the church workers and the pastor never noticed her changed behaviour and desertion from the church. There was no supervision/evaluation of the workers to avoid abuse.

The counselling relationship is supposed to be a safe place for clients (Miller 2003:14-15). It is a practice under guarded with ethical principles. Christian care-givers more than any other group must be above reproach (1 Tm 3:2). Those who seek help from pastors need confidentiality to feel loved and respected and their issues held in integrity. Pastoral ethical

practices were found lacking in some of the data collected in this research posing the greatest threat to solidarity in pastoral care. In the pulpit ministry and in the private caring, a number of vices were voiced by the participants. Included were:

- Sexual abuse and sexual immorality within the pastoral care-givers was noted. The effects were destructive as detailed by the participant's testimonies. Churches ought to explore the persons they engage as pastors and create accountability systems. Both male and female workers need training on proper boundaries. Even though it would not be proper to entertain lack of trust, as a practice, it would be safe to maintain proper safety measures in appointments and other formal or non-formal interactions. Pastors too need to be sensitized towards operating in ways that allow them not to be provoked into immorality and sexual violence. There was no enough support to the ministers to foster strong marital relationships to insulate them from immorality.
- Some pastors struggle with confidentiality, a significant aspect in counselling process.
- Pastoral greed and exploitation through manipulative preaching and teaching was evident.
- Permitting tribalism and partiality is against the Bible that affirms the fundamental dignity of all men. The biblical and theological warrant for solidarity is founded on the premise that the human person is created in the image of God (Gn 1: 26-27).

The Kenyan Church has to be concerned about the above vices since they threaten its integrity and Christian solidarity with the sufferers. Due to pastoral manipulative behaviour, Victoria's workmates and friends; were distressed and hardened to respond to God's word. Although Kenya has many Godly pastors, those that display the above vices go a long way to make ministry in Kenya despised. The media reports after the post-election violence and during the referendum campaigns brought out a negative opinion about pastors in the public. This implies that the nation is in grave danger of going to the cliff of depravity if the Church

fails to be the salt of the earth (Mt 5:13-16). Ethical issues are a key negative aspect that the church must deal with in order to bring out effective solidarity of care to the hurting.

Pastoral skills and education came up as a major handicap to pastoral care-giving effectiveness. There was evidence that Dottie's and Debbie's pastors were keen to support their woes but they were handicapped by lack of skills and insight. John felt **'hijack'** by his comforters while Michael and his wife Jane loitered from pastor to pastor seeking someone who could help them. In some cases, ethical problems as a result of limited skills were noted like in the case of Betty. As noted above, limitation on pastoral continuing education on pastoral skills in self-care, ethical standards, boundary... came out as high points hindering pastoral solidarity in counselling ministry. The inability to facilitate healing self-disclosure in clients is another aspect. The needs suggest a great gap between the education necessary for caring and the task presented to pastors.

This research was on Christian solidarity in pastoral counselling in the Kenyan context. The data availed indicated that this is compromised. The quality of solidarity is firmly rooted in all the qualities summarized above. Solidarity as empathy and compassion (Engler 2003:374) is absent in the midst of abuse, manipulation and negligence. It is also a function of appropriate skills for it serves its purpose if it is communicated to the suffering. It is obvious that pastors would be more effective if they practiced spirituality of solidarity. This study notes that pastoral spirituality, ethics, and skills are their great handicap. Effective caring behaviour is a function of these components and pastors/church workers need to be empowered. Besides, spirituality of solidarity is central in dealing with the issues of ethnicity like prejudice within the church. As discussed before, discipleship based on solid Biblical teaching of grace and agape love would be instrumental in transforming whole congregations.

Spirituality of the pastor is diffused into the congregation bathing a system full of Christian solidarity.

The study also set to confirm that sharing of clients' stories holds possibility for mutual growth and rapport among pastoral workers and the sufferers. The data pointed out that most pastors are not aware of such solidarity building benefits. They undercut the process perceiving that that is their responsibility. Only one pastor indicated that he found value in the stories of his clients. In view that Kenyan pastors are prescriptive, they fail to use the experiences of their clients in an effective and non-judgmental counselling approach that focuses on collaborative action (Corey 2001:4). As such a number of clients were handled by their pastors without improvement, after which they sought professional forums. Only two clients were exposed to the tool of narrative. They revealed marvelous results. The research therefore proposes that pastors should explore the use of biblical and other narratives as valuable therapeutic tools in Kenya.

5.5 Solidarity in Pastoral Care and Counselling: The Way Forward in Kenya

Solidarity in pastoral care and counselling defines all that the researcher has mentioned and discussed in all the chapters. The research explored the importance of solidarity in pastoral care and counselling and concludes by proposing the need for a caliber of pastors in the Kenyan context who would demonstrate the capacity to be in solidarity with their sufferers.

In the study, solidarity indicates compassionate feelings and sympathies toward the sufferers leading to an empathic action. It also refers to a type of a relationship or interaction characterized by the mutual participation of two people in each other's challenges. That is, to be ready to listen, empathize and to subordinate one's own needs for the sake of another in demonstration of agape love. The therapist feels obligated to be available, understanding and

compassionate no matter how the client behaves. Really, the quality of a carer's intervention is a demonstration of his/her solidarity with the sufferer.

Furthermore, it was established that solidarity is a virtue in pastoral counselling and caring ministry, what in therapeutic terms is referred to empathy, and in the Bible - compassion. Compassion combines suffering on behalf of the client with an act of solidarity. In other words, it is the capacity to be attracted to and be moved by the fragility, weakness, and suffering of another. In the Bible, solidarity is best demonstrated in Christ's suffering and through *koinonia*/solidarity in the body of Christ for healing of church community. Solidarity serves as an ethical norm that affirms the equal worth of all human beings in God's creation. Failure of the church to be in solidarity with those who are in need is a breakage of an ethical requirement.

The study also showed the need for the carers' possession of theoretical and practical knowledge relating to their field. This knowledge includes pastoral solidarity and spirituality, proper interpretation and use of Scriptures, integrated counselling skills, as well as the use of clients' experiences and their stories. In addition, it was established in Chapter Two that the carer should exhibit humane qualities like compassion, caring, good faith, honesty, genuineness and sensitivity. As in Chapter Four, all aspects of solidarity and the qualities above served as criterion of evaluating the pastoral care and counselling practice in the Kenyan context.

Chapters Four and Five reveal that most of the pastoral counsellors in Kenya are dedicated to caring ministry. The ministers have a strong prayer emphasis, Scripture quoting and directing as they care for church members and those outside the church setting. Some pastors serve diligently while many others are negligent. Confronted with excess work that involved

church members and others, one bishop who was ignorant of healthy boundaries experienced burnout and eventually died. The research has adequately demonstrated that pastors are overwhelmed by church and healing work; as a result, there is need to increase the number of people in pastoral caring and healing ministry. Although Kenyans have begun to embrace professional counselling lately, not much has been done in terms of sharpening pastoral counselling skills. The data showed that many pastors lack in both theological and counselling knowledge, making many of them unable to attain solidarity with their sufferers. The study also concealed incorrect Scripture interpretations, abuse of power, manipulation of church members, lack of healthy boundaries, lack of collaboration between the carer and the sufferer, lack of ethical standards and pastors who discriminated against certain ethnic groups, all of which undermine solidarity in pastoral care and counselling.

Consequently, the researcher proposes a pastoral carer and community of healing training model that includes basic counselling skills, brief pastoral counselling education and professional ethical principles integrated with Biblical principles. It is believed after doing that, the Kenyan pastoral carers will overcome the challenges arising out of lack of skills and be in solidarity with their sufferers. This will also preempt the consequences of defeating behaviour that even seasoned pastoral carers become victims of. Needless to say, the findings of this research will have definite benefits for the Kenya Christian counselling carers. The work will also enrich counselling professionals because it brings in a rich interplay between spirituality and psychological treatment.

5.6 A Proposed Model of Pastoral Counselling

This research has emphasized the importance of skilled pastoral counselling as an integral part of church ministry in the Kenyan context. The very presence of a minister is a symbol of

faith, hope and loving care contributing to the conditions for healing to the hurting (Louw 2008b:14). Osmer (2008:33) cited in Section 2.2.8 is an advocate of care of soul through spirituality of presence. Although the purposes of pastoral counselling is to perform a basic ministry of the church, it should not allow itself to be improperly limited by church structures, value systems or even delivery skills that derogate its significance as an essential dimension of ministry (Benner 2003:18). It should maintain in all appropriate ways its character as professional ministry of the church. Above all and in essence, the work of a pastor in the care of souls encompasses all sorts of conditions in persons that desire his/her solidarity and spiritual presence (Osmer 2008:33). Therefore, Kenyan pastoral caring requires structuring through a model of counselling that emphasis the important things they need to consider.

The researcher proposes skills and tools of counselling for Kenyan pastors that incorporate the perspectives of spirituality of solidarity. Although these skills and tools have found usage elsewhere in the world, Kenyan pastors need to learn their use in a systemized structure. This will revolve around a pivotal value - the worth of each person which transcends race, religion, economics, pathology, and any other factor (Glanville 2007:65; Gula 2010:11). It will also integrate the resources/tools of Christian traditions with those of the social sciences in the healing of persons as stipulated by McMinn and Campbell (2007:13); Johnson (2007:198-197). In this way, pastoral counselling facilitates the search for meaning and wholeness (McMinn & Campbell 2007:49). Furthermore, this work provides important general guidelines for pastors/counsellor to help them stand tall in their mission as care-givers.

5.6.1. Basic Counselling Skills

The value of the counselling skills is to facilitate the end result of counselling/caring process (Purves 2004:6). It is about building constructive talk, for help, change, encouragement, hope and growth (Kotzé 2002:18). Evidently, this is what healing and therapy are all about. Counselling from a pastoral perspective in the Kenyan context would therefore mean:

- Establish a safe relationship that is trustworthy, reliable, compassionate, empathetic, accepting and non-judgmental (Potter 2007:4; McLeod 2007:114-117).
- Attending behaviour through spiritual presence (Osmer 2008:33; Gula 2010:11).
- Having a constructive or structured conversation, encouraging story-telling (De Beer & Muller 2009:3) and active listening (McLeod 2007:14) with individual/groups in therapy.
- Use open-ended questions information and clarification of issues (McLeod 2007:68).
- Use of other skills: Reflection, paraphrasing, clarification, and respective confrontation, discriminating and communicating discrepancies within the clients (Egan 2002: 181-185; Patterson & Welfel 2000:11-12). Further training in such skills is encouraged to the Kenyan pastoral counsellors. Atkinson (2002:119) advocates for continuing learning for pastors.
- Focusing upon values for change: Exploration of client's alternative opinions, constructive attitudes, meaningful coping and preferred scenarios (McLeod 2007:197).
- Refer clients with issues beyond pastoral scope of therapy delivery (Corey 2001:16-19).
- Develop and use "authentic Christian community"; "a healing community" (Colliver 2011:1; Seamands 2005:32).

The above skills are recognized within the professional ranks of counselling and have proved to be very effective. Kenyan pastors can learn to use them in their own work with congregants and would facilitate solidarity with the sufferers.

5.6.2 General Guidelines

Solidarity is a foundational practice of pastoral care. Its basis is on biblical principles but need to also draw from established psychological research in counselling to ensure an ethical practice. From the perspective of this research, the following guidelines for pastoral counselling are proposed as important:

- Maintaining confidentiality (Welfel 2010:42 – 48; Corey *et al.*, 2002: 15-17): Exceptions to this rule are stipulated in ethical or legal reasons like child abuse; or if the third party is being harmed. Usually, pastors have fallen victims of using their clients' stories in sermon illustrations without the consent of the clients.
- Avoid manipulating the counselee (Robison 2004:404): This almost goes without saying. Due to the vulnerability of the sufferers, there is such a risk as many people seek the help from the pastors when they are in crisis.
- Treat clients with dignity and trust in their resilience: It is disempowering to treat clients as victims (Clinton & Hawkins 2011:450; Capuzzi & Gross 2009:222). Every person has a God given capacity to bounce back to life. For believers, there is use of faith and inner spiritual strength given by God. Competent care involves raising clients' capacity.
- Avoid making decision for the helpee: Autonomy to wise solution is encouraged (Corey & Corey 2003:255-256). Since the pastor as an authority figure is expected to be biblically knowledgeable and with prayerful life, many persons come to him/her expecting for divinely revealed answers to the problem at hand (Orera 2005:2). Unless with a clear prophetic word from God where the pastor could be directive, he/she should be careful about simply making decision for the client. If things do not work, the pastor is heavily blamed by the client.

- Do not inappropriately carry messages: In the ministry, there are moments when interpreting the behaviour or words of one person to another can be appropriate and healing. However, since the pastor often has contact with family or group, the client may be in conflict with or alienated from those relationships/fellowship.
- Do not be a voyeur: The pastors should be careful not to seek, directly or indirectly, information that is not germane to issue in hand. Seeking information for sexual titillation is inappropriate, unfair and counterproductive.
- Never become romantically or sexually involved with a counselee (Blackbay & Blackbay 2001:230-260; Kadale 2006:56): This is mostly assumed but it must be stated since it is such an important and pervasive issue (Rm 3:23). Sometimes, a one- on – one counselling relationships with a person of opposite sex can be powerfully seductive. Pastors should make sure that there is someone else not far from the counselling area. Sometimes prolonged therapeutic session(s) would need thorough evaluation.
- Never do therapy without supervision considerations or having spiritual director (Baird 2008:153-162; Corey 2001:16-19; Moon & Benner 2004:173): Pastoral accountability is absolutely crucial. The downfall of many pastors is as a result of not having mentors/teachers, with whom to share their ministerial experiences and other performances. Lack of such hinders growth and alternatives.

5.6.3 Tools for Pastoral Carers

5.6.3.1 Scriptures and Prayers in Counselling

As noted in the data analysis, several pastoral counsellors read/quoted Bible verse(s) to the hurting. That closes helping doors as the hurting person may lack spiritual language. Deep

caring demands first and foremost, the pastoral loving and caring presence as the greatest need (Osmer 2008:33). Bible reading and prayer fall into place when the client is ready to hear the helper. Counsellors help clients put their spiritual search into words which they can understand. Hence, the goal of Bibliotherapy is to broaden and deepen the client's understanding of the particular problem that requires treatment (Stewart 2005:57-58). In her readiness, Dotty was induced into Bibliotherapy. That revolved around her meditating on scriptures and assigning meaning to them or speaking out versus to herself once she accepted that they spoke to her situation. Once a view of herself, her world and God were received, she was given weekly self-talk assignments. Scripture and prayer should be used appropriately meeting clients' real situation in a collaborative action between the pastor and the helpee (McLeod 2007:65).

5.6.3.2 Biblical and Other Instructional Narratives in Counselling

Narratives are significant to Kenyans as noted earlier in this research. Importantly, stories and discourses refer to our fundamental conviction system. Understanding dialogues is critical to appreciate the plan of someone's tale. Gibbons and Shoffner (2009: 45) described dialogues as a system of statements, practices and institutional systems that expand and are based on regular values. A dialogue also supports a particular worldview (Gibbons & Shoffner 2009:43-44). Wimberly (2003: 98) emphasized that human beings had the capacity to create meaning as they participated in the ongoing conversations with others. Furthermore, stories, myths, fables, cultural proverbs, plays, parables, homilies speak of people's lives of pain, celebrations and sufferings (Healey & Sybertz 2005:14). They sweep the listener's inner resources and waken ones imaginations. Since a pastor is referred to as the spiritual guide in a given community or communities (Waruta & Kinoti 2005:1), pastoral care becomes the community of faith's living expression of that grounding story (Cushman 2006: 110-111).

Stories make counselling, teaching and preaching effective for being objective to the listener and remain non-threatening. The writer of this work commends stories as great tools for therapy among pastors in the Kenyan context

5.6.3.3 Listening Facilitates Solidarity in Caring

“Many people are looking for an ear that will listen” (Clinebell & McKeever 2011:72) to their issues. Listening is one of the basic counselling skills that every counsellor ought to develop in order to understand and respond to clients issues wisely. The first step in understanding is listening carefully. Client’s perception of the counsellor’s competence and trustworthy is as a result of helpers listening (Nelson-Jones 2005:85). “Active listening involves total attention” (Corey 2004:33), hearing the full message that another is sending. One remains open, in consideration of what others say rather than rushing to give reasons, answers and untimely explanations. “Be quick to listen and slow to speak” (Jm 1:19). Listening to others helps one to listen to God. In addition, a poor listener is likely to be a poor speaker as well.

Active listening maintains counselling relationship, facilitates establishment of trust, solidarity, bridges differences, gathering information, helping clients personal understanding and influences change (Nelson-Jones 2005:85). Included in listening guidelines are: an attitude of respect and acceptance, ability to understand client’s internal frame of reference, accuracy of verbal and non-verbal communication, giving minimal encouragers, paraphrasing, reflection of feelings and understanding of the context (Nelson-Jones 2005:85). Since there is no therapy that can take place without listening, it is the responsibility of the pastor to prepare to listen intellectually (being intuitive); physically (alert, not fatigued or grogginess); and mentally (learning new information) for effective caring. The experience of solidarity fosters learning processes that are dialogical, and relations are made through conversations in which individuals learn to listen both to their own voices and the voices of

others. These experiences of connectedness with pastoral carers enable their sufferers to further develop real capacities for solidarity. Pastoral creative listening in a safe and trustworthy atmosphere encourages the sufferers to verbalize their real problems. The art of active listening is commendable to Kenyan pastoral carers.

5.6.3.4 Self and Other Appropriate Disclosures

Disclosures facilitate solidarity and serve as examples of what certain courses of action have resulted to. They can be used to warn, to prop courage towards an action or to encourage one to hold on in the midst of a difficult situations. Since disclosures give stories of real people, especially personal disclosure (McLeod 2007:65), they carry more weight than mere instructions of quotes of scriptures when one is besieged by overwhelming situations. Kenyan pastors would do well if they practiced appropriate disclosure in counselling.

5.6.3.5 Self-talk

Self-talk is the technique of cognitive restructuring in which negative inner dialogue within a person are changed systematically by deliberately stating positive contrary statements regularly to self (Cohen-Posey 2011:121). An example is standing in front of a mirror and saying to self the content of the statements that are meant to be empowering. For instance a young woman who committed fornication and is haunted by guilt even several years after she repented can say “I am clean because God is faithful and just to cleanse me from all my unrighteousness when I repent, which I have done (1 Jn 1:9). Jesus is my righteousness and the basis for my acceptance before God today” (Rom 4:22-24; 2 Cor 5:21). Such cognitive restructuring helps the clients acquire new way of thinking that is more adaptive to living.

5.6.3.6 Proposed Basic Structures of Therapy

The research proposes pastoral brief counselling and a basic structure of therapy to facilitate longer therapy sessions depending on the nature of clients' problems. Three types of processes that are proposed in this work are; consultation for advice, crisis intervention, and long support process made of several sessions. It is important to note, as pastor Juhudi asserted, many members in Kenyan churches come to their pastors to seek for a fix. They are not comfortable with the attitude of having some sessions to work through their issues. The problem is compounded by the pastors' view of themselves as the ones to solve the problems of their congregants. In our discussions, we noted that Jesus always incorporated the faith or action of the client when working with them towards a solution. Therefore, the counselling process must respect clients' strength, resources and faith as part of the components that must be consolidated towards their own healing.

5.6.3.6.1 Brief Pastoral Counselling

The value of brief counselling has been spelt out as appropriate and the first option for pastoral carers in a congregational setting. Due to their roles and time demands, church ministers, priests and rabbi have practiced brief counselling for scores of years (Benner 2003: 42; Stone 2001:3). Even the pastors, whose primary responsibility is to care and counsel, find their time in short supply (Benner 2003:42). Such time pressure allows most pastors to see people who are in acute crisis in a succinct time helping them to move in a positive direction of their own choosing and then to get out of the way (Benner 2003:44). Furthermore, the faith based counselees seek therapy for one or two sessions and rarely more than four or five sessions (Clinebell & McKeever 2011:112; Benner 2003:44). Short term therapy is said to be superlative with an exception of cases needing referral or long term therapy for those that are

overwhelmed or traumatized by multiple stresses (Benner 2003:42; Clinebell & McKeever 2011:112-114).

In terms of knowledge and skills, counsellors of brief counselling require great expertise to move quickly and successfully in sizing up problems, recognizing key issue, and knowing how to help people deal with their issues (Clinebell & McKeever 2011:112). It is untrue to assume that the pastors need relatively little training to counsel. Benner (2003:42) points out that the pastoral carers should have strong background in psychology for them to adapt a brief counselling approach. As well, clergy should be informed with contemporary research findings in the field of brief counselling (Stone 2001:2-3). Regarding skills, Clinebell and McKeever (2011:463) note that some clergy feel inadequate in their counselling role because they have limited academic education and skills in brief crisis counselling. This study recommends that Kenyan pastoral carers seek the knowledge needed to care and counsel.

Brief therapy is also commendable to Kenyan pastors due to its advantages as extract from Clinebell and McKeever (2011:112 -114); Benner (2003:44); and Stone (2001:5-7), which include:

- Clients turn around to constructive directions in a few sessions.
- Clients move quickly back to their businesses owning their solutions and changes.
- Clients are not stuck in a long process of patient hood and in dependency stance.
- Clients facing crisis are coached to make wise decisions and face their circumstances in healthier ways.
- Clients benefit during the acute phase of bereavement following painful loses.
- Allows the pastors to avoid most intensive transference reactions that may accompany long-term counselling relationships.

- Specific issues are dealt with lending the clients to move on with life without extension of sessions. With pain problem alleviation, counselling is brevity.
- Brief therapy is cost effective, hence accepted easily by insurance companies.
- Brief therapy facilitates mobility after amazing improvements of the clients.
- Durability of benefits from brief counselling methods is equal to that of long term therapy.

Additionally, Clinebell and McKeever (2011:125-130) have designed an approach for short term counselling meant for people in many crises, losses, and troubled perplexities. The operational model is called ABCDE. The summary of the layout of the model entails:

- A. Active therapeutic relationship of trust and caring by using empathetic dialogical listening and responding.
- B. Boil down the problem –work with counselee collaboratively.
- C. Challenge caregivers to focus on taking constructive action as quickly as possible.
- D. Develop concrete growth-action plans collaboratively. Coach counselee in developing practical plans.
- E. Empower client with effective coping skills to implement the stipulated plans.

(Clinebell & McKeever 2011:125-130)

Within this framework of operational model, it is instructive to note that Clinebell and McKeever (2011:124-125) have given specific guidelines that are important in ensuring effective work within the above model. The principles include:

- Establish a supportive therapeutic relationship to understand the extent of the problem and what help it would need therapeutically, medically, psychiatrically, spiritually or otherwise from a specialized agent. If necessary, make effective referral.
- Help counselee face their problems and constructively deal with issues here and now.
- Avoid long-term dependency, stimulate self-reliance and functional competence.
- Utilize counselee's hidden strengths, assets, hopes, life goals and other resources. Affirm those valuable resources and encourage counselees to begin using them to cope with problems more creatively and enhance the overall quality of their lives.
- Encourage clients who may be feeling anxious, guilty, facing losses or crushed to be constructive, and to be in touch with people who matter.
- Concentrate on helping counselees learn what makes their behaviour more constructive and on diminishing any feelings that are inhibiting their action in this direction.

- Focus on the past only if it haunts and limits constructive change in the present or is a source of information about earlier success in helping.
- Coach counselling is done in reframing their problems by developing more constructive perspectives on them. Do this by guiding them to see possibilities for more hopeful outcomes and useful learning.
- Collaboratively, coach the client on an action plan and implementation that would be followed by recovery process.
- Relate to counselee in terms of their families and other interpersonal networks. Such help in problem treatment and living.
- Balance caring and confrontation through counselling.
- Any confrontation should be very gentle in the early stages of counselling. After counselee becomes aware of the counsellor's acceptance and caring concern, firm caring confrontation is more likely to be accepted.
- Keep aware throughout counselling of relevant spiritual and value issues and do what is needed to help the counselee to grow in pivotal arena of their lives.
- Have an accepting relationship to foster future sessions. (Clinebell & Mckeever 2011:124-125)

5.6.3.6.2 Long Term Counselling

In the event that a parishioner needs a longer therapeutic relationship, the Church should have a structure that assists the caregiver to undertake such a task. This research proposes a basic four stage structure as a guide to the counselling process based on the long term needs.

Stage 1: Relationship Building

Most therapeutic models recognize the importance of connecting with the clients in a relationship where their trust is boosted. The formation of a healing relationship or “spiritual presence” has been spoken of by Cormier and Cormier (2011:21-22; Osmer 2008:33). This is trust in the capacity of the person to help and in their goodwill in helping. The stage involves mainly hearing and building solidarity with the client (Nolte 2003:1-4); a rich communication of empathy (Van Deusen Hunsinger 2006: 22-30); non-judgmental and unconditional acceptance (Capuzzi & Gross 2009:57- 61), patience, honesty, integrity (Louw 2008a:282). It involves validating their pains and giving them space to express it even if they are

responsible for it. The major skill here is listening. Prayers and scriptures can be used as the session comes to an end to help bring it to a conclusion. Care must be taken not to preach to the client but rather to collaboratively (McLeod 2007:114-116) internalize the message of the scripture through dialogue over it.

Stage 2: Exploration of the Problem

The exploration of the problem involves collaboratively looking at the problem with the client (Burnard 2005:120). All the attributes of stage one must continue to be present in this stage as well. If the client is helped to articulate his areas of needs through probing and reflection, they may find it easy to think together with the helper on possible solutions. The objective of this exploration should be to enhance client's understanding of their own situation. That may involve questioning some of their assumptions gently. Disclosure may serve to help them identify themselves in other people's experiences. Stories bring new meaning into their perspectives. The relevance of the story to the need of the client is crucial.

Stage 3: Action on the Problem

Action refers to the expectation of the helper that the client does something within his lived experience to change his own situation (Burnard 2005:125). Exploration and action may keep alternating as the process deals with different problems in the client's life or may be sequel to each other if only one problem is being dealt with. Assignments useful in helping the client to focus on therapy, provide therapy continuity, evaluate the process and increase clients' hopes (Jongsma Jr. 2006: xviii). Again, disclosures and narratives are good motivators of clients' action (Sue & Sue 2003:111). Bibliotherapy supports clients' actions by providing them with the solid word on which to base their action and faith. Scriptures are specifically given for meditation (Jos 1:8; Ps 119:97; Ps 49:3; Php 4:8) or to deal with a specific problem. Praying within the consent of the client is profitable and insightful to the helper. If the client prays

processed issue, he/she reveals what is internalized. Homework would include Scriptures for memorization and prayer for self. Clients are also encouraged to act on any new insight acquired and follow-up for accountability is done. Where clients take responsibility for their own improvement, they are likely to get out of their problem situation permanently. The technique of self-talk informed by the Word of God is important where some attitude needs to change, especially those on self.

5.6.3.6.3 Lay Church Caregivers

According to McMinn and Dominguez (2005:51), a lay caregiver is described as a caring Christian friend who really listens, who walks beside a hurting person and who has received training on how to provide distinctively Christian care. It is a ministry under directorship and supervision of a trained pastoral carer (McMinn & Dominguez 2005:52) In Ephesians 4:12, the role of pastors is to equip members to maturity for the purposes of taking personal responsibility and to nurture others. This gives credence to Clinebell and McKeever (2011:444) assertion that “the job of clergy is to train, inspire guide, coach and work alongside lay ministers as teachers of teachers and counsellors of counsellors.” Wimberly (2002:51-55) describes "corporate or congregational" counselling as a unique care. According to (McMinn & Dominguez 2005:52), lay counselling provides an example of psychology's collaboration with the church that can help it to be healthy, supportive and caring community in which hurting people can be helped by properly selected trained and supervised lay caregivers for the bereaved, those facing life transitions, and those overwhelmed and traumatized. Clinebell and McKeever (2011: 443, 450) confirm that lay training is an effective way of enlarging the circle of congregational care giving that is multileveled with different training and suitable functions on each level. He points out that the effectiveness of lay caring programs is directly linked with the selection of teachable trainees and rigor training.

In underscoring the importance of psychological training, McMinn & Dominguez (2005:52) assert that it brings awareness of dangers and burnout and encourages self-care practices such as personal retreats, having sufficient social support, spiritual prayers covering and keeping physical well being with adequate exercises, sleep and nutritional support. He goes on to explain that psychology helps one to view human beings from a more broad perspective, physically, interpersonally, emotionally and spiritually. This lend to help that has capacity to make appropriate referrals to with regards to culturally sensitive and spirituality sensitivity. Clinebell and Mckeever (2011:459) recommend that the lay care givers should be trained in and practice the ABCDE skills for use in brief crisis counselling. Another contributor to this area, Rinck (2000:1) provides the following guidelines for lay counsellor training endeavor:

- Equip a team and draw on many members' gifts. Asking pastors to care for all the needs of a congregation limits what can be done.
- Build a solid base of trained listeners. They can provide pastoral care and refer the hurting to professionals when problems warrant.
- Educate members in daily living skills through classes in communication, anger management, and emotions in the family.
- Offer support groups or small group Bible studies led by lay people. Hurting people need support systems and friends.
- Be prepared for problems to pop up. Once people know it is safe, they start telling the truth about their pain.
- Have a list of qualified Christian professionals to whom you can refer difficult cases.
- Be patient. It takes years to develop a solid base of empathic lay ministers. But it will be worth the effort when needy people find hope and healing. (Rinck 2000:1)

The authors cited here identify the leadership of lay workers as significant. McMinn and Dominguez (2005: 52) state that the lay pastor has huge work in mentoring lay leaders in the church. On his part, Clinebell and Mckeever (2011:459) see professional persons who have experience as 'ideal leaders provided they have genuine humility and are aware of their own need for continuing growth.' This work supports the use of professionals within the church to

lead such a group because the pastors may not be adequately skilled. Besides, the pastor can work with the professional leader so as to provide for accountability in the group.

5.6.3.7 Benefits of Clinically Sound Pastoral Counselling

- Clinically trained pastors assist persons express and understand feelings about crisis, illness, health and often facilitate a person to resolve their conflicts.
- Pastoral care helps clients discover or rediscover the meaning of faith, the possibility of hope, the experience of love, where people find a sense of being at home with God, self, others and the world.
- Pastoral ministry makes available the sacraments of the church which for many persons release healing power.
- Clinically trained pastors know that each individual is unique and that what is needed to release the healing power for one person would be different from that of another person. Assisting spiritual life in persons is an art, for persons are very complex. They are not machines to be repaired.
- In summary, pastoral care contributes very significantly to facilitating the natural healing powers within a person.

5.7 Recommendations

The research documented here reveals many areas of further exploration. The work does give a general indication of attributes of pastoral solidarity in the caring ministry in Kenya. This study recommends the following:

- A quantitative research on pastoral care effectiveness would be significant because it will be able to establish the statistical measures of pastoral performance on caring across the country.
- A quantitative approach to investigation of pastoral skills would reveal the extent to which pastors are competent care-givers. It would explore the levels of skills, kind of equipping and application of those skills on the ground. The work can also have an experimental design in which some equipped pastors in proposed skills could be used to test and find out which tools are more suitable for the Kenyan church.
- Survey on comparative study of pastoral work in the countryside would ascertain that the specific indications found in those churches around the city are also true of the countryside. However, some factors in this study have a national outlook like ethnicity issues and pastoral image from the media. However, the key participants, both clients and pastors were chiefly from near and within Nairobi city.
- An exploration of how pastors' families are affected by pastoral vocation would be important. This study showed that the pastors internalize a lot of pressure to serve and to give of their time, money, and personal space. This includes the inclusion of their family space. It would be useful to the Church and the pastors for data to be availed on how pastors have fared in their families.
- There is clear evidence that immorality within the pastors is something that cannot be ignored. There is need to investigate how widespread this is and how the Church and the country at large is being impacted. It would be constructive to the church to investigate the cause of insurgence of poor moral standards within the church pastors. Could there be a pull to pastoral work for other motives other than ministerial?

- This work highly recommends a basic training of Pastors on counselling skills and strategies. Kenya is increasingly becoming a community of enlightened people and those managing them must match that in their skills.
- There is indication that there are churches in Kenya that have used the human resources within the congregation to increase the care-giving capacity of the church. An exploration of how the Church as a healing community can be enhanced within Kenya, which is a social community, can significantly increase care-giving effectiveness of the Church.

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APPENDICES

APPENDIX I

PARTICIPANTS' INTERVIEWS EXTRACTS

Dotty

Dotty was a client attended to by a Christian therapist in Nairobi in 2007. After a rape ordeal two years before, she manifested serious symptoms of posttraumatic stress disorder (PTSD). Her pastor had been the person of choice in providing the help she needed soon after it happened and the days that followed. For the most part, the pastor prayed fervently with her, assured her and attempted to answer the serious questions she had about God. Her perception revolved around questioning God who did not keep her from being raped. Consequently, her virginity was broken yet she had been an ardent believer. She also experienced serious self-blame for her misfortune feeling unworthy and dirty. She had been brought up to treasure her virginity until marriage. She had received significant support from some significant others but she generally tended to cut off from them because she felt ashamed about what had happened.

In an interview to get her experience about the pastoral care she experienced, she divulged the following as bits of her responses to the questions posed to her:

Her pastor had seen her several times. He kept telling her that she needed not to be bitter and that God could help her forget all that happened if she just exercises faith. She revealed that the pastor prayed for her severally although nothing seemed to change. Thus, she felt confused as she did not know whether God liked her anymore. She remarked about her behavior of dislike to the public and hoped that having been prayed for, would have resulted to a better feeling. She just wanted to stay in the house, having dropped from the church worship team and lost concentration in the church. Particularly she did not want to relate to men for fear due to the ordeal she had traversed in 'their hands'.

In college, she had to drop a course because she had been in the same group with several men. Her pastor encouraged her to drop this kind of behavior, telling her that it was inconsistent with believing in God. However, she struggled to adhere to the advice although the pastor had read several verses to her to demonstrate how she should behave. She was pained, fearful and ashamed (she said amidst heavy sobs as she disclosed about the futility of two years of prayers and encouragement from the Bible).

Dotty revealed that the church members were kind and friendly, although she was in a dilemma on how they thought of her after the rape ordeal. She got frustrated each time the few women who knew about what happened to her prayed with her, as the 'miracle' they claimed for did not come. She perceived her current life as very different. She claimed that the church and the pastor accused her of not forgiving the man who raped her but wondered how to get over the inflicted pain as she already lost her virginity, felt dirty and used.

Dotty felt very vengeful to the man who raped her and she feels that "a ten year jail given to him is not even enough to compensate my pain" (she busted out with visible anger). As time has went by, the experience was getting more and more awful as her nights were full of dreams associated with the same man's rape. She feared darkness and lacked confidence. She further alluded to being guilty about the rape incidence, having been not smart to make out

the allusion created by the rapist. She further indicated that she perceived her thoughts and feelings as unclean and unchristian.

The interview took three hours because most of the time, Dotty was sobbing heavily. She wept with tears and mucus coming out. The confidence to talk about herself was boosted by the validation of her feelings by the interviewer who was a therapist. In order to bring some level of interventions, the depth of the distress that this participant was experiencing, the therapist explored with the client her own conceptualization of herself after the rape ordeal. Through a process of examining the thoughts, brought about disputation of her thinking that left her feeling worthless and defiled. After that, the therapist collaboratively with the client came up with a few conclusions about what was logical to think about her, placing the blame on the person who assaulted her. They also disputed thinking about the threat the participant felt from the man who had assaulted her two years earlier and was now serving a ten years jail term. With these two, they collaboratively came up with a self-talk script which she was to read to herself everyday at bedtime before a mirror. She was also to write out as part of her homework a letter to the man who raped her. She expressed what she felt and thought about the ordeal he took her through and how it has continued to affect her life.

In the weeks that followed, as they interacted in therapy sessions, the therapist experienced Dotty as a very motivated client who was eager to engage in therapy in order to escape from her inner turmoil. Within eight sessions, she was able to re-enter into the world again, cured of her fear and poor self-esteem among other inner sufferings. The first two sessions, Dotty gave her story with many tears as if the event happened just the previous day. There were moments of validating her pains. The bulk of the work with this client involved listening to her. She expressed her attitude about herself and the world using available evidence to construct an alternative view. The therapist allowed her to go through the questioning without providing answers but also engaged her in reality testing for the positions she held about herself, the world and God.

The biblical truths were interwoven to support her waning faith in the construction of the alternative view. Often, the assignments involving Bibliotherapy revolved around her meditating on scriptures, assigning meaning to them, or speaking out verses to herself once she accepted that they spoke to her situation. Once a view of herself, her world and God were received, she would be given weekly self-talk assignments. Therapy closed with HIV post counselling, testing and post counselling. The results showed she was negative. By the end of the counselling process, Dotty surprised the therapist by confessing that she was now interested in marriage again only eight weeks from a point where she kept away from men to feel safe.

Mildred

Mildred, an orphan, was hurting deeply after a rape ordeal. She found that she could only trust her pastor and his wife in her pain. Having poured out to them, she came regularly to receive their comfort and support, which they gladly gave. She felt comfortable with them and would come and spend the night in their home as they ministered to her. One day, she came as was her habit. She found that the pastor's wife had traveled. She had no problem with that because she had greatly trusted the pastor. She spent the evening receiving the usual encouragement and retired to bed in her usual room, as she used to whenever she visited the pastor's home. In the middle of the night, the pastor came into the room where she

was sleeping and woke her up. He proceeded to rape her that night, claiming that he wanted what Mildred had been giving to others – alluding that the rape was a consented event.

She truly lacks the confidence she had in the pastor. She questions the pastor's trust.

“After all those hours he and his wife have spent talking to me and giving me their sympathies. So all this time he was pretending?” “I don't believe his wife can even believe that he did that to me. I wish I knew that all men are beasts and untrustworthy;” she added amidst more tears. In an angry voice, she questioned the authenticity of pastors' salvation and if there was any such thing as being saved at all.

The only reason that made Mildred open up was that she could no longer cope with the agony she was going through. She felt safe sharing with another Christian woman; a counsellor whom she thought could understand her and would not harm her. She recoiled repeatedly into her background that men abused her as they knew that she had no parents to defend her. She wondered how she could ever lift up a voice against the pastor in her frail position, as no one would believe her.

Valerie

Valerie disclosed an enduring problem that was affecting her life because of something that had happened when she was eleven. She introduced what she wanted to say by stating that; “the key beliefs that all people have is that the church is a place one can seek refuge from, a place where a person is received with love, a place where one can seek compassion and understanding.” She however remarked; “It is unfortunate that this was not my personal experience and for a long time I resented the church”. After a short interview, the participant narrated to the researcher concerning her experience:

It all happened one day when Valerie was about eleven. It was a lovely day and she was excited to get to church early to have time to rehearse for the Sunday school play. As she was getting ready, she went to the washrooms to freshen up to avoid any interruptions once she started the rehearsal. All was okay until she heard some footsteps and wondered who would have entered the children's washrooms. In the flash of a second, a big hand covered her mouth and the person instructed her not to shout. She was shocked to recognize the voice as that of her Sunday school teacher. The man raped her leaving her whole body in pain.

She narrated that every lady's nightmare is being attacked and raped, and unfortunately it happen to her, not in the play ground or on her way from school but in church, by a man who taught her God's word. She struggled hard to clean up the great filth inflicted, and all she wanted was to go home. Valerie could not share her experience with anyone. She feared that no one would believe her. Fear, shame and filthiness gripped her soul. She felt ever so insecure and stopped attending church services. She feared to share the ordeal with her parents. She was greatly disturbed as many questions raced in her mind revolving around who would believe her if she narrated to them that her Sunday school teacher had raped her. Valerie took years before she could speak up, yet the pain and feeling of filth continued haunting her. She was tormented by frequent nightmares and developed a strong mistrust for men even those in the church. She developed mannerisms that were characteristic of fears such as sitting at the back of the church and at the edge of the chair for fear of such act being repeated.

Valerie was doubtful if the pastoral team or children ministry leadership identified that a strange expression had happened that was causing her to behave differently. She indicated that only her parents knew about the change in her behaviour. Perhaps the pastoral team or children ministry leadership was rarely concerned as other children continued to be in Sunday school and the church program was going on all right. She felt that the Sunday school teacher who raped her had an interest in making the ordeal forgotten. As she narrated, “all this added to make the church a detestable place, a place of hypocrites, one where people were as merciless as those outside.”

Debbie

Debbie, a young woman of 30 then, had just gone through the heartbreaking experience of having her wedding canceled. The man she had trusted tested HIV positive on the Thursday, two days before their impending wedding. The pastor after allowing her to soak in the news gave her the opportunity to make the final choice as to whether she would marry the man or not. She was angry and very hurt because the man had lied to her that his HIV status was negative. The abrupt experience forced her to wrestle with the thoughts of not getting married. Something she had really looked forward to. Although she felt crushed by the thought of stopping the wedding, she felt it was suicidal to marry a man who was HIV positive and therefore decided to break the relationship.

The church was supportive to her in restoring whatever bride price had been paid to her father to stop the man from having legal demand over her. There were also many messages of encouragement and consolation. The efforts to support her were particularly spearheaded by the pastor. However, the client felt a cloud of disappointment and a sense of having been failed by God. Debbie disclosed that she was very prayerful and wondered why God took so long to let her know that the man interested in her was lying to her about some aspects of his life. Finally, when a concerned woman who was providing Debbie with support found that the issue was increasingly weighing her down, she referred her to a trained Christian counsellor.

In the interview, she termed the moment as devastating “imagine the embarrassment of having to tell people the last minute that there was no wedding” she narrated. “Besides, I felt fooled. The man had managed to keep his status away from me all this while. I shudder at the imagination that I nearly got married to him and therefore get infected without knowing. It is very annoying that this happened with a man from the church. I also pained because he had fooled me to trust and love him. Dealing with the pain of disconnecting me from him is not easy although I know I must. Then there is the broken dream of starting my own family. You see at 30 years, I am no longer young.” She concluded.

Debbie continued to narrate her perception of her situation. She had been wondering whether there was anything wrong with her spirituality. “It was possible for God to show me that this man was lying to me but He didn’t,” she said. “Could it be that I am not spiritual enough? I actually would have been done if my woman mentor had not insisted that we be tested. She warned me that it is not being accountable just to be told by word of mouth that my friend was HIV negative. Why would he not show you the written report?” She had queried. Amazingly, the man still insisted that I was his wife because the traditional ceremony of paying dowry had been settled. He kept on sending me messages that said that I could not

break from him. He even said that God had promised him healing by the time we go for honeymoon. Sometimes I get scared that he could abduct me.”

Debbie experienced an immense help from the church and from the pastor; “Oh my church members were excellent,” she said. When the church discovered how the man was trying to blackmail Debbie with the dowry that had already been paid to her father, they came together and raised the money that was equivalent and made refunds to him. Debbie’s mentor saw that she was not coping very well with the pain and took her for a holiday. This was a break from the ugly scene of sympathetic people who knew the story, but unknowingly kept on elevating her pain. An older couple that was doing premarital counselling helped Debbie in those moment and spent time with her. A number of church members brought her the gifts they had already bought for their wedding to cheer her up. “They truly showed that they cared and this consoled me,” she narrated. Eventually when church members discovered that she was not doing very well, they organized for her to meet the counsellor (interviewer). Debbie described her pastor as good since he had been teaching the word of God. He had prepared to marry them. He particularly stood between them to make a decision about the fate of the marriage in the light of the new revelation. Debbie hardly remembered any other role played by the pastor.

Debbie needed much empathy and acceptance. She felt she probably was not well connected with God and that is why He could not ‘speak’ to her. Through her story, it was clear that she had a dependent tendency. Exploring this in session revealed how her need for another person made her unable to see important cues that would have made her question the integrity of her suitor. It also became possible for her to see that she had remained a domestic worker for ten years despite being a very skilled tailor and having saved enough resources to launch out on her own. Eventually, Debbie began to understand herself and realize that God had nothing to do with her not being able to see through the lies of her suitor. Her tendencies were rooted in the death of her mother when she was only six, creating a major separation anxiety and a need for an alternative significant attachment figure. In sense, at 30 years, she was still fixated. Exploring her life and allowing her to verbalize the meaning of the things she did in her relationships with others enabled her to gain insight and begin to determine to grow out of her dependent disposition. She launched on a business career in tailoring and made good progress.

Betty

Betty is a zealous hardworking and an official of her church organization in Kenya. The researcher had just learnt about Betty’s discontent with how she was handled by her church at the time of her grief. After a little interaction, the researcher requested her to narrate her experiences in writing.

Betty was an ordained minister in her church, serving as a pastor and director of both youth and counselling ministry. The ministry was growing under her care. It saw the number of youths rising from seven youths to about 70. The growth was such that the church had to build a new structure to sit the surging numbers. Despite her unemployment status, she fully dedicated herself costing her substantial amounts of her time in the church – not less than three days a week. “This was really my life. I also opened up my house for more pastoral care and counselling for those youths who needed to get support or a place to have quiet time, fasting and intercession. It was at the height of this prospering youth ministry and other church engagements that the tragedy of my mom’s illness hit. The depressing one-year

journey simply started with doctor's diagnosis of a blood clot. Then a series of traumatic challenges followed as the diagnoses ensued. Before we knew it as a family, my mom was soon diagnosed with cancer of the pelvis. As we were coming to terms with the cancer, which had malignantly spread, further doctor's tests confirmed that mum had gall stones. From this time mom simply hated tests, especially x-rays."

Trouble between her mother and other siblings on one end against Betty begun with her mother's refusal to go for further tests as was the doctor's request. "Being the key decision maker concerning my mom's illness, I had to make sure that thorough tests were done and in time. I could not allow any measure of inattention towards my mom or think about her missing any tests. Unfortunately, my siblings agreed with mom about her not going through any more tests. The disagreement was so bad that I was accused of being in cahoots with the doctors to end my mothers' life through the repeated x-rays, other tests and medication. I felt so disappointed that the very tests I insisted on to help prolong mum's life were the very reason used against me to have wanted to finish her life. Actually, my mother blatantly told me at one point that she was aware of my plans to "finish her" (Betty).

Betty's mum was not just a staunch believer in God but also a dedicated intercessor. At one point when she was scheduled for an operation, she refused and reported that God told her she was fully healed. Apparently a church member had misled her that God wanted her 'whole' and would not accept her if certain parts of her body were missing because of an operation. Betty was enraged by the kind of messages her mom's friend was passing on to her. "I sharply disagreed with this irrational 'believer' and chased her out of my mother's house. At times, my own mother would not want to set her eyes on me and literally chased me out of her hospital room. This was very hard. I felt alone. I was discouraged on many accounts during my mother's sickness. The paradox however, was that whenever the pressure from mom and my siblings would grow unbearable for me, to a point of giving up the support, the nurses often called me to immediately report to hospital since my mother would not eat, leave alone take her medication before she would see me. However, I felt so confused because after my mother took her meals, she would again refuse to take the very medications that she said she would not take in my absence" (Betty).

Then, as if to confirm the very fears that her mother had concerning the tests, another test revealed she had developed kidney failure. During this difficult period of infirmity, another incident occurred that made Betty angry. "My mother who had remained hospitalized most of the time at one point requested for at least one week out of hospital to visit home. During her one-week stay at home, a "fellow intercessor" visited her and convinced her to stop all her medication to take on herbal medicine. I knew it was going to be tragic for mom, who had to stay on medication to regulate her blood levels to prevent further clotting, to stop the medication suddenly. I was not going to let an untrained quack prescribe herbs to her. Unfortunately, my siblings were at it again and colluded with mom and decided herbal medicine was the way to go. After failing to convince them, I decided I was going to stay away completely from my mother's affairs. Betty however, came out clear to her siblings, warning them that should their decision lead to their mother's death, then they should be ready to take the blame that they killed her. "I felt isolated from my siblings who sided with mom even when her decisions were wrong. I felt I needed support from my church where I was serving as an ordained minister. Before the week ended however, my mother called me to report that she had made up her mind to discard all the herbal medicine. I had to go back to continue supporting her" She continued.

Her mother once again was back in hospital. In addition, her condition was clearly not very good. One kidney had failed completely and the other was barely functioning. She was swollen all over. The doctors felt she was not doing well. “I was exhausted and needed moral and spiritual support. No help was coming forth from my fellow pastors or the congregation. I decided to call my bishop when my mother was dying. His response was that he was on his way to the airport to pick a visiting pastor for a function in the church. I wished he could come and stand with me for only 30 minutes. However, he mumbled some scriptures to me. “God is in control. Let us trust God that whatever happens is for good. Let’s go by the will of God.” The pastor never showed up at all during mom’s illness, neither did I have support from the church. I felt neglected as an ordained church minister, which killed my trust and relationship with the church leaders. Thus, I was utterly disappointment in them”.

At a time when Betty’s mom condition had really deteriorated, she asked for her father. Her mother convinced him that she was feeling better and that she really wanted to be discharged to go home. However, Betty knew it would be a mistake to discharge her from the hospital. “My father however proceeded with the discharge. However, the very same night she was discharged, we had to rush her back to the hospital in a very critical condition, at around 2 am”. The moment was distressing. “At that time, I recognized my mother knew she was dying. She had sent for me and apologized for giving me a hard time during her illness. She gave me a chance to release her. I felt happy and relieved. I also apologized to her for misunderstanding her pain. Her journey ended. She finally succumbed to cardiac arrest. My mother rested. I was however fatigued and alone. This entire journey I had walked without the support of those that I had served. It was a disillusioning moment”.

After her mother’s death, Betty’s bishop technically appeared for 30 minutes, a week as they were arranging for the funeral. Betty remembered Martha’s story in the Bible. She thought in her heart, “If only you were here when I really needed your support.” She must confess that the way she was treated by her church during the painful period deeply affected her spirituality.’ I lost the zeal to serve as a church minister. This then became a stagnation point for me, so that any trigger to the incidences takes me back to the wound – the death of my mum’. When she went back to church after her mum’s burial, a fellow pastor walked to her and in offering his condolences he told her; “All things worketh out for the good of those who love the Lord”. This did not make sense to her and she felt as if he had stabbed her considering that he had not even been there to console her. ‘I asked him what was good in losing a mother that one loved dearly then retorted that I didn’t see any good and he had no right to tell me that. My relationship with the same pastor has never been the same. I actually did not feel part of that church anymore. I left the church because their abandonment was very painful to deal with. I could never correlate how my co-ministers responded to me at my point of need’.

When Betty came to hand in the story, she was asked to express how it was like writing it. She reported that it took her several days to write it because she would break down and cry because of both the pain of the loss she had experienced of her mother and the pain of not getting help when she reached out for it from those whom she had most trusted – the church family. She said that; “When I revisit the whole story, I still feel fixated and wounded. I thought I had dealt with this issue until I sat down to write about it and I broke down. I need to deal with it.” Asked about the capacity of the church to meet the emotional needs of their

members, she remarked; “the church cannot cope with these needs. At best, pastors use empty spiritual clichés and scripture, which loose meaning when not followed by proper care.

John

June and John both in their mid twenties, and great worship leaders in their church had the most gorgeous wedding of their day. People in and out of the church setting talked highly of these two in light of the way they held on God and in Christian integrity throughout their courtship. Their wedding date had been delayed for one full year until certain issues (from the families of origins) had been solved. More so, this couple had broken cultural barriers and married cross culturally setting an excellent biblical example to many tribes in the Kenyan church context. Their parents from both sides as well as the church ministers blessed them during and after the wedding. After three years of fulfilled marriage and admiration by many, the couple was at a very high spirit in anticipation for their first-born baby.

All was well until the hour after the little one “James’ came forth through normal delivery at the birth bed in the maternity ward. Joyfully, the mother beheld her baby, worshipped, gave thanks to God and tried to breast feed her son. Soon thereafter, the nurses were running all over the hospital. Apparently, she had developed a complication. Unfortunately, it was too late and they could not save her life. The word regarding her situation spread very fast to the church leaders and members who responded by flocking at the hospital to be with John. Here is the story of how John experienced this ordeal.

It was on the eve of the birth of their son when John’s wife started experiencing contractions and thus got a friend’s car to go to a hospital that had been recommended by a friend and John had previously agreed on with his wife. Upon checkup, they decided to get back home as dilation was not sufficient for an admission. That same afternoon, John’s mother called and quarreled over the phone of their silence.’ I did not tell her of the hospital visit that we had had earlier that day’. By the following day, the contractions had intensified. Upon returning to the hospital, an examination confirmed the need for admission. Five hours later, their son was born naturally. His wife June was able to hold him and give thanks for him. However, two hours later, it was noted that June had developed a complication and had to be rushed into surgery. Fifteen minutes later, in the presence of his wife’s mother, the news was broken that she wife had passed on.

“All of a sudden, I felt numb, it did not feel real. In the midst of all the nurse’s explanations, I seemed to have lost touch with reality. How? Why? Who was responsible? The doctor’s explanations did not make sense. I’m not sure whether it’s because I couldn’t believe what I heard or some other reason, but I found myself insisting that I needed to see her. Upon reaching the theatre, I saw this bed on wheels with a body covered in a sheet. Upon uncovering, the body was warm and when I looked at her face, her eyes were still open with a smile. The first words that came out of my mouth were “Baby...” as I cried uncontrollably. As I stood over her body, I could not help but feel she was still alive and yet again felt so helpless. I immediately decided to get in touch with my pastor to see if she could help, but she had left the country. I was desperate. A few minutes later, I called my church office to inform them of what had happened. Within half an hour, members of my church had arrived

at the hospital. The more familiar faces I saw, the more I cried. The tears flowed uncontrollably. At some point however, as I received friends and relatives, I found myself telling them that it was well...I did not understand why, but just did so''. Several questions ranged in John's mind; how could it be? What about the dreams that we had for our family? What about the prophetic words that had been spoken over her life? Had I chosen the wrong hospital for the delivery? Had we not prepared ourselves well for this? Did I not heed a warning? Could I have done anything differently? Did I get a chance to say good-bye?

The events that followed, to some extent, were overwhelming. Friends, relatives and people from church literally hijacked the whole process. Right from getting clearance from the hospital for the release and transfer of the body and the baby, funeral and burial preparations, to who would watch over the baby at the new hospital; cooking and cleaning the house until John would be in a position to take care of himself. He was able to visit the baby at the hospital daily and get home to a well-cooked meal and friends who helped keep his spirits up until the day of the funeral. Interestingly, he would not cry at the sight of her body, but at the sight of people who had played significant roles in their lives. At the burial, despite the presence of his son, he did not feel he had either a reason to be alive much less the strength to go on.

After the funeral, he had to face a variety of issues ranging from coming back to an empty house, visiting his son on a daily basis at another couple's home, reconciling with his parents and eventually learning to love again. 'It is worth noting that a couple from a different community from mine, generously accepted to take care of the baby until the mourning process was over. During this time, the baby's food, clothes, toys and accessories were provided for overwhelmingly.' This went on for about seven months, during which John worked at reconciling with his parents. It was not easy at all. One of the questions that he had was, if his relationship with his parents had been the cause of his wife's passing on. 'It was hard trusting them again. During this time, I had to wash all my laundry alone and I recalled that she would do the whites while I took care of the colors. The reason for this was that my hands were sensitive to bleach and hers were not. I recall the first time I did this and I made a prayer for help to wash the whites with bleach without harming my hands. In addition, my prayer was answered' He narrated. After seven months, he took the baby into his care for two months before finally handing the responsibility over to his mother who lived upcountry; about four hours drive away from the city.' It was one of the hardest decisions I had to make. This decision was hard because, for one, it would imply physical separation from my son and thus a possible chance of a broken bond between him and me because I would not be able to see him as often as I would have wanted to. At that time, I felt he was all I had left to live for. Secondly, it also meant I would have to be meeting my parents more often than I would have wanted to. Thirdly, I had not started trusting my parents again and was hesitant'.

More than a year down the line, John is back in talking terms with his parents, his son is happy and growing up healthy and strong. He is at peace and flexible to do more meaning work, business, socializing and ministry. In addition, some strangers in church gave John a car as a gift during the period of indecision and now he is able to visit his son and parents at least once monthly. In addition, whenever he visits his son, the son recognizes him, unlike the strangers. The attention, both good and bad, that John would receive because of the baby reduced and thus got space to become himself again. He has also gained the weight that he had before his wife's passing on.

However, John stated that the scars are gone. “I still miss my wife greatly. This seems to happen in waves. There are seasons I am totally fine and others I wish she were there. When she was still alive, we had dreams of owning a car especially during the occasions when travelling by public means was extremely inconveniencing. Now that she is gone, when I’m driving alone, I at times can’t help but wish she was seated next to me, free of the hustles of public transportation. In other words, there are times I find it hard to enjoy some pleasures in life now that she is not there”. He continued ‘In fact, in this respect, what I do is whenever I find an individual in desperate need of a ride I offer it to them when it is safe to do so. I believe this is something she would have wanted. In addition to this, I thought moving out of the house we lived in together would help with the healing process. However, I found out this would not necessarily be the case, because almost everywhere I went, there was a piece of her, as we used to do so many things together. It is quite hard at times when I am moving through our streets and I come across someone who resembles her. I freeze and stare more often than not”.

John looks back now and realizes that all things worked out together for the good of all involved. Despite the concerns that many had about decisions made before his wife’s passing on, he is now beginning to realize that there was a bigger picture to all these. They shared love that many would die for. It seemed like their whole future, that was not to be, was all summed up into one year of love, and bliss. “I recall that my wife was able to reconcile with most if not all the people who needed her forgiveness or from whom she needed forgiveness in a range of ways. She was able to write letters asking for forgiveness and visit with family and friends in a way to seem to say good-bye. She also dreamt with our son before he was born in addition to her departed uncle and aunt who seemed to have found a resting place from the struggles and pain they had been experiencing prior to their passing on. I too saw quite a number of the happenings prior during and after her passing on in dreams, which I now understand, were some form of preparation for that period. It is also worth noting that despite all these, a good relationship, which is getting better, has been maintained between her family and me. I did not think I could ever love again. Now I believe I can love again”.

A separate observer from John’s church wrote the following concerning the events following his wife’s death:

The Church overseer was out of the country. This minister was on phone consistently with the church members in Kenya gathered in the hospital ground. Through prayer and words of tremendous wisdom, the overseer did crisis intervention through the telephone. The intervention included encouraging the entire church and efforts to comfort John who was in the horror of darkness. This effort cooled the situation of the church members. Another important intervention related to delegating certain responsibilities to specific church ministers. Of significance was the instruction that little James be cared for by a young couple from the church provisionally. The couple that took in James had tremendous experience in caring for orphaned children and especially the wife. The Church members also provided for the upkeep of James. Everything the baby required was provided. The diapers, clothing, beddings, baby soap, powder, nun milk - name it! The gifts came in plenty from the believers and friends who wished to express their love.

The associate pastors and other church ministers also helped John, his family members and his in-laws to think through and in organizing June’s burial. The entire church congregation gave towards June’s burial and gathered to mourn her for eleven good days before the burial

took place. The pain of her premature death literally left the entire congregation numb. The burial, which took place upcountry, looked like a great Gospel crusade. People of all occupations drove or walked miles and miles to give their final respect to one that they loved. What an emotional burial where tears, bitterness, anger and despair were truly evident. It was unreal that James could not attend his mom's burial. At first, his paternal grandparents could not understand how he missed to be brought to the burial. However, they were made to understand that he was only eleven days old and the doctor had advised not to travel with him on in such a long and rough road.

Michael and Jane

Michael and Jane had enjoyed a grand wedding with a promise of a happy marriage before them. The bride had been a Christian since pre-adolescence although Jane had had moments of lapse of faith. The groom had only been a Christian for two years and had come from a background of nightclub dancing. He admired his wife who had much Christian content and looked up to her for support towards Christian maturity. From a previous relationship, the groom had had a son, who the bride seemed to accept and love. At the beginning of their marriage, he was working in circles where he still had a fat income and was able to keep the family as comfortable as possible. Therefore, the unfolding problems that faced their marriage were truly unexpected. When he was interviewed about it, he narrated the following:

“When I lost my job, I started a business with whatever reserve money I had left but that was not to grow because at that time my wife was expecting our first born and refused to go to the National Referral hospital, instead insisting that she had to be treated in a private hospital. As fate would have it, she developed complications which led to an operation and an over stay in hospital. I had to sell all I had to get the bills paid and to get her discharged. It meant I was down and out financially. I however would still find things to do here and there. This was not a reprieve because my wife now had a consistent job and was very unkind to me because she was not satisfied with my financial power. By the time we were getting our second child, there was no choice, she went to the referral hospital, which is highly subsidized by the government, and therefore we did not have a crisis about it. With three children, I started sourcing for work away from my home and at odd hours. It was difficult because we did not have time together as we had had before. Then my older son Price began to develop emotional problems. Unknown to me, my wife was mistreating him and discriminating against him. I began to question this and tensions rose between us on his account. One day, my son ran away from home and walked for over 20km to my mother's place at a time I was working from a station far from home. My people felt it was enough and he should not go back to living with my wife. It was while there that he fell sick and died. The most painful thing was that my wife would not release the only money or medical cover that the family had for his treatment. My son passed away due to delayed treatment under these circumstances at the age of 15 years.

Michael then indicated that he had written out his story about what he experienced in this relationship and produced it. The story read thus:

From the time Price left the house, I have never been able to find work and anything I try to start fails. The departure of Price was like a wakeup call; for I have realized that, he was like my lucky charm. Then on July 7 2009, Price got sick while coming from school. I was called

at 7pm after my mum had tried all she knew and failed so I decided the next day to take Price to Kenyatta National Hospital. We were there until 2 am when they checked on him and decided that he needed an operation to correct his problem, which was a hernia. It is a condition, which can only be corrected by operating to fix the intestines back to their rightful place. The operation was to take place at 8 am in the morning, but Price never made it to that hour because he passed away at 4 am four hours before the time for the operation. He had asked me for water and his last words were “that is enough dad let me rest now” it was a goodbye. It did not make sense but God gave me strength and I was able to be strong for my family especially my mum and brother who were staying with him. That week my wife looked supportive but after the burial she became worse than I have ever known her or any other lady I have ever met. During the burial, she was given Kshs. 32,000 for burial but decided to keep Kshs. 27,000 out of that money. I used whatever was left in the burial to start a business “Price Computers”. She did not like the name; she even tried to discourage me from opening.

I know I am wise in making decisions in business, but in all new businesses, you do not expect the business to pick in one month we usually give it six months. Nevertheless, immediately I started the business, my wife started demanding for money. However hard I tried to explain my financial situation, she turned a deaf ear. She makes my life difficult and she is unsupportive in whatever I try. Just recently on 6th September after being happy for two days I came home and found that she lets my son take my computer work CD’s and mess them as she watched. When I asked why, she was rude and said I should leave her alone. I took the CD’s from my son who is only 3 years old and then she started asking me if I had got the school fees for our daughter. We had talked about it just one day before, but now she followed me to the kitchen and demanded an answer saying I am eating food that I do not have an idea where it came from. She even blocked my way when I tried to leave the kitchen holding my shirts as if she could beat me. I pushed her aside and told her we were not going to discuss the obvious. She is the one with a stable job; I just started mine recently and was still trying to kick it off. She would hear none of that. Our son cried while she had locked me in the kitchen but when she realized that I was not giving her any answers, she gave up saying I am just using her and do not like working. I think for the benefit of my children, I will have to move out because she does not respect me and talks badly even in front of the children. My children love me very much and she does not like it.

I challenged her to be a true Christian and behave like one. She has turned to loving money more than life itself and it is going to destroy our marriage. She lies to her friends that we live in our own house and that we are building here where we live. We do not even have friends coming to our house. I guess that would be embarrassing if they knew after seven years of marriage we have not managed to own anything and she blames me for that. This is the second time she has attacked me then claimed I assaulted her. I need peace in my house. I want my children to grow while they know what respect is, but with this kind of wife it is something hard to accomplish. I just wonder why she became a Sunday Christian instead of living a true Christian life? Why after being sent to buy goods for the office, instead of giving the correct receipts, she writes fake ones to pocket some of the money. Is this wisdom? Is this being a Christian? Where is the love? The Bible says in Ephesians 6:1 (if someone is caught in a sin, you who are spiritual should restore him/her gently. However, watch yourself, or you also may be tempted. Carry each other’s burdens, and in this way, you will fulfill the law of Christ). In 1 Cor13: 4-8, love is patient, kind, does not envy, it does not boast, it is not proud, it is not rude, it is not self seeking, it is not easily angered, it keeps no record of wrongs. Love

does not delight in evil but rejoices with truth. It always protects, always trusts, always hopes, and always perseveres. Love never fails. Why is it so hard for us to keep these commandments?

Finally, I really want to have fun and enjoy life. I am a good dancer and dance instructor , I choose to go back to my dancing career and make a great company for international cabaret dancer to perform in different places around the globe. Traveling is one thing I love and this is the chance I have to make sure my children have fun during weekends by taking them to places for fun. I really do not have to stay here waiting for someone who is always telling you to move out and making me feel unwanted. I want to enjoy being who I am alone or with my family but I cannot wait on lovers of self. Save for the future of my kids. Help those in need where I can as I have always been. Continue praying for my wife and children believing that one day she can be changed by our Lord Jesus Christ. I understand her I cannot change her without Gods Help and the help of the church. However, if every time people tell her she is wrong she makes us move from one church to another, then where are we heading? How do I make it work when I do not have the finances? I will put my faith in God and only In God.

I love my wife very much and I just feel that she has the wrong type of friends and surrounded by people who pretend to be something they are not. I think she should also learn to be content with what she has been blessed with by our Lord. Appreciate the family and true friends and accepting that we are all wonderfully and specially made in God's image. She also has the wrong concept of marriage, because marriage is about living together as one. So first, there is no mine and hers when we come to properties. The covenant we made in church stated that my family will become your family and we leave our parent to cleave to one another.

I pray that my children will grow to love the Lord at the same time not being pretenders but doers of the word as it is written in the Holy Bible. That by what I have written they will avoid the mistakes that I have made in my life and follow the righteous path of our Lord Jesus Christ. I am taking these to my pastors to read and advice me if it is wise to write it in this way or I should avoid some things because I also do not want my children to ever hate their mother for what I have written. However, to understand the reason I might not be staying with them, or that things turned out the way they did.

On Sundays, I go to our church only when I can afford transport, if I do not have then she goes alone with my daughter and my son and I go to another church just next to our house. She refused to pay for transport and even when we are going to church, she leaves us so we do not have to walk together. She is not proud of even being seen with me. I hope and pray that we can get a couple who can be our friends and counsel us properly because the people who were our best couple divorced after almost the same type of story – wife becomes lover of money more than the husband. I pray that I can be straightened where I have failed too and learn my mistakes because I know I am not perfect too.

On 9th November 2009, constraints made Michael to close the business because of lack of money for a license for the business. He also made up his mind to separate with his wife to be able to establish himself to be able to provide for his children. "My wife has indicated to me that she would rather enjoy sex with other people than me since I am not able to meet her financial needs. Recently I was surprised to learn that members of my house church have been praying for us and have even organized a kind of fund raising to try to help me start my

business. I have never had friends like these before and I was speechless for nobody has ever offered to help me. I am now planning to move away from her because now she cooks food for herself and gives us *githeri* (boiled maize and beans) every time while she cooks other good food for herself in the same house. She goes for dinners with her workmates and sometimes comes late saying she does not need to let me know where or with who she was with because she is a grown up and can make decisions on her own.

After the interviewer went through the above story together with Michael, he was asked to explain how he had sought help for his marriage from the church. He said the following:

“When our problems started in 2003, 2years into marriage, we saw our senior pastor and his wife twice. He later handed us over to one of his assistant pastor and his wife. At this time, my wife was heavily involved in ministry because she was in music and worship and was a key person in the Women Ministries. I was experiencing challenges in the marriage because we had difficulties with sexual relationships since she often denied me conjugal rights and her overindulgence with her friends whose influence was contrary to what I felt was right. On the other hand, she complained that I kept on shouting at her. The pastors found her not willing to be corrected and to be counseled. Because of this, she refused to go for more counselling and stopped going to the church, shifting to another church instead. I did not go to church for one whole year but after some time I joined her. I joined the children’s ministry because she had relegated the children care to me and refused to have a part in caring for them so that she could be free to be in all the activities of the church. In 2007, I got so frustrated because my wife seemed to be bent on her own ways. She planned to go to a neighboring country with her boss apparently for work. I refused this because I did not trust the intentions. The boss paid for her passport preparation and she went despite my refusal. When I appealed to her mother to try to stop her from going, she told me to allow her daughter to work. Later after coming from her trip, she told me that her boss tried to rape her.

In 2008, as our problems escalated, we started seeing another pastor who had left our new church to start his own ministry. We had started having difficulties because she was working and did not want to engage her income in the family welfare. She kept saying “her money was hers”. My job situation was shaky although I still had money from my earlier earnings. She had already started seeing the pastor earlier. We had two conjoint meetings and one with him alone. When alone with him, he told me to leave my wife because she was interested in me only for my money but on the other hand, he started inviting her for coffee with him. This move by the Pastor was very unsettling and suspicious. With this turn, we both agreed to stop seeing him. Still in our attempt to solve the problems we were having, we sought help from another pastor who was in our new church. We expressed our felt problems with one another and the couple pastor arrived at the verdict that my wife needed to change and become a supportive submissive wife. Her reaction was that she had been judged and that they were favoring me. Once more, she quit the church and later moved to another, which was located near where she had forced us to move.

I soon realized that we had been having a very unhealthy relationship with my mother-in-law. Unknown to me, she was my wife’s counsellor. One day she arrived with a lorry and just carried our household property to move us to a new site. I later discovered the new site was in the neighborhood of the place where her parents were to move to in a month’s time. Her mother agreed with her that since I had no job, I did not deserve respect and eventually they agreed that she should move out and leave me until I am able to organize myself financially. She moved out at the end of 2009 December. This time round, she had refused to attend to

any pastoral help that I sought for and refused to hid to the plea from a couple from our Bible Study (B.S.) group who had come to request that she allows for time for arbitration.

With no job and no money, I turned to my B.S. To my amazement, they were ready for me. They organized how they would pay for me a single room for two months and they welcomed me into their families for meals and fellowship. I had never experienced such love. All my life, people had always come round me for what I could offer. These ones were supporting me. It was especially significant because my own family members did not seem to notice my plight and were not concerned and yet I had spent my earlier working life supporting them to be established in careers. My church too was responsive. They qualified me for relief to provide me with funds that would assist me in starting a small business. Meanwhile my B.S. group made it their responsibility to advertise my skills among their friends and got me places to offer services that I could be paid for. I began to earn money that could sustain me and pay my rent. They also assigned me a professional Christian counsellor from the church that could walk with me and support me. When my wife noticed that I did not follow her and that I was settling down, she started looking for me and wanting me to do certain things for her in her new house.

Through the help of my counsellor, I started realizing that she was used to me playing a role in her life but not the one I needed her for. I was useful to her to run errands, fix things, attend to home emergencies, attend school meetings and the like, while she filled her day with friends and parties outside home. The counsellor helped me look at my family structure and explore how I had contributed to building it. Now, this counsellor is assisting us in our marriage renegotiation with my wife. I have been empowered to seek a marital partnership. A look at our backgrounds has also helped me understand how we tended to take positions that made our marriage not work. Additionally, the counsellor couple is mentoring me towards being the spiritual leader in my family. In the B.S., I have found a place where I am able to ask all the confounding questions about faith and Christian living. Even my wife is shocked that since we parted, only three months ago, I have added five kilograms in weight. I can only conclude that this last church has been of outermost help to me. I believe when I get my family back, we will be able to build a true family that will make both the children and us happy.

Victoria

Victoria aged 36 years got saved in 2004. In 2005, she could not continue attending her church so she moved into another one where she felt at home. She explained what made her uneasy with her original church; “I kept feeling that the pastor was not preaching God’s message accurately, even though I was not knowledgeable enough to explain exactly what the problem was. I noted with concern that the pastor talked a lot about himself and appeared proud to me. Sometimes he gave contradictory statements about himself and his work. I could not trust him. What shocked me most was that he was a great congregation puller and the members were always excited by every word he uttered. The members did not seem to be bothered by the things that bothered me. Then I began to hear disturbing rumors about my pastor. He later countered them as just the work of malicious people. I really felt very uncomfortable and decided to move out of that church”.

After I moved, the church hosted a great conference with three invited guest pastors from another African country outside of Kenya. These guests were hosted in a hostel in which I

worked. They had a week of much ministry, preaching and laying hands on people who had various needs. What was shocking was that on the last day, they each came to the hotel with a commercial sex worker from the street. The embarrassing thing was that they did not have money to pay for their extra guests the next morning and the management at the facility's lobby detained them until the church paid for the extra money. The scene brought great reproach in my work place to all of us who were Christians. The unbelievers taunted us and declared that they were holier than Christians. It is very challenging working in there as a Christian because one is mocked left and right because of the misdeeds of "men of God".

Victoria indicated that some guests have integrity and credibility. These show that they are truly servants of God." She indicated that she was satisfied and settled in her current church. She also indicated that it had enabled her to grow spiritually." The major difference she highlighted between this church and the others she had encountered included; the pastors were accountable to the church elders, everybody is important and is encouraged to get involved in some ministry, and the small groups of ministry and Bible studies are very good in providing spiritual support at personal levels. She felt that even pastors could get out of control if they do not allow themselves to be checked by other people.

She said in her place of work, a drunken young woman who has been operating on the street as a sex commercial worker was telling them how a Bishop, who is highly reputed for his evangelistic work in the city had impregnated her in sex encounters they had been having in the car once so often. Now she was demanding upkeep or else she was going to expose to the world what kind of minister the said Bishop was. Victoria thought that the bishop must have settled the girl for fear of negative publicity because she no longer sees her. She also faults the pastor of using the much money that he collects from his evangelistic outreaches selfishly. She said that nearly every morning this Bishop would have a very expensive breakfast in a five star hotel where Victoria works. She wondered whether that extravagant lifestyle was a responsible way of using God's money when there were so many needy people in the country and so much Christian work that needs such funds. If the Bishop would have the expensive breakfasts once in a while, that would be understood.

She narrated about visiting other churches and said; "I have tried to attend other nearby churches when work schedule does not allow me to go to the church I moved to because of time and distance. However, I have been very discouraged. In two churches that I visited, the pastors were manipulating the members to give him more money. They would give a figure that they needed to give as offering if they were going to benefit from the anointed prayers to be pronounced after the offerings. There was also a price tag for prayers for different needs. I was very disgusted. It did not sound scriptural to sell prayers. One of them was telling the people different things they had encountered before they came to church as a sign that he was operating with the gift of the Holy Spirit. It sounded like witchcraft. In fact in some instances the pastor would tell some of the listeners how their sufferings was because of being bewitched by people around them. Victoria stated; "I felt like I was in a witch doctor's consultancy office. For these to receive help, they had to pay some amount of money."

Victoria also narrated of her mother's sickness and how her mother had come to her requesting her to take Victoria to a certain church where she was to receive prayers for healing. On arrival there, Victoria found a throng of men and women waiting for the pastor's arrival to pray for the people who had various needs. In the meantime, there was a clerk who was collecting a prayer fee in an amount of Kenya shillings 2,500 per person. Only those who

could pay were entitled to the prayers. Victoria said she did not wait for prayers because she was sure it was not a Christian principle to charge for prayers. She stated; “I am fed up with these cheating preachers. One of my workmate actually took a loan to go and plant a seed. To date, she is still paying the loan but has not received the great blessing she was promised. She is now struggling financially. Is that not stealing from the people of God?” She concluded by saying that she now believes that very few ministers were actually working for God’s kingdom.

Focused Group Discussion

In a group discussion of some, five Christians on their evaluation about their experience with pastoral counselling, confidentiality became the central theme. A group member, a single middle-aged woman, divulged that she had shared about her issue with a pastor, seeking support during a difficult moment in her life. She stated that several days later, another Christian woman, noted to be a church counsellor, began to inquire from her about her life in relation to the issue she had shared with the pastor. The group member insisted that she had not shared her story with anybody else. She said; “I felt betrayed by my pastor. I had not told another human being about my problem and so the lady must have got the story from him.” It was even more devastating when I went for private prayers with another of the pastors, but in another meeting, another pastor used my particular need as another example of the kind of problems they are dealing with within the membership. He had already stated that the other pastor had shared with him concerning a case with that issue. Besides when our eyes locked in the meeting, the pastor quickly changed his in a way that indicated that he knew I was the client the pastor had handled. It is devastating,” she concluded.

In response to her, another member, a more mature woman, stated; “I do not share anything with pastors because I believe they are only good at speaking out whatever they have heard. They are trained to broadcast”, she said firmly. She added; “In fact my mother, who I think is very wise woman, told me when I was younger, that I should only share with pastors what I would be willing to share with the radio station.”

Another member of the group, a male, speaking about Kenyan pastors, defended the pastors by stating that; “The pastors cannot be blamed because they are not educated on how to treat confidential information that they are entrusted with.” Then another male member of the group countered by saying; “When pastors don’t have much to share in their preaching, they share people’s stories in their sermons, and at times, even members of the congregation know whom they are talking about.”

“How did knowing that your story had been shared with this ‘trusted counsellor’ impact you?” the facilitator asked. “Betrayed, and very angry,” she explained. “I lost trust in pastors and wondered who else can be trusted. I also felt very bad that someone else knew about my private life. I am in fact worried that there could be others who know it as well. It makes me feel embarrassed and I struggle with being confident while in the church. Besides, I am unable to seek help and have closed in with my problems because it feels very risky to share them with anybody, including the pastors.” This participant divulged that she finally found help from a professional Christian counsellor. The group concluded that pastors are ill equipped to handle people’s problems.

Stories as Tools for Counselling

The researcher experimented with the use of narratives in provision of therapy and recorded the following two cases:

Mukala

Mukala was performing very poorly in his course work. After the Continuous Assessment Tests (CATs) for the particular term, the researcher concerned that his performance did not reflect his aptitude and called him. He admitted having a hard time with his studies because of mental disturbance by overburdening family needs that he could not be able to meet. He explained that being a first-born, he felt obligated to do something about the various financial crisis within his family of origin, had his own family with children who were in school and was struggling to pay his own university fees. The researcher told Mukala the following story:

“In a certain village, a whole village was dying of thirst because there was no water. The entire crowd was too weak to reach the fountain that was very far. A man who was linked to the village arrived in the village, was very saddened by the state, and felt strongly obligated to save his village keens. He therefore sought the greatest drum that could be found that would bring water to be drunk by every person so that they in turn will be revived. He felt his mission was urgent because he did not want to lose any member of the village. Without losing any time, he got the drum to the fountain and filled it with enough water. However, he discovered he did not have enough energy to carry the drum back to the village. He struggled with the drum and tried various ways of getting it there single-handed. Eventually the drum knocked his legs crippling him permanently. He could not get back to the village without help. The people in the village could not get to him to help him and some started to succumb to the thirst and died. The question to you Mukala is; did the people get help through the zeal of their kinsman?”

Interaction with the story led Mukala to gain much insight. When the session finally concluded, he had concluded the following from applying the story in his circumstances:

- He needed to remain strong in the family full of needs if he was ever going to be helpful to the others
- He must judge the amount of task he assigns to himself because some levels can completely cripple him rendering him to be like the others in the family. Therefore prioritizing his personal development is not selfish.
- Helping one among the many is good enough because that increases the number of people who can help others. Therefore, he does not need to carry the drum!
- God is not unjust to expect him to meet the needs of others with resources he does not have. God can use other ways, which he can explore through careful reflection and prayers, including ascertaining whether indeed all in the family are completely helpless or there is something they can be prompted to do.

The conclusion of this encounter is that Mukala was able to shift his mental energy into his schoolwork without feeling guilty.

Rhoda

Rhoda had newly received Christ. She was a grandmother and a professional. She however could not get over the fact that she had spent her life involved with people's husbands and

had wreaked many homes. She felt she needed further help and so was referred to the researcher. On invitation to explain her need, she said with eyes moistened with tears:

“I feel ashamed and unable to speak. My life has been very dirty. I have just left the last man who had even kicked out his wife for me. At my age, I was still destroying people’s homes though I was brought up in a very good home. I do not even know how God can forgive me all that I have done.”

At that point, the therapist responded:

I see you are very sad about your past life. You even feel like God is condemning you for it. Let me tell you two stories that will enable you to see what Jesus felt about people with sins when they were truly sorry. The Bible tells us in the book of John chapter John 4:4-26 that when Jesus was passing through Samaria, he met a woman who was going to draw water at mid-day when no other women did. She was obviously ashamed because she had been living with different men at different times and at the time of meeting Jesus; she was living with the sixth one. I would like you to read the story aloud so that we see how Jesus treated this woman.

After the story, the therapist went on to say;

The other story is about a woman who was caught with a man in the very act of adultery. This was so bad in Israel that the culprit was to be stoned to death in public. They brought this woman to Jesus to test and see how He would handle the case. Again help us read this story from John 8:2-11.

“How do you see Jesus treating these women knowing well their past was negative in the eyes of the public of that day?” the therapist posed. “Well, He forgave and accepted them” Rhoda said with a bright eyes. “Yes He did, He only required them not to continue in their sins. You see the Bible makes it clear that we are all sinners and need Christ to make us acceptable to God. Rhoda those of us who came to Christ a little earlier may look like we never sinned before but that is not true. We all were filthy sinners but for the grace of God. That is the grace that God has invited you to and you too, like us, have received it. Therefore according to 1John 8-10, which I would like you to read carefully at home, it emphasizes that God will faithfully forgive all those who confess their sins and forsake them. 2 Corinthians 5: 17 also assures us that all of us become new when we accept Christ and God wipes away our past. Other people may have difficulties forgiving you. You also may have a problem forgiving yourself but not God through Jesus Christ. This is the reason why we can start looking at ourselves differently once we have come to Christ.” the therapist concluded.

The ensuing conclusion was around the two stories. By this time Rhoda’s eyes were dry and she had a smile. The assignment was to re-read the stories and the scriptures referred to during the discussion and meditate on them. In the next session, Rhoda did not bring any weight about her guilt. She was now just concerned about how she can order her life so that she grows in Christ and never to fail Him. She stated that her greatest desire was to be faithful to God and to completely serve Him the rest of her life. She talked about this passion and the love she felt for God with a sparkle in her eyes.

Pastors' Interviews

Pastor Mpenda is a holder of a Masters degree from one of the theological institutions in Nairobi. He serves in a large church in Nairobi. Among his duties was included giving personal counselling across the week to those seeking pastoral counselling in the church. On the other hand pastors Mlakazi and Juhudi started off with degrees training in secular work and practiced for a while before joining full time ministry. Mlakazi has since then done theological training to Masters Level but Juhudi has not. Currently, Juhudi is a bishop in charge of several assemblies that he has planted after he received a call to ministry although he directly oversees only one within Nairobi. Mlakazi on the other hand is one of the pastors among other pastors in an assembly that is a system of a large denomination. He too is currently involved in an assembly within Nairobi and heavily engaged in counselling work within his station of operations. The two have made some effort to acquire some level of training in counselling to meet the demand of their work. These three were selected because they are pastors that serve in church congregations that are seen as doing effective Christian work.

Pastor Mpenda

Pastor Mpenda was the designated pastor in charge of counselling. Often he would have long queues of people waiting to see him. Within a few months of holding that docket, he was reported to have collapsed three times in one month. When he consulted medical help, the report revealed that he was suffering from work related stress – classically burnout. The pastor reported that his zeal was to do the work of ministry and to support the people of God in finding eternal life. He however said; “The people seeking help are many and are often desperate. Most of us pastors in this church are often treated to long queues of people waiting to talk to us about their problems.” To the question how he keeps himself attuned for the many people he has to serve, he divulged that he engages in a discipline of personal daily Bible study and prayer to keep his heart in tune. The pastor was asked to explain what principles he uses to limit the work to what is healthy for him. He responded; “We haven’t even been putting much thoughts to what is happening to us because the needs of the people are overwhelming. Most times, we just keep at it until the day is done and then get back to another queue the next day.” Asked how he took the revelation that his medical condition was due to overwork, he said; “It is shocking. I did not know that I was going beyond what the body can take although often I felt extremely used up by the end of the day.” The pastor indicated that he had learnt that there is need to take care of himself and will be learning on how to.

Pastor Mlakazi

“I continuously engaged in counselling because of the fulfillment I get when I see cases that are desperate turn to be hopeful and destroyed marriages becoming restored”, he disclosed. Further on he said; “Counselling is also fulfilling to me because it leads to personal growth. Through the people I counsel, I learn new things that encounter people and acquire strategies of dealing with them should I be confronted, I get warned of dangers that can make me fall seeing how it has led to the fall of others, and I have been made to be on the alert because having experienced so many people who have made mistakes, I know I am not special but can make mistakes too.” This pastor attributed his long many clients to a gift of encouragement that he believes is upon his life. He disclosed that not all the people who come to him are necessarily from his church; some are from other congregations.

To the challenges he experiences as a counsellor, he stated with no hesitation; “the work is draining. Fatigue and the work are synonymous. One has to respond consistently to many distress calls on a daily basis. Some cases are very emotional and therefore very distressing to the counsellor. The work is also a lot and is in addition to daily pastoral duties. I particularly have a challenge with the fact that those that I have helped tell their friends who are in need to seek for help from me. This leads to having long queues of people waiting to see me who are not willing to be seen by colleague pastors.” About self-care the pastor reported that; “No, the church does not have any debriefing arrangements for the pastors involved in counselling. In my previous assembly, I had a group that I had formed with friends and peers outside the church pastorate but within the church. It was very useful. That has not been possible in this new church. I have formed a partnership with my wife. She has training in counselling in addition to her other profession. She works for the government. When I have had a lot during the day, I offload by sharing about my emotional status with her. She serves as my colleague to debrief with. We also pray together for the many cases that God will lead me to handle and those that are resolving their issues.”

He continued to explain that; “Other ways I use to care for myself is to take off after a difficult session and go to the sanctuary to pray. Moments of praying leave me sometimes refreshed and restored in energy. Secondly, I also take my leave in bits to go and rest each time I feel the work is getting a toll on me. I usually know this because I suddenly become fruitless accomplishing very little at the place of work. Another strategy is delegation of cases that are willing to go to someone else after reassuring them of equally good care. I have a team of committed and trained counsellors that are within the membership that usually assist in this kind of ministry. I also do my other areas of ministry with committees that are able to take the work on. I find it useful to give them clear terms of reference and then set them free to serve. They then report to me their progress and their challenges.” The pastor indicated that more facilitation from the church council in terms of more workers and non-competitive pastoral co-working would be some of the areas that would make it easy for the church to be fruitful in this area of ministry.

Pastor Mlakazi confessed that so far, by the grace of God, he had not suffered any physical symptoms related to his work because he reads the signs of fatigue and re-organizes his work to take care of himself. He also said that making his wife a partner in his work has made them be so close that the work has not affected their family relationship. He confirmed that he sets time aside for his wife and children despite the pressure of work or finds ways of carrying them alongside him so that they do not miss him, especially the children when they are on holiday.

Pastor Juhudi

Pastor Juhudi introduced the subject by observing that; “Having background training in counselling is key to successful counselling. One would need an understanding of personality theories to be able to pick people’s difficulties for instance. Education also helps in organizing the counselling into a structured sessions.” Explaining the kind of counselling he undertakes in his assembly, which is a relatively smaller church he recounts; “One of them is premarital counselling. All the people intending to get married in the church must have at least eight conjoint sessions of counselling. Some others may reveal special needs that bring about the need for more. I also undertake individual and marriage counselling, sessions as the needs arise in the churches. Other times I am called upon to go to congregants home to do some interventions because of different kinds of crisis.”

In comparing the components of his work he related that; “counselling takes most of the time. It is also challenging because our people are not schooled to see counselling as a process. So when they come to the office to see their pastor, they want the pastor to address their entire problem and fix them. It is difficult to schedule a one-hour session per week for several weeks with a parishioner. So often, I am locked in with a person for even three hours because I want to minister to my people. My people’s needs also place different demands on me. Some have material needs while others either interpersonal or spiritual. Often I find one with a whole range of needs. I have trained myself not to make my members to expect me to meet their material needs because I would not even be able to. I often help by giving psycho education, which is aimed at helping them to structure practical solutions for their own issues. At the moment, because of the poverty level reflected in the church, I am developing proposals that may be effected in future towards poverty eradication among my people.”

About the impact of the work of counselling in particular and ministry in general on his life and health he said that; “I have some overwhelming moments especially from recurrent distress calls. Sometimes it takes a toll on me and makes me have sleeplessness. The work is physically draining. However, I have never been sick because of the stress from the work. In narrating the strategies he uses for self-care, Pastor Juhudi stated that; “I have debriefing moments with my wife who is a school counsellor. I also have one day in a week for personal refreshment in prayer and quiet study of the word and have my Saturday for my wife and children. Delegation of the work that can be done by others is also very relieving. The branches I have established all have autonomous pastors and elders that work with them. The administration is also structured to allow for easy evaluation. My elders also know that they have freedom to act when left in charge of any task. I have particularly found that closeness with my wife a great resource in my ministry. I invest my energy according to my priorities which to me are; first my relationship with God, then my family health and finally the congregation.

As to how ministry can be made more effective, he said that pastors need to be trained and also to network. With skilled and networking pastors, the need for peers to debrief with will be dealt with. There is need for economic empowerment in the church to take care of the many problems that emanate from poverty. He also emphasized the need for each pastor to have a secure connection to God and a clear motive for ministry.

Pastors Focus Group

The focus group discussion was intended to explore the experiences of the selected pastors in care giving. Four pastors who were seeking further training but had been engaged in pastoral work for varied lengths of time and in different church denominations were involved. The initial question asked them was to share the kind of care their church congregations require from them. In response to this, various kinds of information came through. They all agreed that their care giving endeavor included visiting the sick, the needy, the bereaved and sometimes persons who are not necessarily members of their congregations. One minister even highlighted that his denomination is involved in responding to disaster situations within the community. Additionally, they talk to congregants who have issues that they cannot resolve even after pulpit ministry. These include provision of encouragement to persons experiencing conflict between faith and reality, for instance, believing God for a job but staying for long without getting one. One of the participants remarked, “I even had to help one get a job within the church because sometimes we have to be practical in our help

provision.” The respondents reported that other practical support they give to members include food, clothing, rent, transport of persons who have come from the countryside but are stuck in the city because they cannot raise fare back and taking sick people to hospital in their cars – both at night and during the day.

The pastors also reported that they are conflict mediators. They help sort out conflicts between spouses and between parents and growing adolescents. They related that parents are at pains to convince their children to adopt lifestyles they deem respectful, especially with regard to dressing. They also struggle with love relationships among these youths, some of which threaten to terminate the schooling of the girls as they choose to get married early rather than continue with school.

Asked to rate the time they need for care outside the pulpit ministry, one of them remarked “It’s a lot. It’s only by the grace of God you are able to meet your own personal needs.” He gave as an example arriving at home with his wife from a visitation at midnight only to be called at 1.00am in the night again. The caller said, “You must come now.” The wife said, “You can’t go, you must sleep.” He said he knew he had to go. His wife went with him. It was a conflict between husband and wife both of who are members of his congregation, in which the husband had locked both the wife and the little baby outside the house. They managed to resolve the conflict by morning and that is when they went back home. He related another incidence in which a young man had a relationship that was threatening to collapse. He said they were on phone a good portion of the night. First the person called until he had no more units. Then the pastor used his units to continue the helping dialogue. Another respondent stated that the congregants do not expect the pastors to let them down when they call upon them when in need. He gave an example of a time when a congregant knocked at the door of his house at 1.30a.m in the night with a sick child needing to be taken to hospital. “I could not let the church member down”, he said.

Yet they said that that approach to care was very expensive. One of the ministers related that they had a Bishop in his denomination that actually died because of exhaustion. Further, when they went to bury the minister, they discovered that he had never built a home for his family. The family needed to leave the house they had been living in at the church.

About the resources they receive from their churches so as to enable them minister, one pastor revealed that he gets Kshs. 20,000 per month for telephone air time. The other remarked that only the senior pastor gets Kshs. 2,000 per month for the airtime. Most of the other pastors are invariably not well supported in terms of airtime. Still another indicated that he relies a lot on the members doing the calling because he himself is not given airtime money by his church. There appears to be discrepancy for resources allocated to pastors to enable them meet their caring obligation. Different denominations have different policies from what emerged in this discussion. In fact, one of the pastors said that his church was yet to develop structure on how pastors should be enabled to help their members.

With regard to preparation and equipping for caring, all the pastors were in consensus that the most important ingredient is a heart to give care. They said schooling only increases one’s proficiency in performance but the caring heart is fundamental. One pastor indicated that he had studied and received a Diploma in Pastoral Care and Counselling at one of the Universities. Another indicated that he felt empowered by a Diploma he had acquired in Human Resource Management because it trained him on some aspect of understanding

human beings. Most stated that they relied on training seminars and courses that were organized internally by the church for their workers

When they were asked what they would want to see changed; the pastors seemed stuck at first. They held the opinion that the expectation of their church members is rooted in the conviction that pastors are called to help. A pastor remarked, “We cannot let them down.” Another remarked that, “Our communities see pastors as having everything. They lack nothing.” They also spoke of the disruption that they engage their families in as people come in and out to seek their help. Often people come to pastors’ homes with plans to spend the night there. The children are made to move out of their beds and/or rooms to allow the visitors to spend the night there. This has resulted to children who are hostile to their parents’ ministry. They however, revealed that their theological training encouraged them to involve in proper planning in their work including getting time to rest.

Part 2

The week that followed, the pastors discussed what would make their work more effective without sacrificing their families. The interview group’s dilemma however was that they did not know how to handle the members of their churches who do not respect the minister’s day of rest. The view of the church members is that they can have more time with their pastor in his /her day of rest. In the discussion therefore, the pastors indicated that there was need to build structures in the church to protect the pastors. One pastor suggested that making the church secretary run the pastors’ appointments and indeed control how many people a pastor attended to. However, some churches do not even have the luxury of a secretary. One of the pastor said; “Our problem is that we are not professional. If we went professional, we would take care of the said problems.” It was not clear how a professional pastor would function. They suggested that pastors would benefit from delegation of some care responsibilities to competent members of the church. Most of them admitted to having trained counsellors in their membership who could help. They finally agreed that they should begin to hold pastors’ jobs with professionalism. This meant that they too must have a job description whose details are known even by the members.

Whereas pastors agreed that they would need to put structures to make their work have a more professional outlook, they said there is need for caution. Since pastors deal with human welfare, they all agreed that it would be necessary to work into the structure and with a level of flexibility in order to take care of emergencies. This means that there should be “some loose ends to enable response in those cases that are necessary. They also recommended that the church have a miscellaneous kitty to take care of needs among the church members to avoid the pastors needing to bear all the financial care of their churches.

On the questions of the skills and the tools they use for their counselling, they did not seem to have much to report about. Most of them underscored the need to listen to the problems of the congregants when they consult them. The tools they cited included advising their members, reading scriptures and praying for them. Sometimes they gave practical recommendations to solve practical everyday problems. In situations of resources and crisis like sicknesses, the pastors reported that they stepped in with their resources and time to minister their help. The discussion ended at a note where the pastors in the group requested the interviewer for some training sessions on basic skills in counselling

APPENDIX II

MEDIA EXTRACTS ON PASTORAL IMAGE AND ETHNICITY

Church leaders As Perceived by the Media

Below are summaries of extracts from dailies in Kenya reporting issues on pastors as they evaluated them in different National circumstances:

(a) Ethnicity and Political Contribution

1) In Daily Nation Feb 14, 2008 Patrick Nzioka reports the proceedings of (NCCCK) National Council of Churches of Kenya executive committee meeting. The church leaders admitted that they displayed partisan values and remained disunited and their voice swallowed in the cacophony of vested interests. In addition they did not speak in one voice, could not agree on the way elections should be managed and identified with their people on the basis of ethnicity. They failed to be neutral took sides, which resulted in their inability to bring unity when the crisis arose.

2) Kennedy Buhere suggests in Kenya Times Feb 18, 2008 that today's church has lost its role as the conscience of the nation. The leadership of the church has abdicated its role as the nation's supreme policeman and taken sanctuary in the respective ethnic communities they hail from. Buhere was advocating that the leaders emulate the hey days of ACK's Archbishop Henry Okullu and Bishop Alexander Muge whose positions on various issues were very clear, their ideas so coherent that they reflected certain standing values about the way the society should be organized to ensure Justice, Peace and Truth for everybody in the society regardless of class, religion race, tribe or gender. The two actually died in mysterious circumstances and it is believed that they were murdered for being too vocal against the government of the day.

3) A letter in the Sunday Times May 4, 2008 by Joseph Abuje argues that the church should not be silent when greed, self interest and elitism threaten to replace personal integrity and a social justice. Silence in the situation of broken covenant implies consent, and consent with ungodly acts is a sure sign of betrayal of the church responsibility. For many, silence stems from a sort of paralysis inflicted by inability to cope with the enormity and complexity of the problems. It is a sad fact that the religious leaders of our land have succumbed to the temptation of contributing to the cowardly silence and social paralysis in the face of crisis.

4) An e-mail to the Sunday Standard Feb 24, 2008 by Rev Francis Omondi states that the impact of church leaders has not been felt in resolving the current crisis. According to Darrel L Guder a professor of Theology, the Church exists as a community, servant and a messenger of God in the midst of other kingdoms and communities that attempt to shape our understanding of reality. These communities often oppose, ignore or have other priorities than the Church. Which is why Guder hints that the church exists as an eclectic community; one made of multiple ethnic communities, with huge inequalities and multiple diversities. Dietrich Bonhoeffer, a German theologian says that the Church is a church only when it exists for others; and not for its leadership or ideals and traditions. The church has no right to appropriate to itself power over the State, though it may not be kept out of politics, as others have stated. In this instance three possibilities are clear:

- a) It can ask the State whether its actions are legitimate and in accordance with its character as State.

- b) It can aid the victims of the State actions.
 - c) It can put a spoke in the wheel itself. It must be prepared for political resistance.
- This is the Church leadership we need in our crisis.

Healing and Restoration

In a publication by Nation Media Group in Daily Nation June 16, 2008 the church is applauded for its initiative to launch a peace drive in Burnt Forest, an area that perennially bears the brunt of ethnic violence. Under the direction of Bishop Cornelius Korir of Catholic Diocese of Eldoret, the church initiated a dialogue for peace between two communities, which have been at each others' throat since 1991. This has been done through the election of 62 elders from the two communities who will explore the causes of the recurrent clashes and how to prevent them in future. This is a noble goal, and given good will on either side it would bring a lasting solution. But even more heartening is that it is the Church that has taken the initiative to bring the communities together.

Witchcraft

A feature on witchcraft is reported by Juma Kwayera in the Sunday Standard July 13, 2008. According to him scholars in religion and traditional culture concur that fear of the unknown and a constant desire to control destiny pushes someone to seek mystic powers through witchcraft to overcome challenges that he or she faces. Dr John S Mbiti author of African religions and philosophy says, "Nothing harmful happens by chance: Everything is caused by someone through the use of mystical power." At a symposium organised in 2007 at the Catholic University of Eastern Africa, on how witchcraft is destroying the church, religious scholars were unanimous that witchcraft was real and had to be perceived as such.

The scholars and religious leaders said that, an attempt to disabuse society of belief in and practice of witchcraft meets with resistance because modern religion had thrived on "superficiality of faith and morals" leaving a void that needs filling. They said it's a misnomer for Christians to persist in labelling witchcraft simply as superstition, hypnotism or a psychological condition. "For that reason, Christians who suffer because of witchcraft are often dismissed by priests as being superstitious. Because they do not get adequate help from pastoral agents, they seek the assistance of witchdoctors or join the mushrooming evangelical denominations that offer healing, exorcism and deliverance," a report published after the symposium said. Mr Michael Katola, a lecturer in pastoral theology at the university, told participants: "From the African perspective, Christianity does not seem to have answers to all questions. And while the Church demonised traditional experts such as medicine men and diviners, it has no equivalent alternatives". Katola's remarks call for a review of the coexistence between foreign religions and indigenous ones, most of which are outlawed since they practise or are partial to witchcraft. "We have many Christians who go to consult fortune-tellers when they want to start a project or when faced with problems. Since Christ, in the the gospels, encountered the devil, it is proper for Christians to accept the reality of witchcraft," Katola said.